

AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 16 April 2013.

**PRESENT**

Chairman:  
p Councillor Pat West

Vice-Chairman:  
p Councillor Liz Fairhurst

**Councillors:**

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

**Co-opted Members:**

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

In attendance at the invitation of the Chairman:

John Carr, Hythe Hospital League of Friends  
Cllr Brian Dash, County Councillor for Dibden and Hythe  
Cllr Felicity Hindson, Executive Member for Adult Social Care

158. **APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Graham Burgess, who was on Borough Council business. Apologies were also received from Councillors David Harrison and Tim Southern.

159. **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.

160. **MINUTES**

The Minutes of the Meeting of the Committee held on 22 March 2013 were confirmed as a correct record, and signed by the Chairman.

161. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman thanked, on behalf of the Committee, Councillors Ann Buckley, Phryn Dickens and Jenny Radley, all of whom would not be re-standing in the forthcoming County Council elections, for their hard work in supporting the work of the Committee. The Chairman also wished to extend her gratitude to the Executive Member for Adult Social Care, Councillor Felicity Hindson, who would also not be re-standing. The Chairman wished all Councillors her best for the future.

162. **WORK PROGRAMME**

The Chief Executive presented the Committee's Work Programme (Item 5 in the Minute Book). The Chairman asked Members to consider and approve the updated 'Arrangements for Assessing Substantial Change in NHS Provision' across the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Local Authority areas (see additional information to Item 5 in the Minute Book).

*RESOLVED:*

That:

1. The Committee's work programme be approved.
2. The updated 'Arrangements for Assessing Substantial Change in NHS Provision' be approved.

163. **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:-

**Wessex Local Area Team (NHS Commissioning Board): Vascular Services - Update**

Representatives from the Wessex Area Team of NHS England attended the Committee in order to provide an update on progress made locally with vascular surgical services, as the new commissioners of this specialised service (see Appendix 1 to Item 6 in the minute book and accompanying presentation). In addition to these presenters, contributions to the Item were received from the Medical Director of University Hospital Southampton, with

the agreement of Portsmouth Hospitals Trust, who were unable to provide representation to the meeting due to unforeseen circumstances.

Members heard that progress was being made through joint working between commissioners and providers of the vascular service in Hampshire towards compliance with the Vascular Society of Great Britain and Ireland standards. It had been agreed that a vascular services network model would be the most sustainable way of meeting the needs of patients and achieving the best outcomes for them. The Wessex Area Team, which included specialised commissioners, had facilitated ongoing discussions with the Chief Executives of both Trusts in the progression of a network model, and would continue to do so. In addition to this, a clinical strategic planning group had continued to meet, facilitated by Mr Jonathan Earnshaw, as recommended by the Committee.

The beginnings of a networked model would begin from July 2013, at which time an emergency cover staff rota between the two Hospital Trusts would begin, and aortic surgery would be centralised to University Hospital Southampton. This would be built upon leading up to the October 2013 date when the new service specifications for vascular services would 'go live'

In response to questions Members heard:

- That consultations had taken place nationally over an 18-month period in order to agree the new service specification for vascular services.
- The process of invoking the 'derogation policy' will commence only if specifications were not met during an agreed timescale, a period which was still to be decided. Should a commissioner decide that an organisation or network was not able to meet the service specification (in consultation with key stakeholders), it could result in an alternative provider being commissioned to undertake the service.
- That the main aim of the network formed between University Hospital Southampton and Portsmouth Hospitals Trust was to achieve the best possible outcomes to ensure quality of life for patients.
- The centre for vascular services would be concentrated at University Hospital Southampton, as they undertake Hampshire's abdominal aortic aneurysm screening programme.
- That two out of the four vascular surgeons working for Portsmouth Hospitals NHS Trust would be retiring from the profession in the near future. As both of these individuals are part time, it may be possible to replace them with one full time surgeon. It would be for the network to decide which organisation would be best placed to lead this recruitment exercise.
- That it was envisaged that the recruitment of vascular surgeons would become more difficult in future as the number of students trained in this specialism decreased to 20 per annum.
- Engagement would continue with patient groups, and open communication with the National Clinical Reference Group had remained an important part of the ongoing work programme.

