

# HAMPSHIRE COUNTY COUNCIL

## Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date of Meeting:</b>	17 January 2018
<b>Report Title:</b>	Proposals to Develop or Vary Services
<b>Report From:</b>	Director of Transformation & Governance

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### 1. Summary and Purpose

- 1.1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services to vary or develop health services provided to people living in the area of the Committee.
- 1.2. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.
- 1.3. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services, of which a revised version is due to be agreed at this meeting. This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006, includes new responsibilities set out under the Health and Social Care Act 2012, and takes account of key criteria for service reconfiguration identified by the Department of Health.
- 1.4. This Report is presented to the Committee in three parts:
  - a. *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.
  - b. *Items for monitoring:* these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.
  - c. *Items for information:* these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with an

opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements

- 1.5. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire, and to support health and social care integration, and therefore assist in the delivery of the Joint Health and Wellbeing Strategy and Corporate Strategy aim of maximising well being.

### ***Items for Action***

## **2. NHS North Hampshire Clinical Commissioning Group and NHS West Hampshire Clinical Commissioning Group: Transforming Care Services in North and Mid Hampshire**

### *Context*

- 2.1 The NHS, or any provider of NHS services, is required to consult the health scrutiny committee on any substantial or temporary variations to the provision of the health service, and to provide any information that the committee may require to enable them to carry out scrutiny of the planning, provision and operation of this service.
- 2.2 The now-disbanded Health Overview and Scrutiny Committee (HOSC) agreed that the proposals for the future of hospital services in north and mid Hampshire constituted a substantial change in service in [January 2014](#). At this time, these proposals were to either:
  - a) Centralise critical care services on the site of Basingstoke and North Hampshire Hospital and invest in Royal Hampshire County Hospital in Winchester as a general hospital treating the majority of patients in the local community; or
  - b) Build a new 300-bedded critical treatment hospital between Basingstoke and Winchester to treat the 15%-20% sickest patients or those at highest risk and invest in both the Royal Hampshire County Hospital and Basingstoke and North Hampshire Hospital as general hospitals treating the majority of patients in their respective communities.

### *Background*

- 2.3 The HASC have received update items on proposals for hospital services in North and Mid Hampshire since this time, with the most recent in [November 2015](#). At this meeting, commissioners informed Members of the requirement to undertake a 'whole services review' before proceeding to public consultation on the options available for acute services in North and Mid

Hampshire. Since this time, the Chairman and scrutiny officer have received occasional briefings on progress to date, and briefings have been received by the wider Committee. One of the key concerns regularly cited by the Trust since this time, and an element picked up in correspondence between the Chairman, CCGs and Trust, has been the sustainability of providing services at all three hospital sites.

- 2.5 Since the HASC last considered this item, the Hampshire and Isle of Wight Sustainability and Transformation Plan/Partnership (STP) has been agreed, which includes a core delivery work stream on 'urgent and emergency care'. Within this is a dedicated programme on 'transforming care services in North and Mid Hampshire', which sees North Hampshire CCG (as part of Hampshire CCG Partnership), West Hampshire CCG and Hampshire Hospitals NHS Foundation Trust (HHFT) continuing to work together to deliver a set of proposals for potential consultation on this topic. A wider scope has existed since the update in November 2015, with the focus including out-of-hospital care and the organisation of community and primary care services across the geography.
- 2.6 Members will wish to note that HHFT has a [new Chief Executive in post](#), Alex Whitfield, who took up the position in April 2017, following the retirement of Mary Edwards in December 2016.

#### *Update*

- 2.7 A report ([Appendix One](#)) has been received from North Hampshire and West Hampshire CCGs, setting out a brief history of the programme, the options considered at a recent joint meeting in public of the North Hampshire CCG and West Hampshire CCG Governing Bodies, and the preferred option. For useful background reading, the reports considered by the CCGs at this meeting can be found [here](#).
- 2.8 The preferred option agreed at this meeting was to continue work to develop options for centralising services on the existing HHFT site (in Andover, Basingstoke and Winchester). The option to consult on building a standalone critical treatment hospital would not be progressed further, with the CCGs citing unaffordability as the main reason for this. In a [joint press release](#) from the CCGs and Trust, Alex Whitfield, the HHFT Chief Executive, notes the Trust's disappointment at this outcome.
- 2.9 Given the wider nature of the review and the requirement to undertake further work on it, together with the aim to provide care closer to home and out of hospital, the CCGs have stated that at this stage they do not plan to go out to consultation. A further update is due to the CCGs on the transforming care services work programme at their March 2018 Board meetings.

2.10 The CCGs will be present to speak to the report at the meeting. HHFT will also be present during the item.

***Recommendations***

2.11 That the Committee:

- a. Note the proposals on 'transforming care services in North and Mid Hampshire'.
- b. Makes any further recommendations on this item following discussions held during the meeting.

**CORPORATE OR LEGAL INFORMATION:****Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	No
<b>People in Hampshire live safe, healthy and independent lives:</b>	Yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	No
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	Yes

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

DocumentLocation

None

## **IMPACT ASSESSMENTS:**

### **1. Equalities Impact Assessment:**

- 1.1 This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this covering report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

### **2. Impact on Crime and Disorder:**

- 2.1 This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this covering report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

### **3. Climate Change:**

- 3.1 How does what is being proposed impact on our carbon footprint / energy consumption?

