Agenda Item 7

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health Overview and Scrutiny Committee
Date of Meeting:	24 May 2011
Report Title:	Proposals to Develop or Vary NHS Services
Report From:	Chief Executive

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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. **Southern Health NHS Foundation Trust: Consultation on Older Peoples Mental Health services in south Hampshire.**

2.1. Further to decision of the HOSC to support the commencement of public consultation by Hampshire Partnership NHSFT on plans for developing older peoples mental health services in south Hampshire the Trust commenced a period of consultation on 9 May. The consultation document can be found at Appendix One, on page 6 of this item.

Recommendations

2.2. Members are updated on the outcomes of the consultation at the July HOSC meeting.

3. **National Specialist Commissioning Board: Consultation on the Configuration of Children's Heart Surgery Services.**

3.1. The HOSC Panel convened to look at this issue on behalf of the HOSC has agreed key lines of inquiry as follows:

- The improvements in quality that will be achieved as a result of the changes proposed
- The importance of patient choice over postcode
- The means by which case mix and complexity have been taken into account
- The evidence base supporting the proposals
- A briefing note for HOSCs has been prepared by South Central SHA to assist in assessment of the options and their implications for the South Central population. The briefing note can be found at Appendix Two on page 30 of this item.

3.2. Members of the Panel visited the unit at SUHT and an oral evidence session will be held in Winchester on 26 May.

3.3. Concerns have been raised with the national team about the over subscription of the public meeting as well as the complexity of the consultation document and response form

Recommendation

3.4. That the Panel, working with other HOSCs as appropriate, provides a full response to the proposals before the 1 July 2011 deadline building on the key lines in inquiry identified.

Items for Information

4. **South Central SHA: Consultation on proposals to fluoridate drinking water in Southampton and South West Hampshire**

4.1. Following the outcome of the Judicial Review and the response provided to the HOSC by the SHA, a further letter has been sent to the Chief executive of South Central asking for additional information on the technical feasibility and cost benefits of implementing the scheme. The letter to the SHA is attached at Appendix 3, page 38 of this item.

Recommendations

4.2. Members are apprised of the response of the SHA.

5. **NHS Hampshire: Progress with the redevelopment of Oak Park**

5.1. An update is provided to the Committee on the current position and developments in relation to Oak Park at Appendix Four, page 39 of this item.

Recommendation

5.2. Members are kept apprised of progress with this development.

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

Transforming Older People's Mental Health Services in South Hampshire and Southampton

A public consultation on proposals to transform mental health services for older people

This consultation document has been produced by Hampshire Partnership NHS Foundation Trust with the support of NHS Hampshire and NHS Southampton City

Planning ahead, working together

Contents

Foreword	2
Clinical View	3
Introduction	4
How services are changing	4
The thinking behind our proposals	6
Listening to and meeting people's needs	7
The challenges we are facing	8
Current service provision	8
Proposed enhanced services	11
How will this be funded?	13
Options for change	13
The impact of the proposed changes	14
Having your say	16
What happens next?	17
Appendix 1 – Current number of empty beds	19
Appendix 2 – Glossary of terms	20
Feedback form	22

B. Foreword

Welcome to this consultation on proposals to transform older people's mental health services in South Hampshire and Southampton.

At Hampshire Partnership NHS Foundation Trust we are responsible for providing mental health, social care and learning disability services across Hampshire and in Southampton. Now, with the exciting news that on 1st April the Trust merged with Hampshire Community Health Care we are able, as one organisation, to provide for the physical as well as mental health care of the population we serve.

The aim of our older people's mental health service is to provide a range of high quality services which will allow older people to remain in their own home where possible, supporting them and their carers throughout their illness. In order to achieve this, we need to change and develop our current services to allow us to treat more people in a community setting.

This document will tell you how, working with our commissioning partners in Hampshire and Southampton, we are proposing to continue to improve and modernise our older people's mental health services. The detail has been developed with the involvement of clinicians, service users and carers, and a wide range of local stakeholders. The proposals within this document build on the transformation of older people's mental health services across Hampshire; initial development began in Mid Hampshire in Andover and we intend to develop the services we provide across the whole county supported by local commissioning intentions and national guidance.

It is now vital that we gather the views of all those who have an interest in their local mental health services. I urge you to read the information in this document, come along to the public meetings that we have arranged and tell us what you think about our plans. Above all, please take the opportunity to have your say using the feedback form provided or by getting in contact with us (see pages 11-12).

We are building a thriving future for community mental health care, and we look forward to working with you to create a service that provides the best possible outcome for our patients.

Katrina Percy
Chief Executive, Hampshire Partnership NHS Foundation Trust

Clinical View

Older peoples' mental health services have consistently developed over the last few decades from the days when many thousands of older people were cared for in large and fairly anonymous long stay psychiatric wards, with little prospect of being resettled back into the communities they came from. It was common for people to have extremely limited choice: of what they ate, what they wore, how they spent their time, and access to treatment for mental and physical health problems.

From the very beginning, the focus of our service has been to help people continue with their own life, as they choose to live it. This involves working with them and their families so that they can continue to live at home for as long as possible – often until the end of their life - and for our skilled doctors, nurses and other professionals to provide treatment and support to them in a way that best suits what they want.

We in Southampton and South Hampshire are proud of what we have achieved for local people over the years, by our working with them, their carers and our professional partners. The range of treatment opportunities, in terms of drug treatments, psychological and occupational therapies for people with mental health problems is far greater and more effective than even 15 years ago. We have much clearer guidance from expert national bodies such as the National Institute for Clinical Excellence (NICE) and all of our work with people follows national best practice.

Looking ahead, we see a new challenge: how to continue to provide the most up to date care to people where they live, while delivering the best possible value for money. The population of older people is now the fastest growing sector in society: in Hampshire the over 65 population will grow by 30% between now and 2020 and it is predicted that in Southampton there will be 27% more people in the 65-69 age group, 18% more people in the 70-74 age group and 22% more people in the 85+ age group by 2015. Over the same period the prevalence of dementia in Hampshire will increase by 37% and that of depression by 27%. Meeting this need will be a considerable challenge and the most cost effective way of responding to this is to provide community based services. This is also in line with what individuals say they want and which provides the best opportunity for continued health and independence.

There are a number of areas in which we want to develop and enhance our services to achieve our aim to provide the best possible opportunities to live well with mental illness in later life.

We need to do more for people with dementia in care homes by helping home staff to identify and meet their very particular needs. We need to provide a better experience for people with dementia in acute hospitals. We need to ensure that people who are developing memory problems have easy access to diagnosis and help. We need to give people who are struggling with severe mental illness a real alternative to hospital admission.

If we do these things, we will help even more people to stay where they want to be, at home, or an alternative environment of their choosing, such as a care home

Because of the way we have already been working within our community teams to achieve these aims, our service now has a large number of empty, expensive inpatient beds, using up money which would be much better spent on the further improvements we wish to make in community treatment. The way forward is for us to move money towards community-based services. This is how we can ensure that the most people get the help they need, as soon as

they need it, from professionals who have the right skills to help them live well with their mental illness.

Dr Helen McCormack
Clinical Director, Older People's Mental Health Services
Hampshire Partnership NHS Foundation Trust

C. Introduction

This consultation document has been produced by Hampshire Partnership NHS Foundation Trust supported by NHS Hampshire and NHS Southampton City, who are working together to develop older people's mental health services that serve the population of South Hampshire and Southampton.

It describes a programme of service transformation that we see developing for older people's mental health services over the next few years, and is the result of listening to what people have to say about our services.

Our aim is to develop services which offer more choice and control to the people who use them, allowing them to remain in their home, supporting them to maintain independence for as long as possible and have a good quality of life.

This means we need to continue to change our existing services, moving from current in-patient, bed based services where there is now less demand, to focus on support in the community that meets the needs of the population now and in the future.

This consultation document describes the proposals we have developed, which are detailed on pages 11-12.

D. How services are changing

Over the last 30 years there has been a major shift in the way that mental health services care for people. Historically we have relied on large psychiatric hospitals and institutions for people with mental health needs. Today, we deliver the majority of services in people's homes, and for a minority of our service users and patients, in local hospital settings.

