

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health Overview and Scrutiny Committee
Date of Meeting:	29 March 2011
Report Title:	Proposals to Develop or Vary NHS Services
Report From:	Chief Executive

Contact name: Denise Holden

Tel: Ext 7338

Email denise.holden@hants.gov.uk

1. **Summary and Purpose**

- 1.1. The purpose of this report is to alert Members to proposals from the NHS 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 agreed by the Hampshire, Isle of Wight, Portsmouth and Southampton Joint Committee in November 2010. This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006 and takes account of key criteria for service reconfiguration identified by the Department of Health. The 'Framework' can be found on the website at <http://www3.hants.gov.uk/scrutinyfallsframework.pdf>
- 1.4. This Report is presented to the Committee in 2 parts:
 - *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS to substantially change or vary NHS services.

- *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 therefore support the delivery of the Corporate Strategy aim of maximising well being.

Items for Action

2. **Hampshire Partnership NHS Foundation Trust: Consultation on Older Peoples Mental Health services in south Hampshire.**
- 2.1. Further to decision of the HOSC not to support the commencement of public consultation by Hampshire Partnership NHSFT on plans for developing older peoples mental health services in south Hampshire the Chairman wrote to the Trust setting out the concerns raised by the Committee. This letter is attached at [Appendix One](#) (p.5)
- 2.2. Since this time the Trust has undertaken further engagement with local stakeholders including district and borough councils in the area affected.
- 2.3. Additionally the Trust has run a dementia ‘masterclass’ for members of the HOSC and Safe and Healthy Select Committee to enable the topic to be explored in greater depth.

Recommendations

- 2.4. Members confirm their support for the commencement of consultation with local people.
- 2.5. Members highlight any further information or action required of the Trust in taking this work forward.
3. **NHS Hampshire and Hampshire Children’s Services: Progress report on the implementation of the review of services for children with Special Educational Needs**
- 3.1. The recommendations of the Committee have been accepted and are being taken under the aegis of the Hampshire Joint Child Health Commissioning Board. A progress report is attached at [Appendix Two](#) (p.8) together with a summary of plans by the Department for Education to consult on the development of a new approach to special educational needs and disability (see [Appendix Three](#), p.11)

4. **National Specialist Commissioning Board; Consultation on the Configuration of Children’s Heart Surgery Services.**
- 4.1. The review of these services previously reported to the HOSC has now been completed and the formal consultation process launched. Details of the consultation document can be found at [NHS Specialised Services](#)
- 4.2. A summary of the proposals is attached at [Appendix Four](#) (p.23)
- 4.3. Key points in relation to local services include
- The options presented suggest a move from 11 centres to 6 or 7
 - Southampton is included in one of the 4 options presented
 - Should the Southampton Service be lost children requiring specialist heart surgery will need to go to London or Bristol
 - In an independent evaluation of the quality of these services Southampton was rated second, the highest rating outside London.
- 4.4. The consultation will run to the 1 July.

Recommendation

- 4.5. That the HOSC, working with other HOSCs as appropriate, provides a full response to the proposals.

Items for Information

5. **South Central SHA: Consultation on proposals to fluoridate drinking water in Southampton and South West Hampshire**
- 5.1. The Judicial Review has now reported and supported the case put forward by the SHA.
- 5.2. The Chairman has written to the SHA requesting further information relating to costs and technical feasibility
- 5.3. The letter is attached at [Appendix Five](#) (p.27)

Recommendations

- 5.4. Members are advised of the response of the SHA and any timescales associated with the implementation of these proposals.

6. **South East Hampshire Sustainability Review: Joint Overview and Scrutiny arrangements**

6.1. A formal Joint Committee has been agreed to look at this review in more detail.

Recommendation

6.2. Members are kept apprised of progress with the Panel.

6.3. Variations to services that may be considered substantial are reported to the HOSC

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.)

