

AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 26 November 2013.

PRESENT

Chairman:
p Councillor Pat West

Vice-Chairman:
p Councillor David Keast

Councillors:

p Ray Bolton	p Tony Hooke
p Graham Burgess	p Martin Lyon
p Rita Burgess	a George Ringrow
p Charles Choudhary	p Frank Rust
p Jacqui England	p Bruce Tennent
p David Harrison	p Martin Tod
p Marge Harvey	a John Wall

Co-opted Members:

Councillors:
a Tonia Craig
p Alison Finlay
p Tim Southern
p Dennis Wright

Substitute Members:

Councillor Fiona Mather (Conservative Substitute Member for Councillor Ringrow)

In attendance at the invitation of the Chairman:

Councillor Liz Fairhurst, Executive Member for Adult Social Care and Public Health
Councillor Jonathan Glen, Chairman of Policy and Resources Select Committee

16. **APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Tonia Craig, George Ringrow and John Wall. Councillor Fiona Mather, as the appointed conservative substitute member, attended in Councillor Ringrow's place.

17. **DECLARATIONS OF INTEREST**

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's

Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Non-Pecuniary interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

Councillor Jacqui England declared a non-pecuniary interest as she is the Vice-Chairman of the Lymington Hospital League of Friends.

Councillor Frank Rust declared a non-pecuniary interest as he is currently in discussions with NHS England Wessex Senate to join as a patient and public engagement representative.

Councillor Martin Tod declared a non-pecuniary interest as he is the Chief Executive of the charity 'Men's Health Forum', which receives funding from NHS England and Public Health England.

18. **MINUTES**

The Minutes of the Meeting of the Committee held on 24 September 2013 were confirmed as a correct record, and signed by the Chairman.

19. **CHAIRMAN'S ANNOUNCEMENTS**

Hampshire Hospitals – development of model of service provision across multiple sites

The Chairman reported that an item would be considered by the Committee once detailed proposals were available for the future organisation of services across the multiple sites operated by the Trust in north and mid Hampshire. Members noted that the Chairman had agreed to defer this item until the next meeting of the Committee on the 28 January 2014.

NHS England – specialised services, including vascular surgical services

The Chairman reported to the Committee that the item on the work programme concerning proposals for specialised services in Hampshire, including vascular services, had been deferred until NHS England are able to provide the Committee with detailed proposals for any potential substantial change in service.

20. **INQUIRIES RECEIVED AND ACTION TAKEN**

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

Hampshire Hospitals NHS Foundation Trust/Portsmouth Hospitals NHS Trust/University Hospital Southampton NHS Foundation Trust: Winter Planning and Resilience

Representatives from Hampshire Hospitals NHS Foundation Trust, Portsmouth Hospitals NHS Trust and University Hospital Southampton NHS Foundation Trust, as well as supporting commissioners where appropriate, updated the Committee on the subject of winter planning and resilience within the acute sector (see presentations to Item 6 in the Minute Book). The Committee requested this item as Members had previously expressed an interest in the work undertaken to ensure the resilience of urgent and emergency services during the winter period, and related partnership working with community and GP services.

Hampshire Hospitals NHS Foundation Trust

(see presentation – Item 6 in the minute book)

Members heard that 2012/13 had been a challenging year for Hampshire Hospitals and as a result, the Trust had failed to meet the 95% target delivery time for four hour treatment for emergency departments (ED) and 90% for referral to treatment (RTT) for quarter 1, 3 and 4 of the year. It was explained that causes for this varied by hospital site, but changes had since been implemented to address this. It was noted that these target times had been exceeded in quarter 2, with a 98% target delivery time for ED and 93% for RTT.

The Committee heard that Hampshire Hospitals had implemented a number of changes across their hospital sites recently. These included: additional bed capacity, a successful emergency nurse practitioner recruitment exercise, weekend therapies and the commissioning of a 'front of house' GP in the emergency department. The Trust had worked closely with its clinical commissioners to ensure that the north and mid Hampshire region could be as prepared as possible in the upcoming winter period.

It was explained that a number of measures had been addressed to ensure resilience in extreme winter weather conditions, including opening additional beds should any hospital site reach capacity. Discussions with Southern Health NHS Foundation Trust would enable psychiatric nurse support to emergency departments where needed, and also provide more patients with the 'in-reach' community service where appropriate.