Nationally there have been several policy documents published which have guided our thinking for services for older people with mental health needs. These have included:

- The National Service Framework for Older People (2001) - a framework for services that are centred around the person regardless of their age
- Our health, our care, our say (2005) - sets a clear direction for services to make sure they are based in community settings, linked to primary care and with pathways into specialist secondary care services. It highlights the need to promote early intervention and prevention
- Everybody's Business (2005) - says that mental health services for older adults should be 'joined-up' supporting both the patient and carer
- The National Dementia Strategy (2009) - guidance about dementia services and how these should be provided in the future. It talks about:
    - Providing better information
    - Earlier diagnosis, and services to keep people out of hospital
    - Improved support for carers

In response to these and other policy documents, local action has taken place as follows:

Hampshire

NHS Hampshire and Hampshire County Council published a Hampshire Joint Commissioning Strategy for Older People's Mental Health services in 2008.

The strategy identified a range of things that mental health providers needed to focus on resulting from changes in the population and the growing demand for services. These were:

- Support for carers
- Promoting independence and access to services that support a person's wellbeing
- Achieving a balance between specialist and other services
- Providing pathways into and out from hospital
- Better joint working to make sure organisations and individuals continue to work together towards shared goals

Mid Hampshire was chosen to pilot the first stage of the commissioning strategy. Work undertaken included the closure of the Allan Gardiner Unit in Andover and the introduction of more community services. Evaluation and feedback from the pilot suggested significant satisfaction from service users and carers and concluded that the service model should be rolled out across Hampshire.

The second stage is to now look at South Hampshire and proposals outlined in this document reflect learning from the Mid Hampshire pilot, whilst recognising that the South Hampshire population may have differing needs.

We intend to roll out the transformation of services in line with local commissioning intentions and supported by national guidance across all the services for older people that we provide within the county.

Southampton

Like Hampshire, NHS Southampton City and Southampton City Council also produced a five-year Joint Dementia Vision in 2009. The proposals in this paper support both dementia and functional illnesses (such as depression, psychosis, schizophrenia or bi-polar disorder). The main points of consideration in the Joint Dementia Vision are as follows:

- Improved awareness by better provision of information, training and education
- Good quality early diagnosis and intervention through updating current services and referral mechanisms
- High quality care and support to include those who also have a physical illness and for hard-to-reach groups
- Improved mental health support in general hospitals
- Delivering the objectives within the National Dementia Strategy

There was significant engagement in the creation of the Joint Dementia Vision led jointly by the Primary Care Trust and City Council. This has been a major feature of service development planning in Southampton. Hampshire Partnership NHS Foundation Trust amongst other agencies, including user and carer organisations, were involved in this process. Southampton is also currently working on developing a vision for wellbeing services for older people who are experiencing functional illnesses.

E. The thinking behind our proposals

The scale of the challenges facing all organisations, in terms of population changes, growing demand for older people's mental health services and pressure on resources means that we have to do things differently.

The direct cost of dementia alone exceeds the total cost of stroke, cancer and heart disease in cost of illness studies. Nationally, the number of older people with mental health needs will increase by 30% over the next 15 years.

NHS Hampshire (NHSH) has a population of circa 1.3 million of which 17% are over the age of 65 whilst Southampton City (NHSSC) services a population of 260,000, of which 25% are over the age of 65.

Older People with a mental health need account for a significant proportion of those who use health and social care services. A conservative estimate is that:

- 40% of people attending their GP
- 50% of all general hospital inpatients
- 60% of home care residents

Whilst in addition:

- One third of people who care for an older person with dementia have depression
- Two thirds of hospital beds are occupied by older people and 60% of these will have or will develop a mental health disorder during their admission
- Current estimates are that two thirds of older people with dementia receive no diagnosis

Therefore, it is anticipated that nationally, by 2013, there will be a:

- 16% increase in older people with depression - around 5,500 additional people
- 15% increase in older people with dementia - around 3,000 additional people.

These increases have potential to overwhelm health and social care services. If there is no change to the way we currently deliver services, it is clear that we will not be able to cope with this growing demand.

Locally in Hampshire a needs assessment was included in the Joint Older People's Mental Health Commissioning Strategy (2008-2013) that highlighted an increase in the over 65 population of 16%.

In addition the proposal in this consultation document has also taken into consideration the Test Valley Local Inequality Profile (2010) and the estimate of the number of cases of dementia (Eastleigh and Test Valley Local Authority 2009- 2030), which predicts that, by 2013 there will be 2,902 people over the age of 65 across Hampshire with dementia bringing the total to 22,247, an increase of 15%.

Equally there are similar challenges in Southampton where it is estimated that by 2015 there will be:

- 27% more people in the 65-69 age group

- 18% more people in the 70-74 age group
- 22% more people in the 85+ age group

Older people (65+ years) with mental health problems accessing social services was 31.9 per 1000 compared to just 15.9 across England as a whole, with Southampton's rate as the highest amongst its Office of National Statistics (ONS) peers, whilst GP registers for dementia are recording an increasing number of people with the condition.

By 2015 the 'Projecting Older People Population Information System' (POPPI) also predicts 2,558 older people in Southampton will have dementia, and 2,855 will be suffering from depression.

F. *Listening to and meeting people's needs*

Hampshire Partnership NHS Foundation Trust with NHS Hampshire and NHS Southampton City have been working together on a programme of engagement with the public and partner organisations. This has provided the local NHS with good feedback on its current services for older people with mental health needs whilst indicating priorities for these services in the future.

We know that people agree with the direction we are taking and want our services to change. At recent engagement events they have told us what matters to them and the improvements that they would like to see.

Stakeholders (those people who we work closely with) **told us what mattered was:**

- Support for carers through input and communication from services and better information
- Managing with fewer beds through the development of community-based services and providing access to other services
- Improving admission and discharge processes when a hospital bed is required
- Improving earlier identification and care for people with dementia by raising awareness, whilst ensuring easy access together with a timely response from services during a crisis
- Improving services for people with complex dementia either at home or in a care home through intensive support when required
- Supporting service users with a functional illness (for example severe depression or anxiety) by involving patients more in their own care planning and supporting them and their carers to overcome issues of social exclusion and stigma
- Being accessible to and linking with other providers of older peoples services such as voluntary agencies, working in partnership with these providers to develop cost effective services

Service Users and Carers told us what was important to them included:

- Services need to be as close to home as possible and only use admission to hospital when really needed

- More information and discussion needs to be available for service users and their families (where appropriate) in relation to their diagnosis and treatment interventions (including medication)

- Improved and increased step down accommodation in the community with the use of 'crisis' and non-hospital environment to adjust from hospital

- More support out of hours, at weekends and Bank Holidays

- Increased awareness of mental health in the community and inclusion of mental health education in schools to help reduce stigma and increase understanding.

What our staff told us they would like:

- A greater focus on community services in order to support people in their own homes

- To work more closely with other partner organisations that support older people, and voluntary organisations that are able to provide access to a wide range of information and services

- Increased carer support especially at a time of crisis

- To enhance current community worker's roles in order to provide a single point of contact for service users, carers and GP's

G. The challenges we are facing

We are all aware of the recession and of current economic challenges. The Government is expecting the public sector, of which we are a part, to ensure that we are using our resources, which are funded by tax payers' money wisely, whilst also contributing to savings, by providing services in the most efficient and cost-effective way.

To do this, we have changed the way we work. As a result of these improvements in care, we now have a large number of empty beds across our older people's services (see tables below). Full details for the period January – March can be found at Appendix 1.

Calendar Year	Total no. of beds available for older people	Average weekly no. of empty beds	Average weekly % of empty beds
2010	231	59	26

Jan - Mar	Total no. of beds available for older people	Average weekly no. of empty beds	Average weekly % of empty beds
2011	231	70	30

A large amount of the cost of our services is spent on beds in hospital; with each bed we provide costing £300 per day. We want to use the money more effectively to provide

improved community services to the majority of people in order to support them in their own home. We believe this will help to avoid unnecessary admissions to hospital, reduce the time people stay in hospital and lessen the need for people to go into care homes which will help to save more money for the health service.