*RESOLVED:*

That the Wessex Area Team provide an update to the 24 September 2013 meeting of the Committee on the progress of the vascular service network in South Hampshire.

**South East Hampshire Clinical Commissioning Group: Oak Park update – progress with model of care**

Representatives from South East Hampshire Clinical Commissioning Group and NHS Property Services provided a further update to the Committee on the progress of the Oak Park Community Clinic and the new bed based model of care in the South East Hampshire area (see Appendix 2 to Item 6 in the minute book).

Following questions, Members heard:

- That considerations were ongoing for the future location of the substance misuse service based at the Dunsbury Way Clinic (the Orion Centre), but no agreement had yet been reached.
- That the configuration of beds in the community included 10 intermediate care beds, 10 older people's mental health beds and 10 reablement beds. Once a nursing home had been built in the area, it was expected that a proportion of these would be spot purchased by the Local Authority.

*RESOLVED:*

That Members remove this item from the Committee work programme, and delegate future monitoring of this service to the Chairman.

**West Hampshire Clinical Commissioning Group: Hythe Hospital update – progress with model of care**

West Hampshire Clinical Commissioning Group and Hampshire County Council Adult Services representatives attended to present an update to the Committee regarding the progress of Hythe Community Clinic since the last update to the Committee in March 2012 (see Appendix 3 to Item 6 in the minute book). The Primary Care Trust (PCT) and the Clinical Commissioning Group were currently developing a Stage 1 Business Case following approval of a Strategic Outline Case by the Strategic Health Authority in January 2013.

Members were satisfied that the 16 reablement beds in the community were all now operational.

The Chairman invited the local County Councillor for Dibden and Hythe, and the Chairman of the Stakeholder Group from Hythe Hospital League of Friends, to comment on the progress being made. Members heard that the local County Councillor acknowledged that with the reorganisation of the health service, there had been some delays to the progress of works at Hythe. The Chairman of the Stakeholder Group commented that he had recently received an update from the Strategic Health Authority which enabled the Group to keep the community informed of developments. Members heard that the Group continued to monitor the progress in relation

to the model of care, and was pleased to report that there had been positive continued engagement with both providers and commissioners.

*RESOLVED:*

That:

1. Members retain Hythe Hospital on the work programme, and request a further update once the Stage 1 business case is available.
2. The new councillor representing the 'Hythe and Dibden' constituency after the election is informed of developments.

**West Hampshire Clinical Commissioning Group: Fordingbridge Hospital update – radiology service**

Representatives from West Hampshire Clinical Commissioning Group and NHS Property Services updated the Committee on progress being made to re-locate the radiology service on the Fordingbridge Hospital site following the last update to the Committee in November 2012 (see Appendix 4 to Item 6 in the minute book).

Members heard that the radiology service had been planned to be fully operational from April 15, but the restart of the service had been postponed to enable further tests to be undertaken by the suppliers. It was expected that the service would be operational the week commencing 22 April.

*RESOLVED:*

That, subject to confirmation of the re-opening of all services on site, Members remove this item from the Committee work programme.

**Hampshire Hospitals Foundation Trust: development of model of service provision across multiple sites**

The Chief Executive of Hampshire Hospitals Foundation Trust presented to the Committee an update on proposals for the future model of services to be provided from the Trust's hospital sites (see presentation to Item 6 in the minute book).

Members heard that in the previous 15 months since the Trust was formed, a number of achievements had occurred, including the opening of a new birthing centre in Andover, investment in maternity services at the Royal Hampshire County Hospital in Winchester and the expansion of community services across north and west Hampshire.

The Trust had already taken part in work to centralise cardiac, stroke and trauma services, and were now beginning to consider options to co-locate services for the sickest patients. The Trust believed that national research and best practice evidenced the benefit to patients of centralising skilled clinicians.