This is a covering report which appends reports under consideration by the Committee; therefore this section is not applicable to this work report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

- 3.2 How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this work report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.



West Hampshire Clinical Commissioning Group  
North Hampshire Clinical Commissioning Group

## **Hampshire Health and Adult Services Committee - 17 January 2018**

### **Update on Programme to Transform Care Services**

#### **Introduction**

On 30 November 2017, West Hampshire and North Hampshire CCGs met in public to review all the work carried out so far and confirm the next steps in the programme to transform care services in North and Mid Hampshire.

#### **Programme history**

Early in 2017, West Hampshire CCG, North Hampshire CCG and Hampshire Hospitals NHS Foundation Trust began to work together to produce a joint plan for agreeing and delivering the best configuration of health care for the population of North and Mid Hampshire. This programme would help decide the right configuration of care - hospital-based, community-based and that provided by local GPs - for this part of Hampshire for many years to come. It would ensure that the health and social care system could meet the many opportunities and challenges facing it around the need to empower people to stay well and to provide safe, high quality, consistent and affordable health and care to everyone.

The right configuration would also include clarity about how care should be provided for people who are critically ill and those who need more specialised care. Hampshire Hospitals NHS Foundation Trust had proposed the development of a critical treatment hospital to provide this. An independent report carried out at the end of 2016 confirmed that further work needed to be done on the potential options and the impacts of any development on services in the community and in Winchester and Basingstoke Hospitals as well as other parts of the NHS locally (like University Hospital Southampton) that would be impacted by such a development.

The three organisations appointed McKinsey and Co to work with them during 2017 to look at how best they could implement this important programme. The focus was on how best to provide seven days a week services for people who are critically ill or need specialised care and how to develop options for how all parts of our health and care services – including community, primary and social care – can come together to offer a wider range of more coordinated out of hospital care and what that could look like.

## **Options considered**

The Governing Bodies of North Hampshire and West Hampshire CCGs met in public on 30 November 2017 to review the work carried out with McKinsey. This included the evaluation of a number of options - informed by public research - set against agreed criteria. This included the Trust's original proposal for a new critical treatment hospital on a green field site near junction 7 of the M3 as well as options around the reconfiguration of the Basingstoke and Winchester sites.

## **Preferred option**

The two CCG Boards accepted that the critical treatment centre was not affordable, given the financial challenges facing the local NHS and that it was not appropriate at this time to proceed to formal consultation on a future configuration of acute services for the people of north and mid Hampshire. The agreed recommendations were:

- To continue to develop and implement plans for rolling out more joined up local health services both in and out of hospital over the next few years;
- To continue with the current programme arrangements in order to develop proposals for the centralisation of services within the current Hampshire Hospitals' footprint (Andover, Winchester and Basingstoke), thus ensuring that patients continue to have access to the safest and highest quality care. This will include exploring any necessary capital development to support relocation of services;
- That other options, including a standalone critical treatment hospital, will not be progressed at this time as part of the programme.

## **Ongoing work programme**

The two CCGs and the Trust will continue with the programme to identify how best to configure services between the three current sites (Winchester, Basingstoke and Andover) with a focus on:

- High quality care in and out of hospital in line with national best practice
- Joined up local care close to home or at home, focused around the patient's whole needs
- Less reliance on acute hospitals
- Using the benefits of rapidly developing technology.

The NHS Five Year Forward View clearly describes that the NHS and social care needs to fundamentally change how the health and wellbeing needs of local people are met. Likewise, local people have consistently told us that they want to be able to manage their health and wellbeing more effectively with services provided as close to their own homes as possible. We have started to develop a new way of providing care differently



which has three key elements – keeping people well; strengthening local primary and community care; and providing specialist care where needed.

We have started this work already and have a number of examples in place, such as extended GP access, which is already being piloted in Winchester and Andover and, from January 2018, will be piloted across groups of practices in east Hampshire, Alton and Basingstoke town centre. We have also rolled out GP online consultations in eleven of the 18 practices in north Hampshire and 45 of the 49 practices in west Hampshire. In our rural practices (Oakley and Overton, Kingsclere and Tadley) we are recruiting a nurse for our Proactive Care Programme to support our frail population in these areas. The care navigators project based in GP practices in Hedge End, Botley, West End, Bursledon and Hamble is providing much-needed welcome help to guide frail and elderly people around local health and care services and prevent social isolation, while Wellbeing Centres in Winchester, Eastleigh and Andover, run by Solent Mind and Andover Mind, offer a wide range of courses, workshops and support sessions for people with mental health problems.

The learning from these approaches and others from across the county clearly demonstrate that providing care in this way means that fewer local people need to be seen in hospital and there is the opportunity to develop this even further.

## **Timescales**

At this stage, no formal consultation is currently planned.

Regular updates on the work programme to provide more care outside hospital will be received by both CCG Boards as the work programme is implemented. The next formal update to the formal meetings of both Boards will be in March 2018.

Alongside this, an information and engagement campaign is being developed for everyone living in the north and mid Hampshire area that will explain simply and clearly:

- What's already changed and how that's proving better for patients and NHS staff
- Why more services need to change and how that will benefit the patients using them
- Where those changes will take place and what the new way of providing services will actually look like within each local community
- How patients, special interest groups and local people can take part and contribute.

We will be happy to continue providing updates on all aspects of this programme at future meetings of the HASC.

## **Heather Hauschild**

Chief Officer

West Hampshire CCG