H. Current service provision

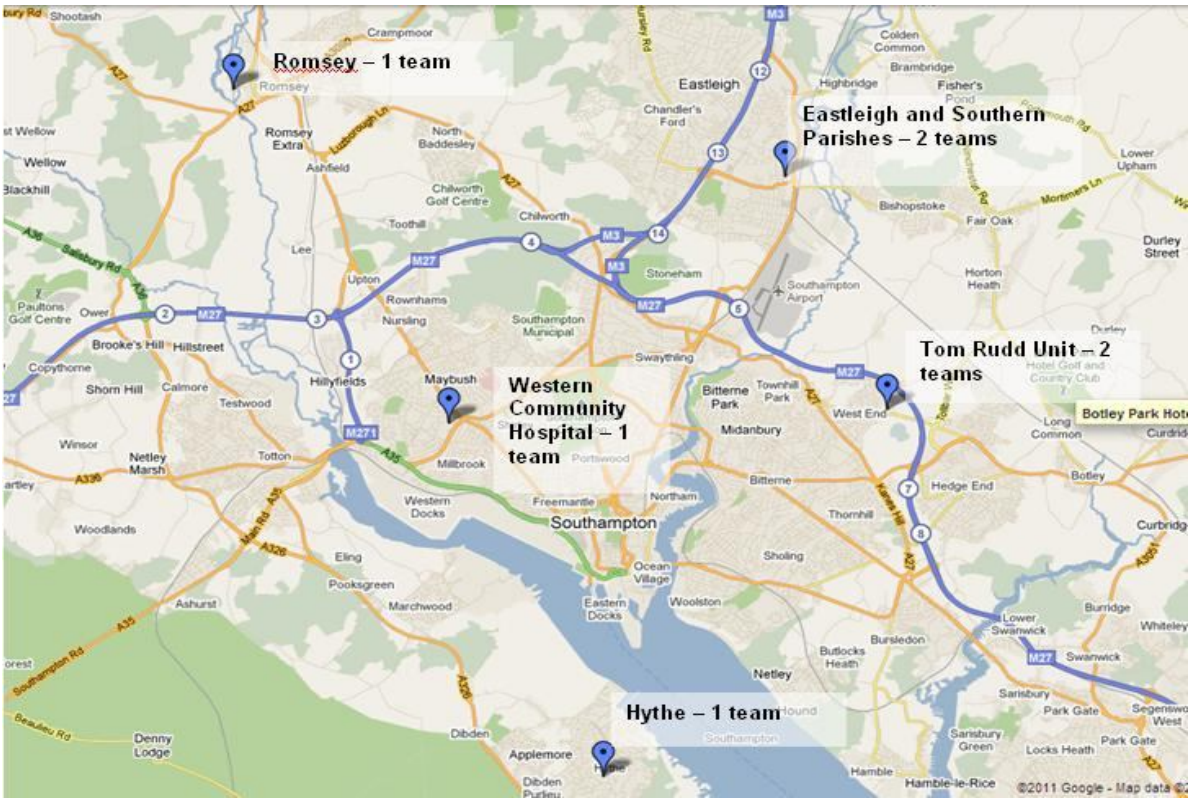
There has already been a significant improvement in services within our older people's mental health services in Hampshire and Southampton. The proposals in this document are intended to continue these improvements in South Hampshire and Southampton.

Older people living in South Hampshire and Southampton have access to the following mental health services provided by Hampshire Partnership NHS Foundation Trust:

- Community Mental Health Nursing, Occupational Therapy and Physiotherapy
- Memory Assessment and Memory Services (including Memory Matters courses)
- Outpatient clinics
- Individual and Group Therapy services
- Psychology
- Inpatient services at the Western Community Hospital in Millbrook, Southampton, and the Tom Rudd Unit on the Moorgreen Hospital site in West End.

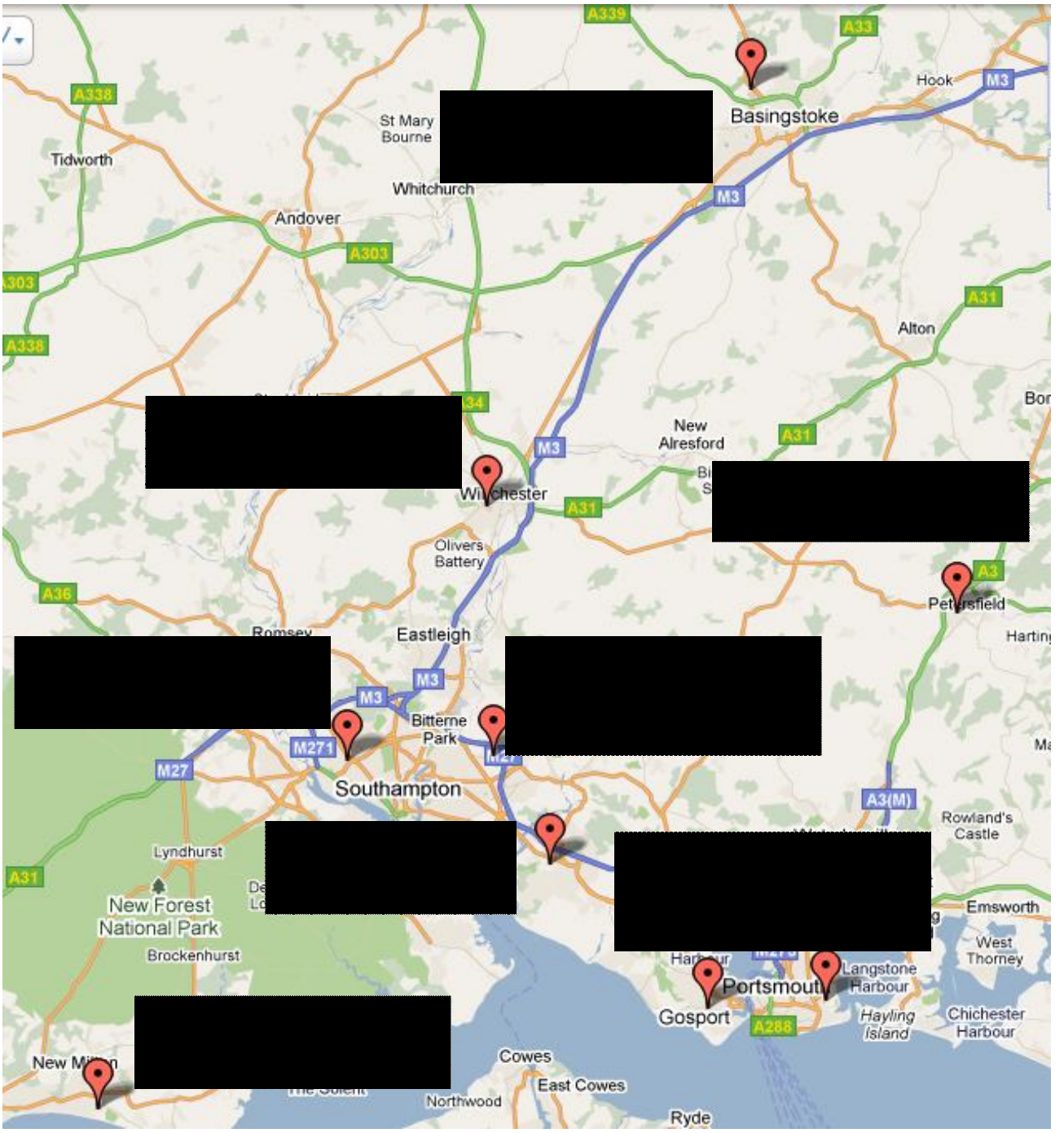
There are three Consultant led community mental health teams (CMHTs) in Southampton and four in South Hampshire. They are based at the Western Community Hospital, the Tom Rudd Unit and in Eastleigh, Romsey and Hythe (see map below).

All these teams have joint working arrangements with colleagues from Adult Services.