Options considered by the Trust included centralising different services to each of the two General Hospitals, or centralising all critical treatments to one Hospital. The preferred option of the Trust would be the development of a brand new Critical Treatment Hospital, which would see the centralisation of yet-to-be-determined services. It was expected that maternity services and emergency departments would still be available at both Winchester and Basingstoke hospitals. In addition to centralised urgent care, some previously hospital based services would be developed in a community setting.

The Trust planned to take detailed proposals to a future Board meeting, after which time the Trust would be able to draw together stakeholder communication and engagement plans. Some early engagement had been undertaken with key stakeholders, but discussions would not be held with the public until proposals had been clarified.

In response to questions, Members heard:

- That it was expected that any option would be financed through a loan from the Foundation Trust Finance Facility, which would provide a fixed rate of interest over 25 years of 1%.
- That close liaison with Northumbria NHS Foundation Trust, who had undertaken a similar reorganisation, had taken place and this had enabled the sharing of good practice.
- That previously Primary Care Trusts and now Clinical Commissioning Groups have responsibility for drawing up acute service strategies. The Trust would work with stakeholders to ensure plans were in line with health needs.
- That the Trust were aware that there was a need for a dialysis unit in the Andover area, and hoped that this would be facilitated in the future.
- That the Trust was currently reactively dealing with unscheduled and emergency care, working to try to reduce impact on elective care. It was hoped that work with Clinical Commissioning Groups would identify how greater joined up working with other stakeholders could help alleviate pressure on hospital based care.

*RESOLVED:*

That:

1. The Committee are unable to come to a view on the nature of the change until such time as defined proposals are available for the future model of care for Hampshire Hospitals NHS Foundation Trust.
2. Hampshire Hospitals NHS Foundation Trust are invited to come to the 30 July 2013 Committee meeting, in order to provide Members with defined proposals for the future model of care.

### **University Hospital Southampton Foundation Trust: Management of unscheduled care**

The Chief Executive of University Hospital Southampton Foundation Trust presented to the Committee an update on the management of unscheduled care demand at Southampton General Hospital, following a previous

proposal by the Trust in July 2012 to move elderly care beds to Royal South Hampshire Hospital (see presentation to Item 6 in the minute book).

Members heard that the Trust did not move forward with its previous proposal due to lack of staffing. However, the Trust was still experiencing increasing demand for acute care, with the Chief Executive noting that emergency patient levels had increased by approximately 25% over the last 4/5 years, and therefore plans must be drawn up to meet this problem.

The Trust acknowledged that they had not met the accident and emergency four hour treatment time target for the last three quarters. In order to improve this, the Trust would be investing £40m in the Southampton site over the next three years in order to both increase staffing levels, such as the number of senior consultants available for seven day cover, and provide an additional 86 inpatient beds. It was hoped that these measures would be sufficient to ensure that future elective surgery cases would be better protected from cancellation.

The Trust would continue to progress work integrating care in the community and improving out of hours alternatives with health and social care partners, in order to ensure patients receive the appropriate level of care and support at the appropriate time. Work was also progressing with Clinical Commissioning Groups to define proposals that would vacate 50 – 70 beds.

The Director of Adult Social Care highlighted the impact of the current model of community health service provision and emphasised the need for people to be supported as independently as possible through rehabilitation, early intervention and prevention. She highlighted the need for close working with Clinical Commissioning Groups to ensure communities were “dementia friendly”. It was noted that the average length of stay for older people in care homes had increased to between 18 months and two years, and this had placed increasing pressure on Local Authority budgets. It was known that there are not enough people working in care, and organisations must work together to ensure that future staff resource matched the number of patients requiring care.

Members noted that scrutiny of the Joint Strategic Needs Assessment for the population of Hampshire would be helpful in ensuring that the issues raised by the Committee and NHS bodies as part of this item were included in this important document.

In response to questions, Members heard:

- That demographic research has evidenced an increase in the number of people living longer, combined with an increase in the number of cases of younger and older people suffering from chronic diseases. Members heard that the Trust would be developing long term measures to ensure that demand for care was met for these people from existing resource.
- That the average length of stay in Southampton General hospital for patients with mental health complexities is 8 days, and between 80 and 100 patients are treated with such co-morbidities at any one time.

