

**HAMPSHIRE COUNTY COUNCIL**

**Report**

<b>Committee:</b>	Health Overview and Scrutiny Committee
<b>Date of Meeting:</b>	30 November 2010
<b>Report Title:</b>	Proposals to Develop or Vary NHS Services
<b>Report From:</b>	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 March 2005. This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006.
- 1.4. This Report is presented to the Committee in 2 parts:
  - *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
  - *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.

- 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 Information***

2. **South Central SHA: Consultation on proposals to fluoridate drinking water in Southampton and South West Hampshire**
- 2.1. The initial hearing for the grounds for Judicial Review has now been scheduled for early January.

### ***Recommendations***

- 2.2. Members are advised of the outcome of the hearing in January 2011 and kept briefed on progress with the Judicial Review.
3. **Southampton, Hampshire. Isle of Wight and Portsmouth (SHIP) HOSCs: Revised 'Framework for Assessing Substantial Change'**
- 3.1. At the SHIP HOSC meeting on the 14 October 2010 members of the HOSCS from the SHIP area agreed to update the agreed framework for assessing substantial service change in the health service.
- 3.2. This framework was previously agreed across the HOSCs and all local NHS organisations in the SHIP area with advice and support of the Independent reconfiguration Panel. Since that time the relevant legislation has been reinforced and updated and addition tests to support service reconfiguration have been issued by the Chief executive of the Department of Health.
- 3.3. The revised framework is attached at [Appendix One](#) and has been endorsed by NHS Hampshire.

### ***Recommendations***

- 3.4. Members note the revisions to the 'Framework for Assessing Substantial Service Change'
- 3.5. The Framework is circulated via NHS Hampshire to all local NHS organisations to ensure that there is clarity about the expectation of the HOSCs.

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

4. **Hampshire County Council: Joint Scrutiny of Services for Children with Special Educational Needs**
- 4.1. Responses have been received from NHS Hampshire and from Children's Services (Appendix Two). The HOSC will need to how it wishes to be kept up to date with the implementation of the recommendations. The HOSC may wish to request the Children and Young People Select Committee to take forward any concerns members may have in relation to Children's Services.

### ***Recommendations***

- 4.2. That the Committee acknowledge the responses provided.
- 4.3. The Chairman confirm to NHS Hampshire if the Committee has outstanding concerns and requests for clarification.
- 4.4. The Committee refer any concerns it may have relating to Children's Services to the Children and Young People Select Committee to take forward on the HOSC's behalf.

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

- 5.1. Hampshire Partnership NHSFT has alerted the HOSC to plans to consult on plans for developing older peoples mental health services in south Hampshire (see Appendix Three).
- 5.2. The services affected are currently based predominantly at Moorgreen Hospital and includes the Tom Rudd Unit.

### ***Recommendation***

- 5.3. Members highlight any further information required.
6. **NHS Hampshire: the future of services at Winchester and Eastleigh Healthcare NHS Trust (WEHT).**
  - 6.1. The Department of Health has established a deadline of the end of November for NHS Trusts to set out how they will achieve Foundation trust (FT) by 2013. Winchester and Eastleigh NHS Trust will not be able to achieve this in its own right by this deadline.
  - 6.2. The Trust has been working with NHS Hampshire, the SHA and other key stakeholders to look at how acute services in the area could be provided in the future. Changing organisational form is one option and

the Board has asked that consideration is given to an integration with a Foundation Trust. This would not preclude other options being explored and the trust will continue to collaborate as appropriate.

- 6.3. The Trust is clear that this work should be clinically led and is discussing options with senior clinicians in the area. Feedback to date has been very positive but no decision has yet been made regarding the best way forward. Any merger would take at least a year to conclude and would be subject to a wider consultation exercise.
- 6.4. The Chief Executive of WEHT will outline progress to date and the next steps to be taken in this process.