In response to questions, Members heard:

- That the norovirus had proven to be particularly problematic in hospitals due to the airborne nature of the virus, which was acquired usually within the community. The Trust had so far experienced two incidences of norovirus in Basingstoke, both cases were able to be isolated quickly.
- That better communication between the healthcare providers is needed to ensure patients displaying symptoms of norovirus are immediately isolated from other patients upon admission to hospital.
- That Hampshire Hospitals had recently completed a business continuity review which tested business practices to highlight any

single points of failure. Back-up systems for IT patient records were tested as well as practices for successfully handling major emergency incidences.

- That the care system needed to work collectively to ensure the greatest outcome for the patient as well as addressing multiple points of pressure in the system. One example of an area that would benefit from this closer working between providers and commissioners is admission avoidance.
- That the NHS may need to re-think how to deal with urgent care as people were continuing to seek care from a single place.

Members invited the views of the Director of Adult Services to the discussion on winter planning and resilience. It was heard:

- That Hampshire County Council Adult Social Care had invested £2 million to ensure systems were in place for accessing out of hours social care.
- That Adult Services were working with providers in supporting hospital discharge, enabling patients to be discharged as soon as appropriate home and community care measures were in place.

Portsmouth Hospitals NHS Trust

(see presentation – Item 6 in the minute book)

The Committee heard that increasing national pressures including a growing elderly population, increased birth rates and rising deprivation combined with a challenging winter could result in intense pressure on accident and emergency departments over the winter period. In preparing for winter, Members noted that Portsmouth Hospital's Winter Plan had been signed off by the area team including all key stakeholders. It was explained that amongst the measures put in place to alleviate winter pressures were a greater number of services, such as psychiatric liaison services, and a resident GP had been put in place in emergency departments to reflect the needs of patients who often sought other support services in the emergency department.

It was reported that an extensive number of emergency care intensive support team recommendations had been put in place to ensure the Trust were sufficiently prepared for pressures and demand on the emergency department. This would include mechanisms to manage patient queues and waiting times, and to raise awareness of where there were peak pressure points during the day.

In response to questions, Members heard:

- That it was thought that a greater awareness of out of hours services such as NHS 111 was needed by the public, and it was believed that older people would often bypass the NHS 111 service in favour of face to face consultations at emergency departments when often this was not the appropriate resource for their needs.
- It was noted that greater education was needed at a local level in the community to reinforce the value of the NHS 111 service and 'choosing well'. It was heard that NHS England were responsible for

commissioning primary care services in Hampshire, and would therefore lead on engagement around 'choosing well'.

- That education was also seen as key in raising awareness of the prevention of the norovirus within the community and hospitals.
- That the Queen Alexandra Hospital in Portsmouth benefited from its modern building as this resulted in a number of small side rooms which provided ideal isolation for patients suffering from norovirus.
- That South Coast Ambulance Service had reported that ambulance waiting times had reduced.
- That contingency planning was key in eliminating single points of failure, and ensuring that plans are managed through regular scenario practice and planning.
- That an in-hour and out-of-hour GP service was available in the emergency department to filter out non-emergency patients. The 'badging' of this has proven to be difficult to ensure patients don't bypass their own GP's in favour of this service.
- That an integrated process of working with clinical commissioners was key to the success of the Trust, as well as closer working to understand pressure points in the patient care pathways. One outcome noted from this working had been a decrease in non-elective acute care.

University Hospital Southampton NHS Foundation Trust

Members heard that increased hospital capacity and greater numbers of community staff had helped to improve processes within the emergency department and the hospital as a whole, and it was noted that the Trust was treating a greater number of emergency and elective admissions than at the same time a year ago.

The Trust had been working closely with commissioning and community provider colleagues to come up with a 'whole system' solution to urgent care demand, and to coping with winter pressures. The Trust was currently operating at 93% on the four hour treatment time target in Accident and Emergency.

It was reported that there had been a significant outbreak of the norovirus in the Southampton community recently, and infection control guidelines had stringently been followed in the hospital to ensure the virus had not been transmitted between wards. It was noted that short term operational pressures had been felt as certain wards were unable to be used.

In response to questions, Members heard:

- That there had been recent publicity surrounding the quality of cleaning on the hospital site, and members heard that the hospital had scored 96% for its standard of cleanliness. The cleaning services on the hospital site were subcontracted to a private organisation, and this organisation had been asked by the Trust to make efficiencies, in line with the Trust's own financial plans, but it was agreed that any reduction in cleaning would be centred in non-clinical areas.

- That closer working with GP's and support care teams would help to address the more frequent users of the emergency departments such as older people, troubled families and vulnerable adults.
- That the expectation of patients for the care system to be available 7 days a week needed to be met by ensuring enough staff were available to meet the complexity of care needs and were available at the point of patient discharge.
- That a challenge for the Trust was ensuring community teams were resilient enough to provide care and support at home, and the Trust was currently looking at ways of using existing and additional funds to realise this.
- That escalation planning for major incidents had been addressed.