Document

Location

None

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

N/A

2. Impact on Crime and Disorder:

N/A

Appendix One: Letter from HOSC Chairman to Hampshire Partnership NHS Foundation Trust

25 January 2011

Sandy Taylor
Acting Chief Executive
Hampshire Partnership NHS Trust
Tatchbury Mount
Calmore
Hampshire

II. Hampshire County Council
III. The Castle, Winchester
IV. Hampshire, SO23 8UJ
V.
e-mail: pat.west@hants.gov.uk

Dear Sandy

Older peoples mental health services in south west Hampshire

Thank you for coming to the Hampshire HOSC today to outline the Trusts proposals for transforming older people's mental health services in south west Hampshire. We very much appreciated the opportunity to discuss the model of care you outlined and would wish to reiterate our support for the direction of travel set out in the draft paper. Members are also very appreciative of the opportunity to attend a 'master class' to discuss dementia and the services that the Trust provides to individuals and their carers who are living with this condition.

I am sorry that, as presented yesterday, the HOSC was not able to support your wish to move to formal consultation on the proposals. This was not taken lightly and reflected a number of points raised at the meeting about the extent of local stakeholder engagement. Our members are firmly of the view that the development of options should be thorough and include all district and borough councils affected as well as MPs and other providers of health and social care services operating in the area. We are not clear that this is the case in this instance, nor if the proposals were supported by the emerging GP consortia. You will have already noted the significant concerns expressed by elected members from Eastleigh and the surrounding area about relocating both in-patient wards currently based at the Tom Rudd Unit to the Western Hospital and the difficulties this could cause for people needing to access these services.

The additional information on care pathways was helpful but as we discussed they do not give a real sense of what the actual service provision would be, particularly in the area of Eastleigh and the Southern Parishes. Additional information would therefore be helpful in relation to:

- The health needs of this population for mental health services and how this will change in coming years- this needs to be fuller than currently included in the draft document

- Details of the older people's mental health services currently provided to this population and by whom. We are aware for example that Hampshire Adult Services, the voluntary sector and WEHT provide a range of care for older people in the area living with mental health problems. We are not clear how your proposals will support and enhance this provision. The pathways are important but without knowing where services are available and how these work alongside other service providers there is no sense of what will be available for service users in the future.

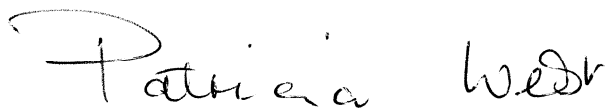
- The financial/resources currently spent on the services, the cost of the shift of inpatient beds proposed and the level of investment it is anticipated will be released to invest in the community. We will be looking to NHS Hampshire to confirm that the funding is available to support these changes as part of their commissioning intentions and the priorities identified in the Joint Older Peoples Mental Health Commissioning Strategy

- The support of our Adult Services Department and GP commissioners for the model proposed as well as other NHS providers such as WEHT

- Detail of the range and type of inpatient provision that will be available for this patient population, including that based at Melbury Lodge.

I noted that the paper due to be considered by the NHS Hampshire Trust Board on 27 January 2011 contains some of this information but clearly there is more to add. I am very happy to meet with you to discuss this if this would be helpful.

Yours sincerely



1. Cllr Pat West

Chairman, Health Overview and Scrutiny Committee

- cc Health Overview and Scrutiny Committee Members
 Cllr Felicity Hindson, Executive Member for Adult Services, Hampshire County Council
 Cllr Alan Dowden, Hampshire County Council
 Cllr Keith House, Leader Eastleigh Borough Council
 Cllr Cathie Fraser, Executive Member for Health,

Eastleigh Borough Council
Jonathan Montgomery, Chairman, NHS Hampshire
Carole Bode, Chairman, Hampshire Partnership NHS
Foundation Trust
Chris Gordon, Winchester and Eastleigh NHS Trust

**Health Overview and Scrutiny Committee
And
Children and Young People Select Committee**

Joint review of therapy services for children with disabilities and complex care needs

Report from Hampshire Joint Child Health Commissioning Board

Report March 2011

1. Introduction

The Hampshire Joint Child Health Commissioning Board (JCHCB) has committed to taking forward the work of the joint review of Children's Therapy Services. The JCHCB has agreed guiding principles for taking forward the work and has initiated a project plan that is in the end stages of completion.

In addition, the government has recently published its green paper on Special Educational Needs, 'Support and aspiration: a new approach to special educational needs and disability'. A presentation which summarises the main issues in this green paper is attached for member's consideration.