#### *Recommendation*

- 6.5. The HOSC agrees a small Panel of members to oversee the development of these proposals and advise the HOSC
  - If any changes to services that emerge from this process would be considered substantial in nature
  - On the timing and conduct of any formal consultation required
  - If the proposals are in the interests of the population affected.
7. **South East Hampshire Sustainability Review: Joint Overview and Scrutiny arrangements**
  - 7.1. Following the presentation to the HOSC in July 2010 about the development of the sustainability plan for south east Hampshire and a discussion at the SHIP HOSC on 14 October 2010 it has been proposed that Portsmouth, Isle of Wight and Hampshire HOSCs formally establish a Joint HOSC to oversee any changes to service provision that arises from this work.
  - 7.2. It is proposed that the JHOSC would comprise 3 Members from Hampshire HOSC, 3 Members from Portsmouth HOSC and 1 Member from Isle of Wight HOSC.
  - 7.3. The Joint HOSC would take account of the agreed 'Framework for Assessing Service Change and look across the populations affected by any service changes in order to ascertain:
    - If proposed change to the provision of health services constitute a substantial service change
    - The content and timing of any formal consultation
    - If the changes proposed are in the interests of the population affected

#### *Recommendation*

- 7.4. The HOSC confirms the membership of the Panel taking this work forward.

**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. Southampton, Hampshire, Isle of Wight and Portsmouth Health Overview and Scrutiny Committees: Arrangements for Assessing Substantial Change in NHS provision.**

### **Purpose and Summary**

- 1) The purpose of this document is to agree the arrangements for assessing significant developments or substantial variations in NHS services across the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Local Authority areas.
- 2) It describes the actions and approach expected of both the NHS and Local Authority Health Overview and Scrutiny Committees (HOSCs) when proposals that may constitute substantial service change are being developed and outlines the principles that will underpin the discharge of each parties' role and responsibilities.
- 3) The document refreshes the 'Framework for Assessing Substantial Service Change' originally developed with advice from the Independent Reconfiguration Panel (IRP) and updates the guidance relating to the key issues to be addressed by the NHS when service reconfiguration is being considered. Emphasis is placed on the importance of constructive working relationships and clarity about roles by all parties based on mutual respect and recognition that there is a shared benefit to our respective communities from doing so.
- 4) The legal duties placed on the NHS and the role of the HOSCs are included to provide a context to the dialogue that needs to be taking place between NHS organisations and the relevant HOSC(s) to establish if a proposal is substantial in nature.
- 5) It is intended that these arrangements will support:
  - Improved communications across all parties
  - Better co-ordination of engagement and consultation with service users carers and the public
  - Greater confidence in the planning to service change to secure improved outcomes for health services provided to communities across Southampton, Hampshire, the Isle of Wight and Portsmouth.

### **Background legislation**

- 6) Section 242 of the NHS Act 2006 (formerly Section 11 of the Health and Social care Act 2001) places a statutory duty on commissioners and providers of NHS services to engage and involve the public and service users in :
  - Planning the provision of services
  - The development and consideration of proposals to change the provision of those services
  - Decisions affecting the operation of services.