The Alzheimer's Society, Admiral Nurses, Age Concern, Solent Mind, Carers Together, Princess Royal Trust for Carers, Solent Healthcare, Hampshire County Council and Southampton City Council also provide services to older people in the area.

Inpatient services provided by Older People's Mental Health services are detailed in the following map:



Locally five hospital wards serve the populations of Eastleigh, Southern Parishes, Romsey, Hythe and Southampton city. These are:

Organic wards (for people with a dementia)

- Beaulieu (18 beds) at Western Community Hospital
- Berrywood (18 beds) at Western Community Hospital currently specialising in challenging behaviour
- Willow (18 beds) at Tom Rudd Unit, Moorgreen Hospital

Functional wards (for people with severe depression, psychosis, schizophrenia or bi-polar disorder)

- Minstead (18 beds) at Western Community Hospital
- Linden (17 beds) at Tom Rudd Unit, Moorgreen Hospital

Access to emergency advice and support is provided via GP's to Consultant Psychiatrists, 24 hours a day, 365 days per year. Care plans for service users include out of hours crisis plans and how to access out of hours advice and support.

1. Proposed Enhanced Services

We have considered the comments we have received and taken account of national guidance and best practise. As a result, we want to continue to improve the care and treatment that we provide through the provision of enhanced services in the community. It is proposed that the best way to release funds to do this is through the closure of two inpatient wards so that we can deliver enhanced services in the community.

The people who commission our services agree with these changes. The changes to the service we would like to make include:

Early diagnosis

- We will improve access by providing Memory Clinics in more locations. These will be based on a successful model that has been proven to work.
- We will develop our liaison role with Primary Care colleagues to improve awareness and encourage early referral to our services
- We will work with Primary Care colleagues to increase awareness of un-diagnosed depression and encourage referrals for older people to iTalk (a service that is currently being rolled out across Hampshire enabling more service users to access 'talking therapies' in a timely way)

Mental Health Advice and Support

- Our proposal is for better support and a wide range of information to be made available for patients and carers after diagnosis of dementia and when medication is prescribed
- Memory Matters courses for service users and carers will continue to be available across the area and we will work with our partner agencies and the voluntary sector to improve accessibility and timeliness
- We will look for opportunities to work more closely with the voluntary sector whose staff are employed to support older people with mental health problems by providing non specialist advice and signposting to other services

Improved Access to specialist services

- Services will be easier to access and organised more efficiently with a single point of access as part of a care pathway.
- An extended and modernised base for the Eastleigh and Southern Parishes CMHTs at Newtown House has already provided improved access and a service that can be more flexible and responsive
- We will provide increased clinics based in community settings close to people's homes

Greater support in the community

- Enhancements to current community based services will enable greater specialist care and intensive support for people with either a dementia or functional illness. This will allow most people to return to their usual level of functioning or manage their condition within their own home, avoiding a hospital admission
- We will work alongside other care providers in order to improve support to people who do not require specialist mental health care
- We will build closer links with Rapid Response teams provided by Adult Services and Primary Care. This will enable people to remain at home with support provided outside of normal working hours
- As a result of our Trust merging with Hampshire Community Health Care there will be improved opportunities to link with older people's physical health services to provide care and support for older people enabling them to remain at home. We will look at opportunities to jointly work where a person has physical as well as mental health problems, allocating a single case worker to co-ordinate their care

Admission to specialist mental health beds

- We will ensure that when admission to hospital is needed, it will be for the shortest time possible. This will be achieved by starting to plan for discharge immediately after the patient's admission.

Improved care in nursing and residential homes

- We will provide enhanced support and education into care homes where there are increasing numbers of patients with mental health needs. This will enable people to remain in their home of choice whilst still receiving the treatment they need.

Improved liaison to Acute Hospitals

- We will continue to improve our existing working relationships with the Royal Hampshire County Hospital and Southampton General Hospital to ensure that access to specialist advice and support is available when it is needed.

Improved end of life care

- We will provide high quality end of life care by ensuring that staff in our services have the right skills to support both patients and their carers at this time

Our proposals involve the continuing improvement of our community mental health services so that they offer consistent and high quality support and treatment to older people in their own homes. As a result of enhanced community provision fewer people will require admission to hospital in the future. However, we will continue to ensure that there is sufficient access to inpatient beds to meet the needs of those people who require this level of care.

Improvements to our services will provide benefits for both patients and their carers. These include:-

- Increased emphasis on community support - more intensive and responsive community services will help people avoid inappropriate admissions to hospital or care homes
- Reducing length of stay in hospital - additional services and support in the community will assist people to return home more quickly
- Earlier diagnosis and memory support - people will be diagnosed earlier and be provided with information and support to live well despite their diagnosis
- Improved support for carers– Enhanced services will be directed towards carers, recognising their role and providing improved information and support in caring for their relative.
- Improved clinic facilities – will give a better environment for outpatient care
- The increased range of services will enhance patient and carer choice and deliver service quality and excellence

How will this be funded?

We receive most of our funding from NHS Hampshire and NHS Southampton City. Together, in 2010/11 they invested nearly £19m with the Trust to provide older people's mental health services in South Hampshire and Southampton area. This money pays for doctors, nurses and other healthcare professionals, who visit, treat and support people in their homes, at out-patient and memory clinics as well as providing hospital beds such as those at Moorgreen and the Western Community Hospitals.

We also recognise that many older people have more than just healthcare needs. Over and above the investment made by the local NHS, Hampshire County and Southampton City Councils invest in social care provision and professionals who work with us jointly to support the people in our care.

The service transformation proposed in this document will use existing funds and apply them in a different way to provide a range of improved, high quality services for older people with mental health needs.

In the current financial climate, as with all public services, we are working closely with our local health and council partners to ensure that the funding we receive is used as efficiently as possible, and provides value for money.

Being mindful of the wider national pressures to reduce costs across all public services, we are reviewing the services we provide by listening to people who use our services and other members of the community to understand how this can be achieved. Where we identify provision that people do not value, or diminish the quality of service they receive (such as doing things twice or coming into hospital instead of receiving support at home), then we will challenge how these services are provided. This will ensure that as well as achieving our goal to develop high quality, safe services that are valued by our local communities; we can also transform services within existing funds.

I. Options for change

There were two main options that we considered to allow us to deliver the changes we have listed above. These are:

Option One – Maintain the current number of in-patient beds and continue to offer limited community support

Option Two – Reduce under-utilised beds over fewer hospital sites and develop enhanced community services

Our preferred option is option two and we propose to reduce the number of inpatient beds that serve the population of South Hampshire and Southampton, by closing the two in-patient wards located at Tom Rudd Unit, Moorgreen Hospital.

The decision to keep the wards at the Western Community Hospital instead of those at the Tom Rudd Unit is informed by:

- Meeting national guidelines that require hospitals to provide single sex accommodation for their patients
- The proximity of acute hospital facilities offered at Southampton General Hospital
- The Western Community Hospital provides an efficient critical mass since we already provide 3 in-patient wards there
- Existing working relationships with medical and nursing staff who care for the physical health needs of older people in other wards located at the Western Community Hospital
- A recent assessment of patient facilities gave the hospital an excellent rating

The population of Eastleigh and Test Valley will be able to access inpatient beds provided by the Trust for older people with mental health needs including those at Melbury Lodge on the Royal Hampshire County Hospital site in Winchester.

Our commitment to the Tom Rudd Unit

This proposal is **not** linked to other developments currently underway on the Moorgreen Hospital site. As a Trust we are committed to continuing to provide a range of health services for the local population at the Tom Rudd Unit if the proposals to close Linden and Willow wards are approved.

To demonstrate this, during 2009/10 the Tom Rudd Unit had a significant refurbishment costing approximately £1.26m when community and research services were relocated from the main block of the Moorgreen Hospital into flexible and modern accommodation.

If our proposal to close Linden and Willow wards is approved, we have plans to introduce an Intensive Assessment and Treatment service for adults with a learning disability in one of the vacated wards. The service will help this group by supporting people in a crisis, providing inpatient beds and preparing them to be able to live again within their own community.

How will things get better if the proposals go ahead?