It should also be noted that while the NHS is currently undergoing structural organisation change, there is an ongoing commitment to ensuring this work is taken forward. This will be secured through the transition of the Department of Public Health from NHS Hampshire to Hampshire County Council. Further support from Children's Commissioning will continue and will be undertaken within the SHIP cluster. The cluster arrangements will provide GP Consortia with children and young people specialist support.

2. Progress to date

- **Project Support** The JCHCB has recognised the extent and volume of the work to be undertaken to ensure project delivery and has agreed to jointly fund a post to undertake project management. This post is currently being recruited to.
- **Disability Needs Assessment** The JCHCB recognises the need to underpin the current therapy review work with an epidemiological needs assessment. This will help us to understand the current profile of disabled children in Hampshire, an assessment of current data collections systems for methodological profiling of disabled children, scoping emerging and future health needs of children with complex health needs. This will be a joint piece of work supported by both NHS Hampshire and Hampshire County Council information and public health teams. Due to the

complexity of the task, it is anticipated that work will be completed July 2011.

- **Care Quality Commission: Review of support for families with disabled children** NHS Hampshire participated in the national review. Local NHS providers of therapy services for Hampshire reported on a variety of quality standards, including average waiting times for access to therapy services. The majority of providers of therapy services across NHS Hampshire are compliant with 18 week waiting time for access to treatment target (One breach by one provider, Occupational Therapy average wait of 19 weeks). It is anticipated that the 18 week wait will be a mandatory target for 2011/12. Occupational therapy in Hampshire has a larger number of referrals waiting more than 6 months compared with other therapies. This needs to be discussed further by commissioners and service providers.
- **Quality, Innovation, Productivity and Prevention (QIPP) programme** The QIPP programme is all about maximising current service offers to bring maximum benefit and quality of care to patients. A strategic review of the associated costs and activity of Hampshire community paediatrics services (including therapy services) has been agreed as a priority area in 2011/12 to ensure baseline information is available. There are difficulties with doing this work as the majority of NHS community services do not have national tariffs attached and so there needs to be development of local community paediatric currency to understand associated activity and tariff costs. This work will help to scrutinise the cost effectiveness and efficiency of services across NHS Hampshire providers.
- **NHS Therapy Senior Managers meeting** NHS Hampshire Children's Commissioning lead has engaged with senior therapy managers and will attend their SHIP wide meeting to discuss this work and to solicit support and their input into the project. This will help to inform the broader work of the project plan and ensure stakeholder engagement.
- **Special Educational Needs** – The green paper offers a number of opportunities to comment and shape future policy. In addition, there are a number of opportunities to 'pilot' schemes, some of which will be of interest to Hampshire, probably in partnership with other authorities (the group known as the 'SE7'). Further consideration is currently being given to these issues by officers.
- **School Nurse coverage** Although unrelated to the therapy review, the recruitment of a SEN School Nurse for Forest Park, Shepherd's Down, Osborn and Icknield Schools will take place in March/April and associated school nursing provision will commence September 2011.

3. Conclusion

- 3.1 The JCHCB commits to taking forward the joint therapy review recommendations.
- 3.2 Recruitment process is currently underway to appoint appropriate project support.
- 3.3 A response to the SEN Green paper will be developed, taking account of any views members of HOSC may wish to express.
- 3.4 The HOSC and CYPS committees are asked to note progress outlined in this report.

[Appendix Three](#): Department for Education vision for a new approach to special educational needs

The **National Strategies**

Support and aspiration: A new approach to special educational needs and disability