- 7) This duty applies to changes that affect the way in which a service is delivered as well as the way in which people access the service.
- 8) Section 244 of the NHS Act 2006 (formerly Section 7 of the Health and Social Care Act 2001) places a statutory duty on commissioners and providers of NHS services to consult Local Authority HOSCs on any proposals for significant development or substantial variation in health services. NHS organisations will note that this duty is quite distinctive from the routine engagement and discussion that takes place with Local Authorities as partners and key stakeholders.
- 9) Significant development and substantial variation are not defined in the legislation but supporting guidance is clear that the NHS body responsible for the proposal should initiate early dialogue with the HOSC(s) affected by the proposal to determine:
  - a) If the HOSC(s) consider that the change constitutes a significant development or substantial variation in service
  - b) The timing and content of the consultation process.
- 10) Where it is agreed that the proposal does constitute a substantial change the response of the HOSC(s) to the subsequent consultation process will be shaped by the following considerations:
  - a) Has the development of the proposal been informed by appropriate engagement and involvement of local people and those using the service. This should take account of the relevant equality legislation and be clear about the impact of the proposal on any vulnerable groups.
  - b) The extent to which GP commissioners have informed and support the change
  - c) The strength of clinical evidence underpinning the proposal and the support of senior clinicians whose services will be affected by the change.
  - d) How the proposed service change affects choice for patients, particularly with regard to quality and service improvement
- 11) NHS organisations will also wish to invite feedback and comment from the relevant Local Involvement Networks (LINKs) which were established by legislation to facilitate the involvement of people using health and social care services in their area. The LINK has specific legal powers, including the ability to refer issues of concern to the HOSC(s) and to enter and inspect health and social care premises. Locally good working relationships exist with LINKs and HOSCs will normally expect evidence of their contribution to any proposals for varying health services from the NHS.

- 12) The framework attached at Appendix One identifies a range of issues that may inform both the discussion about the nature of the change and the response of the HOSC to the consultation process. The intention is that this provides a simple prompt for assessing proposals, explaining the reasons for the change and understanding the impact this will have on those using, or likely to use, the service in question.
- 13) The framework is not a 'blueprint' that all proposals for changing services from the NHS are expected to comply with. The diversity of the health economy across the SHIP area and the complexity of service provision need to be recognised, and each proposal will therefore be considered in the context of the change it will deliver. The framework can only act as a guide: it is not a substitute for an on-going dialogue between the parties concerned. It is designed for use independently by the NHS in the early stages of developing a proposal, or provide a basis for discussion with HOSCs regarding the scope and timing of any formal consultation required.
- 14) The development of the framework has taken into account the additional key tests for service reconfiguration set out by Sir David Nicholson in [July 2010](#) and included in the revised operating framework for 2010-11.
- 15) Although it remains good practice to follow Cabinet Office Guidance in relation to the content and conduct of formal consultation HOSCs are able to exercise some discretion in the discharge of this duty. Early discussions with the HOC(s) whose populations are affected by a proposal are essential if this flexibility is to be used to benefit local people.
- 16) Any request to reduce the length of formal consultation with the HOSC(s) will need to be underpinned by robust evidence that the NHS body responsible for the proposal has engaged, or intends to engage local people in accordance with Section 242 requirements. These require the involvement of service users and other key stakeholders in developing and shaping any proposals for changing services. Good practice guidance summarises the duty to involve patients and the public as being:
  - a) Not just when a major change is proposed, but in the on-going planning of services
  - b) Not just when considering a proposal, but in the development of that proposal, and
  - c) In decisions that may affect the operation of services
- 17) All proposals shared with HOSCs by the NHS – regardless of whether or not they are considered substantial in nature - should therefore be able to demonstrate an appropriate consideration of Section 242 responsibilities.
- 18) Individual HOSCs will come to their own view about the nature of change proposed by the NHS. Where a proposal is judged to be substantial and

affects service users across HOSC boundaries the HOSCs concerned are required to make arrangements to work together to consider the matter.