- Enable the development of a range of modern, community services for older people in line with National Guidance
- More older people will receive their care and treatment in their own home
- Improved working with primary care will assist in earlier diagnosis and access to our services
- Closer working with other providers will give older people a wider range of support
- Ensure value for money by making more effective use of the beds that the Trust provides for older people
- More responsive community services for people in their own homes
- A better quality of care and support for people living in care homes or during their admission to a general hospital
- Provide opportunities for the Trust to develop other services at these facilities

How will services be affected if the proposals do not go ahead?

- Opportunities to develop community services will be restricted
- Fewer people will receive an early diagnosis and appropriate care for their condition
- An inability for the service to respond to the needs of a growing, elderly population
- Increased admissions to hospital from care homes and longer lengths of stay for patients in general hospitals
- Inadequate support being provided for carers
- A reduced access to community based treatments with potential waiting lists
- Inefficient use of resources in continuing to provide under-utilised in-patient beds
- A service that is potentially unable to respond to national requirements and provide modern and effective treatments

J. The impact of the proposed changes

The table below highlights how the average monthly admissions to Linden and Willow Wards have decreased over the past year.

Ward	Average number per month 2009/10	Average number per month 2010/11	Average reduction per month
Linden	12	6	-6
Willow	8	4	-4

NB: For the purposes of this document we have not included patients who were admitted from other areas.

For people who currently use these wards there may be some additional travel involved to receive their inpatient care. We know that for the majority of people there will be a reduction in their travel, however for people living in the Eastleigh and Southern Parishes there will be an increase.

The table below highlights the average monthly number of admissions where there would have been an increase in travel for residents living in Eastleigh and the Southern Parishes.

Ward	Average monthly admission 2009/10	Average monthly admission 2010/11
Linden	4	1
Willow	1	1

We also know in the 12 months to 31 March 2010 that Minstead, Berrywood and Beaulieu Wards at the Western Community Hospital admitted a total of four admissions from the Eastleigh and Southern Parishes geographical area currently served by Linden and Willow Wards. In addition, a number of patients from these areas were admitted to Melbury Lodge in Winchester (six) and Gosport War Memorial Hospital (24) as our older people's mental health services utilised available beds more efficiently and provided a greater number of options for patients.

Full details of admission and mileage can be found on the Older People's Mental Health consultation section of our website or requested from our Engagement Office.

Approximately 58 staff will be affected by these proposals. We recognise the impact of these proposals and understand this is a difficult time for our staff. The Trust will use its 'Organisation Change Policy and Procedure (for the management of staff)' to ensure that all staffing-related issues are correctly and sensitively managed. The Trust is committed to retaining its staff wherever possible and will actively look at redeployment and secondment opportunities across all service areas.

Additional training will be provided to all staff where necessary in order to equip them for new roles.

K. Timetable

We are holding a ***tbc*** week public consultation process which has been approved with the local Health Overview and Scrutiny Committees. The timescale is more compact than other consultations and is in recognition of the extensive engagement work already undertaken by the Trust.

The proposed timetable for the public consultation is as follows:

Date	**Activity**
9 May 2011	Public consultation commences which will include a number of meetings in public, and attendance at community, stakeholder and special interest groups as requested
	Public consultation closes
	Comments and feedback collated, analysed and validated and recommendations proposed
	Recommendations from public consultation received for approval by Trust and PCT Boards and Health Overview and Scrutiny Committees
	Recommendations and proposals taken forward

L. Having your say

Your views are extremely important and we are keen to hear from as many of you as possible. There are a number of ways in which you can find out more, get involved and tell us what you think.

1. Public events

As discussed in this document we have already undertaken a range of engagement events ahead of public consultation. There will now be a series of public events where you will be able to find out more about the proposals and put your questions to NHS Hampshire, NHS Southampton, Hampshire Partnership NHS Foundation Trust and clinical experts.

If you need specialist communication support, for example a British Sign Language (BSL) interpreter please contact our Patient Advice and Liaison Service (PALS) on 023 8047 5265 or write to: Freepost RRLB-EUUJ-KSAB, Consumer Experience Department – HPFT, Sterne 5, Tatchbury Mount, Calmore, Southampton SO40 2RZ

Public meetings will take place as follows:

Date	Time	Venue
Friday 13 May	12.30pm – 2.30pm	West End Parish Hall, West End
Tuesday 17 May	12.30pm – 2.30pm	Crosfield Hall, Romsey
Wednesday 18 May	5.30pm – 7.30pm	Central Hall, Southampton
Monday 23 May	5.30pm – 7.30pm	St Andrew's Centre, Dibden Pirlieu
Thursday 26 May	5.30pm – 7.30pm	Hamble Village Memorial Hall, Hamble - le - Rice

Bespoke events

If you would like an individual meeting, or run a community group and would like us to attend and talk about our plans, please call the Engagement Team on 023 8087 4118.

2. Staff briefings

We also want to hear from our staff, building on meetings with teams which took place during the period of engagement. Staff briefings will take place as follows:

Date	Time	Venue
1. TBC		
2. TBC		
3. TBC		
4. TBC		

If you are a member of staff working for Hampshire Partnership NHS Foundation Trust, you can find out more information about our proposals and issues on the staff website. If you have any questions, please contact the Engagement Team by email: engagement.office@hantspt-sw.nhs.uk or telephone 023 8087 4118.

3. Online

During the consultation more information will be made available online at our website: www.hampshirepartnership.nhs.uk along with up-to-date information about events and meetings.

4. Feedback form

Please use the feedback form at the end of this document, which is also available online, to tell us about your views and give comments. Alternatively you can:

- Download the form via the Trust website: www.hampshirepartnership.nhs.uk
- Write to: Freepost RSGC-BGJX-SRRB Engagement Office, Sterne 8, Tatchbury Mount, Calmore SO40 2RZ
- Email: engagement.office@hantspt-sw.nhs.uk
- Telephone: 023 8087 4118

5. Deadline for feedback

The public consultation is running for a …….. period between …… The deadline for feedback on the proposals is noon on …… Feedback received after this date will not be considered.

What happens next?

It is important that the consultation process is transparent and that the NHS is accountable for the decision it makes.

What happens to the responses?

During the consultation, all feedback and responses, along with notes from the public events, will be collated and analysed by Hampshire Partnership NHS Foundation Trust. This will then be validated independently. At the end of the consultation period a report will be produced identifying the themes and issues raised. The report will go to the Boards of Hampshire Partnership NHS Foundation Trust, NHS Hampshire and NHS Southampton City to help them decide how to proceed.

Decision-making process

The final decision will be made by Hampshire Partnership NHS Foundation Trust, NHS Hampshire and NHS Southampton City. The decision will be made public once they have had time to consider the consultation feedback and response.

The role of Health Overview and Scrutiny Committee (HOSC)

We have worked closely with these committees to develop and agree the required engagement
and consultation processes. The way we have developed our proposals and the way we will
reach a decision on them is being overseen by the Hampshire Health Overview and Scrutiny
Committee and Southampton City Scrutiny B Panel. These committees are made up of council members that reflect the political balance of the local constituency.

The role of Local Involvement Networks (LINks)

LINks are the bodies with statutory responsibility for ensuring the voice of patients, service users
and the public are heard. LINks cover the same areas as county and unitary councils and
are responsible for finding out what people want and for monitoring local services. They
can make recommendations to the people who plan and run services and refer issues to
HOSCs where they feel this is necessary.

Appendix 1:

Current number of empty beds

The table below details weekly the number of empty beds for the period January – March 2011.

Week Ending	Total no. of beds available for older people	Total no. of empty beds	%of empty beds
07.01.11	231	72	31
14.01.11	231	64	28
21.01.11	231	59	26
28.01.11	231	65	28
04.02.11	231	61	26
11.02.11	231	71	31
18.02.11	231	83	36
25.02.11	231	82	35
04.03.11	231	79	34
11.03.11	231	75	32
18.03.11	231	66	29
25.03.11	231	63	27

Appendix 2:

Glossary of terms

We have tried not to use any jargon or unfamiliar words in this document. However, there may be some words you are not familiar with and may hear some of the following terms used in discussions about the proposals:

- **Acute**
  A disorder or symptom that may develop suddenly. Acute conditions may or may not be severe and they are usually for a short amount of time.