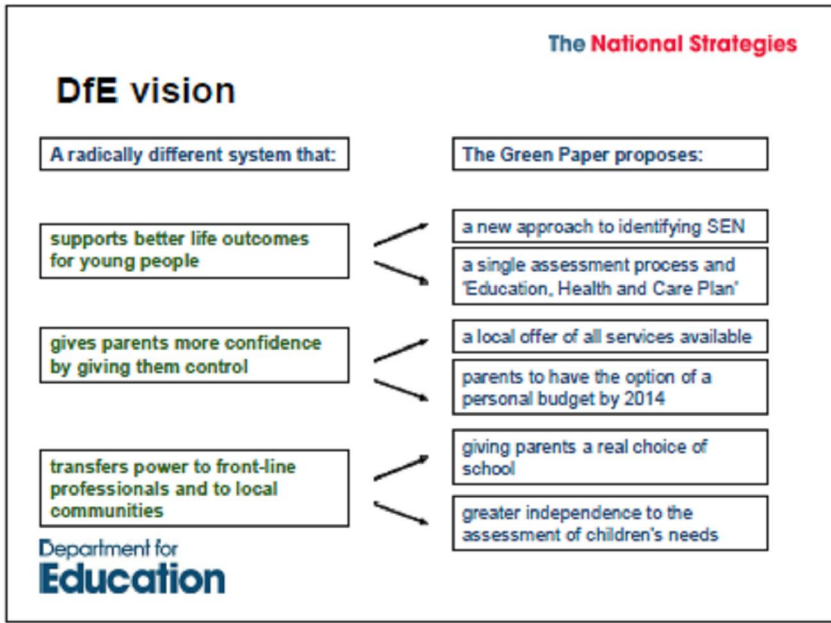
Department for **Education**

The **National Strategies**

The case for change

- Around two million children and young people identified as having a special educational need or who are disabled;
- Their life outcomes are disproportionately poor;
- Post-16, young people with SEN are more than twice as likely to be not in education, employment or training (NEET) as those without.
- They can feel frustrated by a lack of the right help at school or from other services;
- Children's support needs can be identified late;
- Parents say the system is bureaucratic, bewildering and adversarial; and
- Parents have limited choices about the best schools and care.

Department for **Education**



The National Strategies

The Green Paper – Five Chapters

**Support and aspiration:
A new approach to special educational needs and disability**

A consultation

Department for
Education

Chapter	Title
1	Early identification and assessment
2	Giving parents control
3	Learning and achieving
4	Preparing for adulthood
5	Services working together for families

Department for **Education**

1. Early identification and assessment

Children's needs should be identified as early as possible so that the right support is put in place for them and their family. Proposals to:

- **help professionals identify problems as they emerge**, with a robust system of early checks for children involving education, health and social care
- **put in place a reformed assessment process** for children with complex needs, with a single multi-agency approach and giving parents the same statutory protection as the current statement of SEN

Early identification and assessment

To work towards this, DfE will:

- test how to reform the statutory SEN assessment and statement system to create an '[Education, Health and Care Plan](#)' through local pathfinders
- in the meantime, speed up the process for families, by reducing the time limit for statutory assessments to 20 from 26 weeks

'Education Health and Care Plan'

- By 2014, all children who would currently have a statement of SEN or learning for further education and skills training should have a single statutory assessment process and 'Education, Health and Care Plan', from birth to 25.
- Makes clear who is responsible across education, health and social care for which services and includes a commitment from all parties to provide their services.
- Like a statement sets out needs but also set out learning and life outcomes
- Would be transparent about funding for support package

Local Pathfinders

- Two main purposes-to explore:
 - Less bureaucratic approach where agencies work together
 - whether the voluntary and community sector could coordinate assessment and bring greater independence to the process
- Plus looking at:
 - Personal budgets
 - Mediation
 - Transition between phases and areas

2. Giving parents control

Parents to be at the heart of decisions made about their child and feel confident that support will be put in place.

DfE propose to:

- make services more transparent for families, with local services publishing a 'local offer' of what is available –change to *Provision of Information regs.* Includes information on [school provision](#)
- give parents transparent information about the funding which supports their child's needs
- strengthen the choice and control given to parents, with the option (*with limits*) of personal budgets by 2014 for all families with children with a statement of SEN or a new single plan
- support families through the system, with trained key workers to help parents navigate services-funding for voluntary sector to provide this training
- ensure parents have a real choice of a range of schools
- ensure that parents and local authorities always attempt mediation before making an appeal to the Tribunal-*will consult on how.*

Information on school provision

- Four key areas of school provision in local offer:
 - Curriculum
 - Teaching
 - Assessment and identifying barriers to learning
 - Pastoral support
- Plus will simplify the requirements for publication of SEN policy from current 17. Consulting on what, but could be:
 - Statutory responsibilities
 - Approach to SEN
 - How it was consulted on
 - Normally available SEN provision

2. Giving parents control

To work towards this, DfE will:

- local authorities and health services will explore how to extend the scope of **personal budgets**
- we will give parents of children with statements of SEN the right to express a preference for **any state-funded mainstream or special school**, including Academies and Free Schools. This will remove bias towards inclusion that obstructs parental choice
- Giving parents possibility of setting up their own Free special school

3. Learning and achieving

All children must receive a high quality education whether in mainstream or special schools.