- That the Trust would investigate possible links with the private sector in the form of nursing and rehabilitation homes which could provide aftercare packages for patients, and is a model of care that is operating well in other areas of the country. The Trust believed it had an important role to play in helping to re-stimulate community provision.
- That it is currently too early to comment on whether NHS111 has had a positive or negative effect on emergency admissions.
- That recent discussions in the press, following the publication of the Francis report, had shone a negative light on a 'target-driven' NHS. The Chief Executive's opinion was that for patients the four hour A&E target, for example, had led the NHS to deliver a significantly better service. He felt that clinical leadership was the key to meeting targets that delivered better outcomes for patients.

*RESOLVED:*

1. That Members request an update from key stakeholders on the proposed whole system approach to unscheduled care issues in the South and West Hampshire area.
2. That Members review the Joint Strategic Needs Assessment

**Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust:  
Oncology inpatient services – update**

The Chief Executive updated Members of the Committee regarding Royal Bournemouth and Christchurch Hospitals' proposals to temporarily admit oncology inpatients to Poole rather than Bournemouth Hospital, due to the difficulties experienced by the Trust to recruit medical staff to cover both sites (see Appendix 5 to Item 6 in the minute book).

*RESOLVED:*

1. Members request the following supplementary information from the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust:
  - Whether support has been received from commissioners for an extension of the temporary closure of inpatient oncology services at RBCH.
  - What steps have been taken to try to recruit appropriately trained staff to reopen the ward.
  - How Hampshire patients continue to be engaged with on this temporary change of service.
  - Whether this temporary change is affected by current considerations by the competition commission.
  - When this temporary change is expected to end.
2. The continuation of the temporary move of inpatient oncology beds to Poole Hospital is not supported until satisfactory answers are provided to the request for supplementary information.

*Councillors David Keast and John Wall left the meeting at this point.*

164. **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.

***Items for action:***

None

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

**Southern Health NHS Foundation Trust: Older People's Mental Health Services – update on implementation**

Representatives from Southern Health NHS Foundation Trust were in attendance to provide an update on implementation of the Older People's Mental Health service changes (see Appendix 1 to Item 7 in the minute book and additional information circulated at the meeting). Additional information had been requested by the Committee from Southern Health following the last update on this topic in January 2013.

Members noted that the electroconvulsive therapy services are now provided at the Elmleigh unit based in Havant, in addition to the outpatient service operational at the St James' Hospital site. The Trust would provide transport to all patients required to travel in order to reach this service.

Proposals were being developed to provide a community based hub on the site of the Becton Centre, and ongoing engagement was taking place with colleagues and stakeholder groups to advance plans. It was expected that work would commence on the site later in the year with capital funding approval from the Trust. Options were still being developed for the Willows Ward in Petersfield, to include the possibility of providing a minor injuries unit as well as mental health services.

Members heard that there had been a limited uptake in the transport service provided by Southern Health for relatives of patients visiting inpatient wards. Funding for this service had been confirmed for a period of three years, and continued monitoring of this would take place through stakeholder groups.

In response to questions, Members heard:

- That a completed business case for the development of the Becton Centre would be available in the next few weeks, and details of which would be shared with the Committee.
- That Southern Health remained committed to working with acute providers to ensuring the delivery of specific treatment and discharge

plans for each patient. That psychiatric liaison services are provided in acute hospitals for supporting patients with mental health needs.

- That discussions with relatives of patients regarding visiting plans are undertaken on a one-to-one basis, to determine whether travelling assistance is required.

*RESOLVED:*

1. Members confirm they are satisfied with the actions of the Trust in implementing the proposals to date.
2. The Committee delegates the ongoing monitoring of Older People's Mental Health services to the Chairman.
3. Members are notified of the business cases, once available, for the future use of the Becton Centre and Willows ward. That these come before the Committee if they contain any proposals to change service delivery.

**National Specialist Commissioning Board: Children's Congenital Heart Surgery Update**

The update provided in the report (see Item 7, page 2) was taken as read.

*RESOLVED:*

That the Committee be kept informed of developments in relation to the future provision of services for children with congenital heart disease.

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Chairman, 30 July 2013