- **Assessment**
  A process to identify the needs of an individual and evaluate the impact of their condition on their daily living and quality of life.

- **Carer**
  A relative or friend who voluntarily looks after someone who is unwell, disabled or vulnerable on a part-time or full-time basis.

- **Commissioners**
  A team of people responsible for identifying what healthcare services local people want and need and for commissioning (which means arranging and buying) these services on their behalf from providers.

- **Commissioning**
  The process by which commissioners decide which services to purchase and which provider to purchase them from.

- **Community mental health team (CMHT)**
  A team made up of a range of professions offering specialist assessment, treatment and care to people in their own homes and other community settings.

- **Health Overview and Scrutiny Committee (HOSC)**
  A County or City Council committee responsible for scrutinising the details and implications of decisions about changes to health services, and reviewing the processes used to reach those decisions.

- **In-patient services**
  Services where the patient or service users stay in hospital, accommodated on a ward, and receive treatment there from specialist health professionals.

- **Local Involvement Networks (LINks)**
  Responsible for ensuring the voice of service users and the public is heard. LINks cover the same areas as county and unitary councils and are responsible for finding out what people think, making recommendations to the people who plan and run services and referring issues to HOSCs where they feel it is necessary.

- **Memory Clinics**
  These provide assessment and ongoing treatment for people concerned about their memory.

- **Memory Matters**
  An eight week course that can be attended by service users and carers to help them understand and cope with their illness.

- **National Service Framework (NSF)**
  A set of quality standards and best practice guidelines for services developed by experts and issued by the Department of Health.

- **Primary Care Trust (PCT)**
  Organisation responsible for identifying the health needs of local people and for commissioning (which means arranging and purchasing) these services on their behalf.

- **Service user**
  This is someone who uses health services. Some people use the terms patient or client instead.

- **Stigma**
  Society's negative attitude to people, often caused by lack of understanding. Stigma is a major problem for people who experience mental ill health.

- **Well-being**
  About living a meaningful and satisfying life which is defined by a person having control and input over their life.

Appendix Two: Consultation on configuration of Children's Heart Surgery Services: Member Briefing

Introduction

1. The purpose of this document is to highlight key issues for members of the Review Panel considering the proposed changes to the configuration of Children's Congenital Heart Services in the UK.

2. Across England 11 centres currently provide surgical services for children with congenital heart problems. Often these children will require a high level of care from birth through to adulthood. Developments in heart surgery, and more recently interventional cardiology procedures, has meant that the outcomes for these children have improved significantly, and since the 1980's 85% of these children have reached adulthood.

3. In South Central there were two hospitals providing paediatric cardiac surgery services up until February 2010 when the Oxford Radcliffe suspended their service. Southampton General Hospital also provides this service and has been supporting Oxford and Thames Valley patients from this date operating on over 110 children in 2010/11.

4. It was announced last October that the Oxford Radcliffe would not be included in any of the options for paediatric cardiac surgery centres in the future. However, the decision to do this is also part of the consultation.

5. As the consultation document runs to nearly 250 pages a summary has been produced to sit alongside this briefing.

Clinical Evidence

6. The generation of the current consultation is rooted in the review of children's heart surgery undertaken by Sir Ian Kennedy in 2001 and the subsequent Paediatric and Congenital Heart Services Review Group (Monro) report in 2003. Both these reviews recommended that standards should be set regarding minimum numbers of surgical procedures to be performed by hospitals undertaking paediatric cardiac surgery.

7. The 'Monro' report noted the lack of evidence to inform the setting of volume thresholds at hospital, procedure or surgeon level. The report suggested a minimum volume of 300 paediatric cardiac procedures per annum based on an unreferenced American study. In the absence of clear evidence, four operating sessions per centre per week and a surgeon volume of 40-50 open-heart procedures per year were suggested as a consensus view. The European Association of Cardio-Thoracic Surgery recommendations (2003) proposed an optimum activity level per centre of over 250 patients operated per year. This included all congenital cardiac surgery in adults as well as children.

8. The 2001 Kennedy Report included the following recommendations relating to surgical volume:

   193. With regard to paediatric cardiac surgery, the standards should stipulate the minimum number of procedures which must be performed in a hospital over a given period of time in

order to have the best opportunity of achieving good outcomes for children. This service must not be undertaken in hospitals which do not meet the minimum number of procedures. **Considerations of ease of access to a hospital should not be taken into account in determining whether PCS should be undertaken at that hospital** (bold authors)**.**

194. With regard to those surgeons who undertake paediatric cardiac surgery, although not stipulating the number of operating sessions sufficient to maintain competence, it may be that four sessions a week should be the minimum number required. Agreement on this should be reached as a matter of urgency after appropriate consultation.

195. With regard to the very particular circumstances of open-heart surgery on very young children (including neo-nates and infants), we stipulate that the following standard should apply unless, within six months of the publication of this Report, this standard is varied by the DoH having taken the advice of relevant experts: there must, **in any unit providing open-heart surgery on very young children, be two surgeons trained in paediatric surgery who must each undertake between 40 and 50 open-heart operations a year (**bold authors)**.**

197. **Surgical services for children with very rare congenital heart conditions or involving procedures undertaken very rarely, should only be performed in a maximum of two units, validated as such on the advice of experts** (bold authors). Such arrangements should be subject to periodic review.

198. An investigation should be conducted as a matter of urgency to ensure that PCS is not currently being carried out where the low volume of patients or other factors make it unsafe to perform such surgery.

9. A literature review of the available evidence undertaken in support of the 'Safe and Sustainable' review found that

> 'Whilst confirming the association between volume and outcome in paediatric cardiac surgery, the papers reviewed do not provide sufficient evidence to make firm recommendations regarding the cut off point for minimum volume of activity for paediatric cardiac procedures overall or for specific high complexity procedures at either institutional or surgeon level. Neither is it possible to stratify optimal volume by age of the patient'.

10. Despite these findings the Safe and Sustainable review team have set minimum threshold for the number of paediatric congenital heart operations that centres and individual surgeons need to carry out each year. Professional consensus about this threshold appears to have been reached at a meeting in October 2009 It is not known how complex or rare conditions have been taken into account in setting these thresholds. There is reference in the consultation document to the need to address the risk of 'occasional practice' in surgical procedures but this is not defined.

11. Interdependencies with nationally commissioned paediatric services, such as heart transplants, are given prominence by the Safe and Sustainable review team but it is not clear what the basis is for including these services in the business case or the development of the options. Evidence relating to paediatric congenital heart services and adults (including young people) in the literature review are referred to only generally in the consultation document, despite the importance of transition from one service to another highlighted in the quality standards.

12. Professor Sir Ian Kennedy reviewed each of the 11 centres providing paediatric heart surgery in 2010, assessing them against the agreed national quality standards. The ranking of each centre against these standards can be found on page 6 of the summary document. Southampton General was rated

as providing the country's highest quality service outside London, and training, patient information and innovation were described as "exemplary."

13. Concluding the 2010 review process Professor Kennedy commented:

> 'During the current assessment process I and my colleagues on the panel found many examples of commendably high commitment and dedication by talented NHS staff delivering congenital heart services. But we found exemplary practice to be the exception rather than the rule. Mediocrity must not be our benchmark for the future'.

The Options for Consultation

14. The options for consultation were developed by applying the following weightings

- Quality (39)
- Sustainability (25)
- Deliverability (22)
- Access and travel times (14)

15. Feedback from parents supported this approach with priority given to survival and quality of life. Other areas of concern included:

- Accommodation for families
- Childcare
- Cost of travel
- Time off work and impact on families

16. The distance to hospital was the least important priority.

17. Subsequent iterations of the 'scoring' process undertaken by the Safe and Sustainable review team give particular emphasis to access and retrieval times over quality. It is not clear what the basis was for making these additional to the weighting process.