DfE propose to:

- address over-identification of SEN with a new single early years- setting and school-based SEN category to replace School Action and School Action Plus. New guidance for schools provided.
- sharpen accountability on progress for the lowest attainers, introducing a new measure into school performance tables
- better equip teachers and support staff to address SEN and poor behaviour through training & CPD
- give schools more autonomy to innovate and transform SEN provision, and allow special schools to become Academies.

3. Learning and achieving

To work towards this, DfE will:

- produce **clearer guidance** on SEN identification
- support the best schools to **share** their practices including allowing special schools to become Teaching Schools or members of a Teaching School Partnership
- expand NLEs, LLEs and new specialist Leaders in education (**5,000 SLEs by 2014**)
- continue funding of SENCO training in 2011/12

3. Learning and achieving

- introduce an indicator in **performance tables** that gives parents clear information on the progress of the lowest attaining pupils
- ensure that all maintained special schools will in due course have the **opportunity to become Academies**
- Growing **Free special schools** plus consideration of “mixed” special and mainstream Free schools
- Rolling out **Achievement for All** including developing a quality mark for innovative /excellent support

3. Learning and achieving

- introduce an indicator in **performance tables** that gives parents clear information on the progress of the lowest attaining pupils
- Remove advice on using **IEPs**
- Ensure new **National Curriculum** takes account of needs of all pupils
- ensure that all maintained special schools will in due course have the **opportunity to become Academies**
- Growing **Free special schools** plus consideration of “mixed” special and mainstream Free schools and “flexible” placements without the need for a statement
- Rolling out **Achievement for All** including developing a quality mark for innovative /excellent support

3. Learning and achieving

• Behaviour

- Work with **Anti Bullying Alliance** to share best practice
- Evaluate the trial of the **delegated funding** to schools for **alternative provision** on pupils with SEN
- **Exclusion guidance** will suggest schools trigger **multi-agency assessment** for pupils not responding to normally effective behaviour management techniques
- Support and build the capacity of **voluntary sector** to contribute to **TaMHS**

4. Preparing for adulthood

All young people should make a successful transition to adulthood and enjoy making a full contribution to society.

DfE propose to:

- increase the range and quality of **learning opportunities**;
- provide effective help for young people to move into **employment**;
- **improve joint working** across paediatric and adult health services, with GPs providing annual health checks for disabled young people over 16; and
- help young people to **live independently** by working across government to build on the Independent Living Strategy.

4. Preparing for adulthood

We will take forward a programme of action so that by 2015 disabled young people and young people with SEN will have:

- **early and well-integrated support** for, and advice on, their future as part of the proposed 'Education, Health and Care Plan
- access to **better quality** vocational and work-related learning options so that they can progress in their learning post-16
- **good opportunities and support** to get and keep a job
- a **well-coordinated transition** from children's to adult health services.

We will set out **more detail** on these plans by the **end of the year**.

5. Services working together for families

The Green Paper vision requires a strong role for local government alongside schools, health agencies and social care.

DfE propose to:

- set out a strong role for local authorities as champions of families and vulnerable children: strategic planning, securing provision, enabling informed choices
- enable frontline professionals to have the freedom to work together to develop better services
- make **funding mechanisms** for services support collaborative approaches, secure better value and be more transparent –mutuals? Cooperatives? Employee led teams

5. Services working together for families

To work towards this DfE will:

- explore with **GP consortia pathfinders** how best to commission healthcare services for disabled children and those with SEN
- **reduce bureaucratic burdens** by simplifying and improving the statutory guidance for professionals
- encourage **greater collaboration** between local authorities and between services in local areas
- work with the educational psychology profession and local commissioners to review future training arrangements for **educational psychologists**

Supporting the development of a high quality educational psychology profession

- EPs can make a significant contribution to supporting families and enabling children and young people to make progress with learning, behaviour and social relationships.
- However, the ways in which the **expertise and skills** of EPs are utilised **vary** between LAs.
- We want to encourage EPs, as well as LAs and schools that commission their services, to work in a **more flexible** manner that is **responsive** to the needs of the local community.