RESOLVED

That the Committee write to NHS England (Wessex) and the Hampshire Clinical Commissioning Groups to understand:

1. The methods used to engage and inform the public to 'choose well' in the County.
2. How access to appropriate primary care services is promoted to the Hampshire population.

NHS England: 'The NHS Belongs to the People: A Call to Action'

A representative from NHS England (Wessex) updated the Committee on the engagement initiative launched nationally regarding the future of the NHS (see presentation and appendix 1 to Item 6 in the Minute Book). Members were informed that NHS England had recently published a national document which had set out a 'call to action', to staff, public and politicians to help the NHS meet future demand and tackle the funding gap through engagement and openness and a 'honest and realistic' debate.

The Committee heard that the NHS currently treated one million people in every 36 hour period, and feedback from patients had highlighted that 88% rated the quality of care they received as excellent or very good. Members heard that whilst public feedback around quality of care was proving to be positive, the NHS was still facing a number of increased pressures on its services. These included: an ageing population, a rise in long term medical conditions, increasing expectations of access to services and limited financial resources. It was noted that the NHS would be looking to prioritise resources to address these challenges as otherwise there could potentially be a gap in funding of £30 billion by 2020.

It was highlighted to Members that the NHS continued to be highly valued by the public and although 71% of public agreed that the NHS is one of the best in the world, the NHS would want to see this figure increase.

It was explained that the NHS had identified 6 key engagement themes which would focus on key priorities in improving patient care:

- Prevention
- Future Scenarios
- Valuing mental and physical health
- Patients in control
- Well co-ordinated care
- Learning from the best

Members heard that while the 'Call to action' was developed by the national context, it would be informed by local priorities and challenges

In response to questions, Members heard:

- That the Clinical Commissioning Group's (CCG's) in Hampshire were coordinating a localised 'call to action'.
- That the importance of education throughout people's lives needed to be emphasised to reinforce the importance of preventing illness, and taking care of individual health needs.
- That a range of entry levels into nursing and a greater number of matrons on wards would be welcomed, but stretched resources have made this difficult to achieve.

As part of discussions, Members raised the topic of vascular services. The Committee heard:

- That a decision on the changes to vascular services won't be made until the public consultation is completed. Members noted that NHS England (Wessex) would be looking to launch the public consultation early in the New Year.

Cllr Fiona Mather left at this point in proceedings.

Hampshire Health and Wellbeing Board: Integration Transformation Fund

The Committee received a presentation from the Director of Adult Services on the Integration Transformation Fund (see presentation to Item 6 in the Minute Book). Members heard that the Hampshire Health and Wellbeing Board had been considering this item in preparation for a submission to the Department of Health by January 2014. Monitoring of this fund would begin from April 2014.

The Committee heard that there were increased pressures facing adult social care and health services, and part of the remit of the Integration Transformation Fund was to work collectively to manage these. The aim of the Fund would be to promote collective working and commissioning between healthcare providers, especially in relation to the prevention of hospital admittance and increased care in the community.

A total of £3.8 billion had been ring-fenced nationally for the integration fund, which included a performance related figure of £1 billion. Funding would be channelled through Clinical Commissioning Groups (CCGs), and joint plans to support the transfer of funds would be agreed by Health and Wellbeing Boards. A number of nationally prescribed conditions had been identified by the NHS to ensure good practice, and national and local indicators would

determine the conditions relating to the £1 billion performance related figure. It was explained that all five Hampshire CCGs would work together to focus on transformation whilst ensuring a collaborative approach.

Members noted that a joint steering group had been established as a task and finish sub-group of the Hampshire Integrated Commissioning Group, which would report to the Hampshire Health and Wellbeing Board.

In response to questions, Members heard:

- That the Government recently confirmed a number of integration pioneers who were seen as a 'test bed' for the integration process. These areas of the country were focusing on the integration of community care teams and the commissioning of services, with mechanisms in place to minimise wastage.
- That as a result of the work of the integration pioneers, evidence can be examined to determine a working model to take forward.
- That there are a number of working practices within the NHS which needed addressing to avoid duplication, and work would be undertaken to eliminate inefficiencies in the system.
- That changes would need to be implemented to ensure the workforce as a whole can sustain the level of care in the future due to challenges currently being experienced. The Fund was designed to be transformational, and the money attached would need to be used to ensure that the health and social care system did not continue to operate in the same way.

RESOLVED

That the topic of the 'Integration Transformation Fund' be added to the work programme for monitoring.