18. As a consequence of this process Southampton is included in just one of the four options being proposed (see page 4 of the summary document). Geography (in terms of access and retrieval times) and an allocation of the number of cases by post code to hit activity thresholds appear to have taken precedence in the appraisal process. Option B – the "quality" option with those centres scoring the highest in the 2010 Kennedy panel visits- is the only option to include Southampton General.

19. The following centres are in all the options:

- Birmingham – is the second largest conurbation after London and one of the largest surgical units.

- Liverpool – based on 2 centres for the north, one of which must be Liverpool.

- Evelina and Great Ormond Street – London only needs two centres and these are named as the preferred centres for London. Already achieving the minimum numbers.

- Bristol – needed owing to geography and achievement of the 3 hour target for PICU retrieval.

20. In essence this results in a case of either Leeds or Newcastle and Southampton or Leicester needing to cease to do surgery.

21. Option A (includes the 5 hospitals above plus Leicester and Newcastle) was found to be the highest scoring potential option as judged by the Safe and Sustainable Review assessment process but not the preferred option.

22. Option B (includes the 5 hospitals above plus Southampton and Newcastle) scored well and could have scored higher pending the outcome of the debate about future patient flows, and because it minimises the adverse risk of configuration to national PICU.

23. Based on a strict application of patients travelling to their nearest centre the Bristol and Southampton centres are mutually exclusive because there are not enough patients in South Central England, South West England and South Wales.

24. The 2010 Kennedy report noted that it was not clear how Southampton can capture/increase demand outside of its current catchment area and there was concern about insufficient demand in the catchment area to meet the threshold set by the Safe and Sustainable review (400 paediatric open heart procedures a year undertaken by 4 surgeons).

25. Southampton and the Oxford Radcliffe have now established a close working relationship, with Southampton operating on paediatric patients that would previously have been treated at the Radcliffe. The Kennedy report subsequently acknowledged this partnership and the fact that it has enabled Southampton to demonstrate that it does have the capacity to take on additional workload.

26. Both hospitals feel strongly that their continued partnership would ensure that children and families in the areas they serve receive high quality treatment, and that it is in the best interests of patients that services are preserved as locally as possible. This view is supported by the South Central Strategic Health Authority.

Local Considerations

27. Southampton General was rated as providing the country's highest quality service outside London. The following areas were identified as exemplary practice

    - Management of paediatric intensive care

    - Supporting parents with information and choice

    - Training and innovation

28. Surgical numbers have increased significantly in the past year owing to the cessation of surgery in Oxford. The Hospital is close to achieving the minimum number of cases required (400) in 2010/11

29. This summer the Trust will have the required 4 surgeons to meet the service standards.

Emerging South Central Congenital Heart Network

30. Since March when surgery was suspended in Oxford, Southampton has undertaken the majority of cases, from the start there have been joint management teams. Oxford catheters cases are now done in Southampton by the Oxford team.

31. The Southampton/Oxford joint working is fully aligned with the proposed model of care.

32. There is full support from the Executive Teams of Southampton and Oxford.

Consultation Process

33. Consultation is focussing on the following areas;

- the new national standards that have been developed,
- the suggested new approach in providing children's congenital heart services
- the proposed options for reconfiguration.
- New systems for measuring quality

34. Hampshire HOSC has already written to the national Specialist Commissioning team setting out concerns about the complexity of the consultation document and the response form. Additionally the public meetings in our area are already oversubscribed and the HOSC request for a further meeting has thus far been declined.

35. This matter is currently being pursued with the national team.

Key Lines of Inquiry Issues to be considered

36. Taking the above into account members will wish to understand the following:

Evidence Base

37. Whilst the literature review supporting this work found an association between greater volume and outcome it was clear that specific thresholds for procedures undertaken on a unit or individual surgeon basis were not considered appropriate. Additionally it looks at these services across adult and children's services. The thresholds outlined in the consultation document are only based on children's heart surgery. It is not clear how this picture would change if congenital heart services were looked at across the board or if some hospitals (such as those providing an integrated adult/child congenital heart service) have been disadvantaged by this focus.

38. There seems to be professional consensus but no evidence base underpinning the thresholds set for surgical procedures for children's heart services.

39. There is no defined age range for children and the GUCH ('grown ups with congenital heart disease') population in the consultation document but it is assumed that 'GUCH' normally refers to young people between 16 and 18. The figures for GUCH do not seem to be included in the option appraisal process but it not clear why this should be the case. There is reference to GUCH services being subject to a 'formal process to establish which hospitals can meet the agreed GUCH quality standards and meet future demand' but the impact of the current proposals on these services do not seem to have been assessed- even though they are a key area in the agreed quality standards.

40. Account is taken of some clinical interdependencies but not others (e.g. children with a congenital heart condition often have other conditions). It is not clear how these interdependencies have been weighted or systematically prioritised. In particular the impact of the change on paediatric intensive care unit (PICU) needs to be assessed as 29% of the cases referred to Southampton General PICU are cardiac patients. In some areas it is clear that the proposed reconfiguration will mean that some PICUs will not be sustainable. The impact on other services as a result of this change has not been quantified.

41. In addition to children's congenital heart surgery it is proposed that interventional cardiology is also moved to the surgical centres. There is no information on the consequential impact this may have on other services provided at the hospitals affected or if the number of these interventions that children require are of the same order as suggested for surgery (i.e. 88.4% of children requiring just one visit to the surgical centre).

42. The case for reducing surgical centres is that smaller centres 'come with risks'. These include:

    - An inability to run a safe 24/7 rota.
    - Greater likelihood of the cancellation of planned surgery
    - Difficulty in attracting and retaining the best staff
    - Surgical techniques are not up to date
    - Greater risk of service suspension
    - Greater strain on surgeons.

43. It would be helpful to understand the performance of Southampton General in relation to the above.

Quality of Service

44. Parents and professionals both give priority to quality of service and access or distance to a facility the lowest priority. The option appraisal process seems to turn this on its head and give greatest weight to geography to support access

and retrieval times. This would appear to run counter to the principles set out in the documentation.

45. It is not clear how patients from the Isle of Wight or the Channel Islands have been considered as part of this process This is a significant omission.

46. Travel is assessed by road times from the centre of post code areas. No consideration is given to air ambulances, which are frequently called on for when there are difficulties in retrieving trauma patients for example. No consideration has been given to the fact that Southampton General will shortly have a helipad.

47. The case was strongly made in the assessment of specialist burns services for a single centre for the most severely injured patients. The basis for this argument was the quality of care it would be possible to provide in such a unit. For our population this centre is Swansea or London. Geographical location was considered secondary to quality when making this decision. Whilst the clinical considerations will be different the issues of retrieval and travel are the same whichever direction a patient's journey takes. It is not apparent why this is acceptable for one service but not another.

48. The figures for children's heart services in Scotland and Northern Ireland (273 and 73 cases respectively in 2006/07) are significantly below the figures set for England. Does this mean that these centres are providing a suboptimal service?

49. It is now over a decade since the original Kennedy report yet there is still no published data on outcomes and mortality, although the CCAD system is an acknowledged world lead in beginning to make this information available. Similarly there has been little progress in establishing clinical networks that are able to exercise the leadership necessary to facilitate to changes required. The pre-consultation business case states that:

> 'It is well recognised that clinical networks thrive best when there is mutual professional respect and trust, encouragement of a learning environment: supported by organsiations…….Developing this climate when there are complex changes to take forward that affect NHS staff and patients as well as organisations will require significant leadership and sensitivity.'

50. Members will wish to understand how the current process, which is basically setting unit against unit and community against community, is going to support this process and deliver the original objectives of the Kennedy report from 2001.

Case mix and complexity

51. Although the original Kennedy report states that there should be just 2 centres nationally caring for the most complex or rarest heart conditions there is no reference to this in the consultation document or the pre-consultation business case. The assumption seems to be that all cases are of equal complexity and as such can readily be dealt with by the centres identified without the need for referrals between centres. It would be helpful to have specific confirmation that

all centres will be able to deal with all cases equally effectively and where there is evidence to support this.