EP Training

- At present, the contributions towards funding and the availability of trainee placements are unevenly spread across the country.
- To address this, the DfE will work with the profession and local commissioners to review the future training arrangements for EPs.
- While the review is being carried out, DfE are making provision for the current training arrangements to continue. The final year of the current arrangements will be for those whose courses commence in September 2012.
- To inform this review, DfE is consulting on the ways in which EPs can be deployed most effectively, the current and future roles of EPs in supporting children, young people and their families and the implications of this for local commissioning and service delivery.

5. Services working together for families (contd)

- provide targeted funding to voluntary and community sector organisations and publish a national SEN and disabilities voluntary sector prospectus indicating where we will make funding available
- Explore with a group of LAs whether/how a national framework for funding specialist provision for children with SEN that improves consistency across areas, transparency and allows continued local flexibility.
- explore how the different funding arrangements for special provision pre-16 and post-16 might be better aligned.

Next steps

Four-month period of consultation and a period of testing proposals in local areas from September 2011.

By June DfE will invite expressions of interest from groups of local authorities to:

- Start piloting a new approach involving a single assessment process and plan, including testing how the voluntary and community sector can support this process
- Join the existing Individual Budget Pilots and how the scope of personal budgets could be increased

Government will set out detailed plans by the end of the year. This will form the basis of any necessary legislative changes to be taken forward from May 2012.

Review of Children's Congenital Heart Services in England: Briefing 3 Spring 2011

1.0 Background information

This briefing provides an update on the public consultation which forms part of the NHS review of children's congenital cardiac services. This is the third briefing we have sent to all Health Overview and Scrutiny Committees in England to update them about the ongoing review of children's heart surgery services. Previous briefings were issued in August and November 2010.

It is possible that some HOSCs may consider the recommendations for change - that have now been published - to be a „substantial variation“, requiring us to formally consult with those HOSCs. The 2003 Direction from the Secretary of State requires scrutiny committees to convene a joint HOSC when two or more HOSCs consider that proposals affecting a population larger than a single HOSC to be substantial.

2.0 Aims of the review

What does the review aim to achieve?

- Better results in the surgical centres with fewer deaths and complications following surgery
- Better, more accessible diagnostic services and follow up treatment delivered within regional and local networks
- Reduced waiting times and cancelled operations
- Improved communication between parents and all of the services in the network that see their child
- Better training for surgeons and their teams to ensure the sustainability of the service
- A trained workforce expert in the care and treatment of children and young people with congenital heart disease
- Centres at the forefront of modern working practices and innovative technologies that are leaders in research and development
- A network of specialist centres collaborating in research and clinical development, encouraging the sharing of knowledge across the network

3.0 The review process: Where are we now?

The options for change

The Joint Committee of Primary Care Trusts (JCPCT), the decision-making body for *Safe and Sustainable* held a meeting in public on 16th February. At this meeting the recommendations for changes to the way children's congenital heart services were discussed and the options for reconfiguring the service were agreed.

What will we be consulting on?

We will be consulting on the following key areas:

- Standards of care: proposed national quality standards of care to be applied consistently across the country
- Congenital heart networks: development of networks to coordinate care and ensure more local provision (e.g. assessment, ongoing care)
- The options: the number and location of hospitals that provide children's heart surgical services in the future
- Better Monitoring: improvements for analysis and reporting of mortality and morbidity data

There are currently 11 surgical centres across England:

- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- Evelina Children's Hospital, London

- Freeman Hospital, Newcastle
- Glenfield Hospital, Leicester
- Great Ormond Street Hospital for Children, London
- John Radcliffe Hospital, Oxford (surgery services are currently suspended)
- Leeds Teaching Hospital
- Southampton General Hospital
- Royal Brompton Hospital, London

The four options that the public will be consulted on are:

Option A

Seven surgical centres at:

- Freeman Hospital, Newcastle
- Alder Hey Children's Hospital, Liverpool
- Glenfield Hospital, Leicester
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- 2 centres in London

Option B

Seven surgical centres at:

- Freeman Hospital, Newcastle
- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- Southampton General Hospital
- 2 centres in London

Option C

Six surgical centres at:

- Freeman Hospital, Newcastle
- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- 2 centres in London

Option D

Six surgical centres at:

- Leeds General Infirmary
- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- 2 centres in London

London

The preferred two London centres in the four options are:

- Evelina Children's Hospital
- Great Ormond Street Hospital for Children

New national quality standards to improve care

New national quality standards have been developed as part of this review to help ensure that services produce better outcomes for children and are safe and sustainable. These are the quality criteria that experts believe must be met by any hospital that performs heart surgery on children. The proposed standards were developed in partnership with healthcare professionals, parents and patient groups and they are part of this consultation.

The development of congenital heart networks

Safe and Sustainable is proposing that surgical centres are not just responsible for the care they provide but that they lead a congenital heart network. These networks would ensure services are better coordinated and strengthen existing local assessment and ongoing care services where they exist and develop more outreach support in areas that have been neglected in the past. The standards set out the proposed roles for Specialist Surgical Centres, Children's Cardiology Centres and district level services and how the different parts of the network will work together.

4.0 The public consultation

Consultation timings:

The NHS has launched a four month public consultation. It will end on 1st July 2011.

Who will consult?

The Joint Committee of Primary Care Trusts

The NHS has established a national Joint Committee of Primary Care Trusts (JCPCT) which has legal powers for consultation and decision making. The committee includes the Chair of each of the 10 Specialised Commissioning Groups in England (each SCG Chair is a PCT Chief Executive).

The Welsh Assembly Government and the Welsh Health Specialised Services Committee were invited to join the JCPCT as Welsh children are usually referred to a heart surgical centre in England. They have chosen to attend meetings as observers to enable them to continue to ensure the interests of children in Wales are represented.

How will the NHS consult with the public?

The NHS wants as many people with an interest in children's congenital cardiac services to take part in the consultation. Everyone's view will be considered. The public will be able to take part in the consultation in the following ways.

Printed communications: We will be publishing a consultation document. This will be available to view online and printed copies will also be available upon request. We will also be producing a range of posters and leaflets to help promote the consultation events taking place around the country.

Online: Our website www.specialisedservices.nhs.uk/safeandsustainable will carry an online version of the consultation document, a link to the response form, materials (leaflets and poster) on the consultation process, and a video about the consultation.

Face to face events in England and Wales: We will hold over 15 face to face events in England and Wales, including three events specifically for young people. These events will help give people the information they need and answer any questions they may have, with the aim of encouraging people to take part in the consultation. The events will give people the opportunity to put their views to local clinicians and commissioners. More information and a link to the registration page can be found on our website.

We will be holding consultation events at: Location	Date	Time of primary event	Proposed Venue
London (Event for young people)	Sat 19 March	11am-1pm	Charing Cross Hotel
Birmingham	Mon 4 April	6-8pm	Maple House
Cardiff	Tues 5 April	6-8pm	Cardiff City FC Stadium
Newcastle	Thurs 7 April	6:30-8:30pm	Discovery Museum
Birmingham (Event for young people)	Sat 9 April	11am-1pm	Maple House
Oxford	Wed 4 May	6-8pm	Kassam Stadium
London	Sat 7 May	11am- 1pm	Emirates Stadium
Warrington	Mon 9 May	6-8pm	Halliwel Jones Stadium

Leeds	Tues 10 May	6-8pm	Royal Armouries Museum
	Sat 14 May	11am-1pm	The Royal Hotel York
York (Event for young people) Cambridge	Wed 18 May	6-8pm	De Vere University Arms Hotel
Gatwick	Thurs 19 May	3-5pm	Copthorne Effingham Park
Southampton	Tues 24 May	6-8pm	The Guildhall (part of the Civic Centre)



17 February 2011

Andrea Young, Chief Executive
South Central Strategic Health Authority
First Floor, Rivergate House
Newbury Business Park
London Road,
Newbury
Berkshire,
RG14 2PZ

