

## Hampshire Together: Modernising Our Hospitals and Health Services

### Update Briefing for Hampshire County Council Health and Adult Social Care Overview and Scrutiny Committee

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#### Summary

This report provides an overview of the *Hampshire Together: Modernising our Hospitals and Health Services* programme and the progress we are making as we prepare a business case and proposals for consultation in early 2021.

In addition to this report, a brief presentation will be provided for members of the committee as part of the meeting.

#### Background

Hampshire Together is a programme that involves all NHS and social care services across north and mid Hampshire (Alton, Andover, Basingstoke, Eastleigh, Winchester and the surrounding areas). It is being led by Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups and West Hampshire Clinical Commissioning Group, in partnership with Hampshire Hospitals NHS Foundation Trust. It involves all organisations providing health and social care across the Alton, Andover, Basingstoke, Eastleigh and Winchester area working together to develop a health, wellbeing and care service so that everyone in north and mid Hampshire can access high-quality, timely and sustainable health care as close to home as possible.

The programme is looking at the best way to organise services to meet the population's changing health needs and to adapt the way some services are delivered so they can continue to meet best practice and clinical quality guidelines, and are sustainable for the long-term. To meet these challenges the local NHS has been exploring the possibility of centralising some of the most specialist hospital services for the sickest people on one site, rather than spread across two main sites (Basingstoke and Winchester) as they currently are. Consolidating the most specialist services in one place would mean a better use of senior clinicians, who are currently spread too thinly across hospital sites. It would also mean clinical teams treat more patients with particular conditions and illnesses, helping to better maintain their specialist expertise.

The programme also includes the potential for the construction of a brand new hospital as part of the Government's Health Infrastructure Plan. Hampshire Hospitals was last year named as one of the trusts chosen to receive capital funding as part of this Department of Health and Social Care's plan, which is designed to support 40 hospital building projects across the country between 2025 and 2030.

### **Public Engagement**

Initial public engagement activity was held between 1 June and 7 August 2020, based on a listening document (see Appendix 1) that set out the challenges facing our health and care system, the opportunities provided by the Hampshire Together programme and the decisions that will need to be taken in order to maintain safe, high quality, sustainable services for the long-term.

Feedback received during engagement was independently analysed and a summary, including a breakdown of the key themes identified, can be found at Appendix 2.

### **Options Development**

A process of options development began in late August 2020. Doctors, nurses and other clinicians from north and mid Hampshire held a series of conversations and virtual workshops to look at how health and care services could be designed for the future. More than 100 people, including current patients with experience of using hospital services, clinicians from across the health and care system, and representatives of various groups from the community took part. They initially developed eight options, or clinical models, for the way services could be provided in the future.

The eight options (see Appendix 3) were then considered by doctors, nurses, and other clinicians and evaluated against pre-agreed criteria to decide whether they should be discounted or taken forward and investigated further. Two options were discounted during this process. One because it involved continuing to run services as they are currently set up (named Option A), and another because it involved moving all services to a new hospital, with no facilities elsewhere (Option H).

Further work is now being undertaken to review and evaluate each option in detail, while also considering additional configurations for future services. Options will be assessed with regards to clinical quality, patient experience and outcomes as well as the impact on staffing levels, the amount each option would cost and affordability, accessibility and deliverability, to inform the development of a shortlist.

### **Clinical options currently being explored**

Five of the six options currently being explored involve the construction of a new acute centralised hospital. Four of the six options involve the development of a main local hospital and all options have some health care services provided elsewhere, working together as a network to serve the people of north and mid Hampshire.

The six options currently being explored are:

- Option B – Investment would be made to sustain hospital services at the Basingstoke and Winchester sites for the long-term. Services including emergency care, consultant-led maternity care and intensive care would be centralised at one of the hospitals. Centralisation will help to ensure delivery of the clinical quality standards required for these services, so they can continue to be provided in north and mid Hampshire.
- Option C – Emergency care, consultant-led maternity care and intensive care would be centralised in a new acute centralised hospital, as would a new outpatient centre which would enable patients to undergo scans, have tests carried out and have an appointment with their consultant in the same visit. A centre for surgery planned in advance would be provided from a main local hospital, which would also benefit from additional investment. Outpatient consultations and a range of other hospital services would be provided at additional locations across north and mid Hampshire.
- Option D – Emergency care, consultant-led maternity care and intensive care would be centralised in a new acute centralised hospital, as would a centre for surgery planned in advance and a new outpatient centre which would enable patients to undergo scans, have tests carried out and have an appointment with their consultant in the same visit. Outpatient consultations and a range of other hospital services would be provided at additional locations across north and mid Hampshire, with some additional investment.
- Option E – Emergency care, consultant-led maternity care and intensive care would be centralised in a new acute centralised hospital, as would a centre for surgery planned in advance and a new outpatient centre which would enable patients to undergo scans, have tests carried out and have an appointment with their consultant in the same visit. An outpatient centre, offering the same services described above, would also be provided from a main local hospital, which would also benefit from additional investment. In addition, outpatient consultations and a range of other hospital services would be provided at additional locations across north and mid Hampshire.
- Option F – Emergency care, consultant-led maternity care and intensive care would be centralised in a new acute centralised hospital, as would a new outpatient centre, which would enable patients to undergo scans, have tests carried out and have an appointment with their consultant in the same visit. A centre for surgery planned in advance and an outpatient centre offering the same services described above would be provided from a main local hospital, which would also benefit from additional investment. In addition, outpatient consultations and a range of other hospital services would be provided at additional locations across north and mid Hampshire.
- Option G – Emergency care, consultant-led maternity care and intensive care would be centralised in a new acute centralised hospital, as would a centre for surgery planned in advance. An outpatient centre which would enable patients to undergo scans, have tests carried out and have an appointment with their consultant in the same visit would be provided from a main local hospital, which would also benefit from additional investment. In addition, outpatient consultations and a range of other hospital services would be provided at additional satellite locations across north and mid Hampshire.

The main local hospital would contain, as a minimum, an urgent treatment centre, step down inpatient care for patients requiring services such as physiotherapy, midwife-led maternity care, and diagnostic tests such as MRI scans and blood tests.

### **Shortlisted locations**

After a comprehensive search for sites across Alton, Andover, Basingstoke, Eastleigh, Winchester and the surrounding areas was carried out, two locations have been identified as potential sites for a proposed new acute centralised hospital.

The first is located between Basingstoke and Winchester, near to junction seven of the M3, with the other being based on the current site of Basingstoke and North Hampshire Hospital. If an acute centralised hospital was to be built at either of these locations, significant investment would also be made at Royal Hampshire County Hospital with a view to it becoming a main local hospital.

The locations for an acute centralised hospital were identified following an extensive site selection study, which was carried out across the entire Hampshire Hospitals catchment area to identify suitable parcels of land. Pieces of land that were large enough to house a hospital and health campus were then ranked according to how they performed against a total of 36 weighted criteria before negotiations began to assess their availability, price and the current owners' willingness to sell.

### **Next steps**

An options development group, including clinicians and patients is currently meeting on a weekly basis to discuss the clinical options. Through a clear process of evaluation against a set of agreed criteria and a further options development workshop, we will finalise which options should be carried through for inclusion in a Pre-Consultation Business Case (PCBC).

The PCBC will go through Stage Two assurance with our regulator, NHS England / Improvement, towards the end of the year (date tbc), before being finalised and published. Public consultation is currently planned for early 2021. A consultation plan will be shared with the committee for comment at a later date.

### **Impact of the proposals**

As an indicator of the possible impact on the public and health services that Hampshire County Council is responsible for, patient flow data is detailed in Appendix 4 (flow of patients from north and mid Hampshire to acute providers over the last three years) and Appendix 5 (patients who have accessed Hampshire Hospitals services over the last three years by local authority area).

In addition to Hampshire County Council, we have also contacted the chairs of the health overview and scrutiny committees at Southampton City Council, West Berkshire Council, Portsmouth City Council, Isle of Wight Council, Wiltshire Council and Surrey County Council to offer a briefing and request that they consider being part of a joint committee. Southampton City Council's panel will be recommending that they are part of a joint committee to their full council later this month and Surrey County Council would like to attend as standing observers. All of the other authorities have turned down the opportunity to be involved at this stage.

## Recommendations

The committee is asked to (i) note the report, (ii) consider and decide whether the proposed changes constitute a substantial change/variation in service and (iii) if so, recommend to full council that Hampshire County Council takes part in a Joint Overview and Scrutiny Committee with neighbouring local authorities to consider and be consulted formally on the proposed changes.

## Appendices

1. Hampshire Together: Modernising our Hospitals and Health Services Listening Document
2. Engagement Report Summary
3. Clinical Options Chart
4. Flow of patients from north and mid Hampshire to acute providers 2017-2020
5. Patients who have accessed Hampshire Hospitals services by local authority area 2017-2020