**North East Hampshire and Farnham Clinical Commissioning Group:
Possible Acquisition of Heatherwood and Wexham Park Hospitals NHS
Foundation Trust by Frimley Park Hospitals NHS Foundation Trust**

A representative from North East Hampshire and Farnham CCG updated the Committee on the possible acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust by Frimley Park Hospital NHS Foundation Trust (see appendix 2 to Item 6 in the Minute Book).

Members heard that discussions are still on-going regarding the merger, and the Trusts would need to be mindful that different organisations would need to be involved in this process. The Trusts were committed to ensure that patients would receive the best outcome as a result of the acquisition.

RESOLVED:

That:

1. The topic of 'Possible Acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust by Frimley Park Hospitals NHS Foundation Trust' is added to the work programme.

2. The Committee receive a further update on the possible acquisition from North East Hampshire and Farnham Clinical Commissioning Group and Frimley Park Hospitals NHS Foundation Trust, once detailed proposals are available.

21. **PROPOSALS TO DEVELOP OR VARY SERVICES**

The Director of Policy and Governance presented a report on proposals to develop or vary health services in the area of the Committee (see Item 7 in the Minute Book). The report was presented in three parts which comprised items for action required by the Committee to respond to proposals from the NHS to substantially change or vary NHS services, items for monitoring which informed the Committee and items for noting which alerted the Committee to forthcoming proposals from the NHS to vary or change services.

Under items for action:

None

Under items for monitoring details were provided on:

Southern Health NHS Foundation Trust: Adult Mental Health acute bed use – update letter

The Director of Policy and Governance updated the Committee regarding a letter recently sent to the Chairman from the Adult Mental Health Clinical Director, Southern Health NHS Foundation Trust, with an update on the use of acute inpatient beds in the Trust's adult mental health service (see Item 7 and Appendix 1 to Item 7 in the Minute Book).

The Committee noted that in October, the Trust closed one of the acute bedrooms in Antelope House Southampton because of fire damage, and also closed two acute bedrooms in the Psychiatric Intensive Care Unit as a result of severe damp.

Members noted that an interim update would be provided by the Trust at the next meeting of the Committee in January, once the impact of the bed closures have been assessed and actions implemented to address this. It was agreed that as part of this update, the Committee would hear details of plans for the Woodhaven Unit.

RESOLVED:

That the Committee request an update on the use of the Woodhaven Unit, Calmore, as part of the monitoring update from Southern Health NHS Foundation Trust on 28 January 2014.

South Eastern Hampshire Clinical Commissioning Group: Chase Community Hospital – update letter

The Director of Policy and Governance updated the Committee regarding a letter sent to the Chairman from the Chief Development Officer of South Eastern Hampshire Clinical Commissioning Group (see Appendix 2 to Item 7 in the Minute Book). Members were provided with an update on the need to revise the project programme as a result of the issue of a new Land Transactions Approvals process from NHS Property Services, which must be completed before NHS Property Services are able to approve the building works at the Chase Hospital site.

The Committee heard that this process would add extra time requirements to the overall programme, although NHS Property Services were unable to confirm how long this would be.

Members noted that the Clinical Commissioning Group was committed to providing the Committee with an updated programme timetable once available.

RESOLVED:

That the Committee note the update from South Eastern Hampshire Clinical Commissioning Group on Chase Community Hospital.

Under items for information details were provided on:

Hampshire HOSC: Adult Mental Health Section 136 working group

The Chairman of the Adult Mental Health Section 136 working group provided the Committee with an update on the outcomes of the initial meetings of the group. The working group invited representatives of the Section 136 multi-agency group in Hampshire to attend to present evidence on progress made against Royal College of Psychiatrists standards. As a result of these discussions, further evidence was requested from other key witnesses on a number of different topics relating to Section 136 processes.

Members noted that an additional working group meeting was due to be held in the New Year to consider the additional evidence requested, and final recommendations would be made to the Committee in due course.

22. HOSC WORK PROGRAMME

The Director of Policy and Governance presented the Committee's work programme (see Item 8 in the Minute Book).

Following discussions, Members heard:

- That in relation to NHS 111 and rural response times, the Committee agreed to remove the topic from the work programme. The Chairman recently met with South Central Ambulance Service NHS Foundation Trust and was satisfied with the NHS 111 service provided by the Trust for Hampshire.

- That in relation to the topic of Fast-Track Continuing Healthcare, it was agreed to remove this from the work programme as an electronic briefing was received by Members after the last meeting of the Committee on behalf of the Hampshire 5 Clinical Commissioning Groups on this subject.

RESOLVED:

That the Committee's work programme be approved.

Chairman, 28 January 2014