VI. Hampshire County Council
VII. The Castle, Winchester
VIII. Hampshire, SO23 8UJ
IX.
e-mail: pat.west@hants.gov.uk

Dear Andrea Young

Proposals to add fluoride to drinking water in Southampton and south west Hampshire

As the Judicial Review regarding the Southampton water fluoridation proposals found that the decision had been taken legally, please can you provide an update to the Hampshire County Council Health Overview and Scrutiny Committee regarding implementation of the proposed fluoridation scheme. Members are interested to know if it is still intended to go through with plans to fluoridate the water, given that the situation has moved on since the decision was made, and if so in what timescale. Members have particular concerns regarding the following issues and would appreciate it if your response covered these points:

Improved dental health figures

The survey of the oral health of 5 year olds for 07/08 indicates dmft rates for Southampton have improved compared to the figures available when the proposals to fluoridate were considered (1.13 in 7/8 compared to 1.76 in 5/6). While we understand there is a chance of bias due to the requirement for consent in this survey, this provides further demonstration that figures for average dmft fluctuate year on year, and therefore may not be reliable evidence on which to justify a fluoridation scheme, particularly as the recent survey suggests dmft rates have gone up for Heart of Birmingham PCT (1.67 in 7/8 compared to 1.35 in 5/6), which covers a fluoridated area.

Costs

We have reason to believe that the estimates for the costs of the scheme have been underestimated in the study on which the decision was based. Has further work been undertaken on the costs of implementing the scheme, if so can this be shared with the HOSC? If the costs increase, what implication will this have for the budget set aside for this scheme, and is there a threshold at which the scheme will no longer be considered affordable, given the pressure

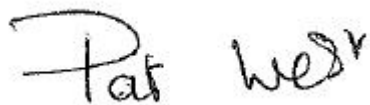
on NHS finances in the current economic climate? Furthermore, if the costs of the scheme go up, this will have an impact on the cost/benefit analysis. I am sure you agree that it is particularly important at a time where public money is tight, to ensure that any spending provides value for money. You will be aware that in our response to the consultation we indicated concerns that the cost/benefit analysis on which the decision was based was flawed due to reliance on studies that suggested a reduction in carious lesions of up to 29%, rather than the scientifically more robust York systematic review that put the potential benefit at 14.6%.

Decision Making

We understand that the Coalition Government reforms of the Health Service include the proposal that Strategic Health Authorities be disbanded by April 2012. The proposals also include giving a greater role to Local Authorities in relation to Public Health. In this context, given the views of the Local Authorities affected, in support of the views of the majority of the population affected, would the SHA be seeking to implement the water fluoridation scheme prior to the imminent change in health service governance arrangements? Given the Localism agenda of the new Government, continuing with this proposal against local public opinion appears contrary to the current direction of travel.

Given the above points, Members are of the view that it would be inappropriate to continue with plans to implement the fluoridation scheme at this time, without further consideration given to the costs, the benefits based on more reliable evidence, and the views of the affected population. Consideration could be given to using the funding allocated for fluoridation on targeted interventions with the communities with high levels of dmft instead, for example projects like Hounslow PCT offering fluoride varnish to children in an ASDA supermarket.

Yours sincerely

A handwritten signature in black ink that reads "Pat West". The signature is written in a cursive, slightly slanted style.

Cllr Pat West
Chairman, Health Overview and Scrutiny Committee

Cc: Cllr Ken Thornber, Leader, Hampshire County Council
Andrew Smith, Chief Executive, Hampshire County Council
Hampshire County Council Members
Cllr Margaret Eaton, O.B.E., Chairman, Local Government Association
Hugh Whittall, Director, Nuffield Council on Bioethics
Sir Iain Chalmers, Editor, The James Lind Library
Professor Trevor Sheldon, Health Services Research, University of York
Leader, Eastleigh Borough Council
Leader, New Forest District Council
Leader, Test Valley Borough Council
Chris Huhne, MP
Dr Julian Lewis, MP
Caroline Nokes, MP
Dr Alan Whitehead, MP
Daniel Hannan, MEP
The Earl Baldwin of Bewdley
Dr Geoff Harris, Chairman, South Central SHA