52. How would the network ensure that activity thresholds do not create a scenario where achieving the numbers takes precedence over the quality of care?

Choice versus postcode

53. The consultation document states that some parents may decide that their child should be treated at a different hospital – even if this means that they are travelling further. This is evidenced by the patients' flows for Southampton General in the last year which includes patients from both the south west and south east catchment areas. The assumptions about thresholds are based only on numbers in postcode areas. It seems counter-intuitive for the document to be suggesting that a service, independently assessed as being of high quality, should close in order to meet an post code threshold that is not actually evidence based. Parents can and will exercise choice and have already indicated that quality of care **not** the distance travelled is their priority.

54. Guidance issued on service reconfiguration in July 2010 highlights the need for commissioners to consider how 'the proposed service reconfiguration affects choice of provider, setting and intervention'. The expectation is that in meeting the 'choice test' commissioners will make a strong case 'for the quality of the proposed service and improvements in the patient experience'. The consultation document makes reference to the importance of choice but does not appear to develop this in terms the way in which the options are developed. This Guidance also makes reference to the need for informal advice from the Co-operation and Competition Panel on the implications of the reconfiguration plans for patient choice.

55. Equally primary care and hospital catchment areas do not conform rigidly to postcodes as set out in the document. It is not clear how this has been taken into account in the current set of options.

Appendix Three: Proposals to add Fluoride to water in Southampton and South West Hampshire. Letter to the SHA

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

Thank you for your letter dated 14 March 2011 in which you indicated the Strategic Health Authorities position is to take forward the proposals to add fluoride to the drinking water in Southampton and parts of south west Hampshire. You reported that you would be working with Southern Water regarding the costs of the scheme.

> The HOSC would like to have a detailed breakdown of the anticipated capital and revenue costs of the scheme and confirmation of the bodies responsible for meeting these.

As you may recall, in our original report submitted as our response to the consultation, we highlighted a number of concerns regarding the accuracy of the costs used in the feasibility study. This was based in part on evidence provided to us by Southern Water at that time. As I am sure you understand, the current economic climate makes it more important than ever that we can demonstrate good value for money when public money is spent. Should the costs identified now be higher than those estimated, we consider that this would be grounds for re-visiting the decision to fluoridate in the Southampton area, as this will affect the cost/benefit ratio of the scheme.

The cost benefit analysis is also sensitive to the efficacy of water fluoridation. The cost neutral conclusion of the abacus international study is based on an assumed reduction in the incidence of carious lesions of 25%. The York review suggested a possible reduction of 14.6%. With lower potential efficacy and higher implementation costs, the costs per carious lesion will significantly increase.

The HOSC would wish to be assured that a suitable comparison had been undertaken of the cost/benefit of alternative measures to reduce tooth decay in the target population, to identify if fluoridation is the most cost effective.

We also highlighted concerns regarding the technical feasibility of the scheme. The scheme consulted on involves dosing in the distribution system within the Rownhams Distribution Zone. Southern Water reported concerns to us about this, noting that dosing in this way was not undertaken by any of the other fluoridation schemes in this country and their view was that the proposed scheme was neither ‘reasonable or practicable’.

The HOSC would like confirmation of how these concerns have been addressed in taking forward the specifications of the scheme and the changes that have been put in place to ensure the scheme is deliverable.

I look forward to receiving your response to the issues highlighted.

Appendix Four: NHS Hampshire: Progress with the redevelopment of Oak Park

Hampshire Health Overview and Scrutiny Committee
Update on Oak Park developments
Delivering health services for the population of Havant and south east Hampshire

Introduction

In September 2010 the NHS Hampshire Board approved a series of recommendations for the provision of a comprehensive range of services for the population of Havant and south east Hampshire. This followed an extensive engagement programme and the views of patients, local residents and stakeholders were used to develop these recommendations.

A key focus for development of these local services is the provision of new facilities on the Oak Park site, supported by enhanced services within the community. The main elements covered within these recommendations were as follows:

- Ambulatory Care
- Bed Based Care
- Urgent Care

Oak Park Steering Group

The development of the recommended local services is overseen by the Oak Park Steering Group. The membership of this group has recently been extended to include key stakeholders. These include:

- Cllr Liz Fairhurst, Hampshire HOSC
- Jim Harrison, Hampshire LINk
- Cllr Gwen Blackett, Havant Borough Council
- East Hants District Council representative (TBC)

Successes so far

A number of significant developments have been made in our plans. These are:

- Achieving full planning permission for the redevelopment work at the Oak Park Childrens Centre. The redevelopment plans will enable a comprehensive range of adult and children's outpatient and therapy services to be provided at this new facility. The granting of planning permission means the building work to develop the Oak Park Community Clinic can start in June 2011 (subject to NHS Hampshire Board and South Central Strategic Health Authority Board approval). This work will take 18 months to complete.
- Introducing the Rapid Assessment Unit to the local area over 18 months early. We originally planned to introduce the service when the Oak Park Community Clinic work was complete. However, we reviewed accommodation in the area and have been able to use space at Havant Health Centre. Once the

Community Clinic is complete the Rapid Assessment Unit will move to purpose built accommodation in the Oak Park Community Clinic.

- Moving the Children's Services Administration Team from Oak Park Children's Centre to Fort Southwick so that there is a fully integrated team base for the first time.
- Exploring the potential to move the Children's Services Administration Team to co-locate with social care children's services in the Havant Public Service Village in 2016 when there is a break clause in the lease for the Fort Southwick accommodation.
- Working with local GP practices to introduce a Primary Care Minor Injuries Service. To date six practices covering the Havant, Waterlooville, Leigh Park, Cowplain, Clanfield and Emsworth areas have agreed to provide the service. This service is available to any local resident from 8am to 6.30pm, Monday to Friday – not just those registered with the practices. The service will continue to be promoted to other practices who may wish to join up at a later date.
- Working with Park Community School in Leigh Park which is extending to include community facilities for health services to use. We are working with the school to use these rooms to bring community nursing, school nursing, health visitor and health promotion services to the heart of one of our priority communities.
- Completing Master planning with Havant Borough Council and Hampshire County Council on the development of the Oak Park Campus. The next step (subject to NHS Hampshire Board and South Central Strategic Health Authority Board approval) is to invite expressions of interest from potential developers in order to understand the market for this development which will include 24/7 nursed care and extra care housing.
- Relocating the Portsmouth based GP Out of Hours Service to Queen Alexandra Hospital. The Emergency Department has also made changes with the recruitment of additional emergency nurse practitioners and the introduction of a Community Emergency Department Team. This team based at Queen Alexandra Hospital aims to facilitate supported discharges and avoid unnecessary admissions from the Emergency Department.

Older people's reablement/intermediate care model

Local GPs are leading the development of the new reablement/intermediate bed model for older people and a committee has been established to explore the options and recommend a new model to the executive of the Cluster.

The current bed model at Havant War Memorial Hospital provides an inequitable service in terms of access and there are also problems admitting people in the evening and at weekends.

Once agreed we can implement the new model planned for the Nursing Centre on the Oak Park site as soon as possible as it will deliver better clinical outcomes for patients and provide a timely, local, equitable service.

If the Boards approve the recommendations made, the new reablement model should be implemented before the Nursing Centre is complete. NHS Hampshire and Hampshire County Council will work together to commission suitable beds in nursing homes across the area which GPs will be able to access under the new model. When the Nursing Centre is complete the new model will continue with patients being referred to the new facility. A further recommendation to the Boards is the repatriation of ten out of area Older People's Mental Health beds to the new Nursing Centre.

These recommendations form an important part of NHS Hampshire's Out of Hospital Care plans.

Approvals process

At its May private seminar meeting, the NHS Hampshire Board considered a draft paper on the Oak Park developments. This paper is being used to develop two papers with 18 recommendations that will be considered by NHS Hampshire and South Central Strategic Health Authority. These recommendations cover developments in:

1. Ambulatory care (Oak Park Community Clinic)
2. Oak Park Campus
3. Older people's reablement/intermediate care
4. Older people's mental health

Both Boards meet on May 26 and, if the recommendations are approved, full implementation plans will continue to be developed.