- 19) Although each issue will need to be considered on its merits the following information will help shape the views of the HOSC(s) regarding the proposal:
- a) The case of need and evidence base underpinning the change taking account of the health needs of local people and clinical best practice.
  - b) The extent to which service users, the public and other key stakeholders including GP commissioners have contributed to developing the proposal. Regard must be given to the involvement of 'hard to reach groups' where this is appropriate, including the need for any impact assessment for vulnerable groups.
  - c) The improvements to be achieved for service users and the additional choice this represents. This will include issues relating to service quality, accessibility and equity.
  - d) The impact of the proposal on the wider community and other services. This may include issues such as economic impact, transport issues and regeneration as well as other service providers affected.
- 20) This information will enable the HOSC(s) to come to a view about whether the proposal is substantial, and if so, whether the proposal is in the interest of the service users affected.
- 21) The absence of this information is likely to result in the proposal being referred back to the responsible NHS Board for further action.
- 22) If NHS organisations consider there is a risk to the safety or welfare of patients or staff then temporary urgent action may be taken without consultation or engagement. In these circumstances the HOSC(s) affected should be advised immediately and the reasons for this action provided. Any temporary variation to services agreed with the HOSC(s), whether urgent or otherwise, should state when the service(s) affected will reopen.
- 23) If the HOSC(s) affected by a proposal are not satisfied with the conduct or content of the consultation process, the reasons for not undertaking a consultation (this includes temporary urgent action) or that the proposal is in the interests of the health service in its area then the option exists for the matter to be referred to the Secretary of State. Referrals are not made lightly and should set out:
- Valid and robust evidence to support the HOSC(s) position
  - Confirmation of the steps taken to secure local resolution of the matter.

## Guiding Principles

- 24) The four HOSCs in Southampton, Hampshire, the Isle of Wight and Portsmouth have worked closely to build effective working relationships and share good practice.
- 25) HOSCs will need to be able to respond to requests from the NHS to discuss proposals that may be significant developments or substantial variations in services. Generally in coming to a view the key consideration will be the scale of the impact of the change on those actually using the service(s) in question.
- 26) Early discussions with HOSCs regarding potential for significant service change will assist with timetabling by the NHS and avoid delays in considering a proposal. Specific information about the steps (whether already taken or planned) in response to the legislation and the 4 tests outlined by Sir David Nicholson will support discussions about additional information or action required.
- 27) Some service reconfiguration will be controversial and it will be important that HOSC members are able to put aside personal or political considerations in order to ensure that for the scrutiny process is credible and influential. When scrutinising a matter the approach adopted by the HOSCs will be:
  - a) Challenging but not confrontational
  - b) Politically neutral in the conduct of scrutiny and take account of the total population affected by the proposal
  - c) Based on evidence and not opinion or anecdote
  - d) Focused on the improvements to be achieved in delivering services to the population affected
  - e) Consistent and proportionate to the issue to be addressed
- 28) It is acknowledged that the scale of organisational change currently being experienced in the NHS coupled with significant financial challenges across the public sector is unprecedented. Consultation with local people and the HOSC(s) may not result in agreement on the way forward and on occasion difficult decisions will need to be made by NHS Boards. In these circumstances it is expected that the responsible NHS Board will apply a 'test of reasonableness' which balances the strength of evidence and stakeholder support and demonstrates the action taken to address any outstanding issues or concerns raised by stakeholders.
- 29) If the HOSC(s) is not satisfied that the implementation of the proposal is in the interests of the health service in its area the option to refer this matter to the Secretary of State remains.
- 30) All parties will agree how information is to be shared and communicated to the public as part of the conduct of the scrutiny exercise.

## **Annexe One**

### **Key questions to be addressed**

Each of the points outlined above have been developed below to provide a checklist of questions that may need to be considered. This is not meant to be exhaustive and may not be relevant to all proposals for changing services

The assessment process suggested requires that the health body responsible for taking the proposal forward co-ordinates consultation and involvement activities with key stakeholders such as service users and carers, the relevant Patient and Public Involvement Forums, District Councils and other service providers affected by the proposal. The relevant HOSCs also need to be alerted at the formative stages of development of the proposal. The questions posed by the framework will assist the NHS and HOSCs in determining if a proposal is substantial, identify any additional action to be taken to support the case of need and agree the consultation process.

**Name of Responsible (lead) NHS Body:**

**Brief Description of the Proposal:**

**Description of Population affected:**

**Confirmation of Health Overview and Scrutiny Committees contacted:**

**Name of Key stakeholders supporting the Proposal:**

**Date:**

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p><b>Case for Change</b></p> <p>1) Is there clarity about the need for change (e.g. key drivers, changing policy, workforce considerations, gaps in service, service improvement)</p> <p>2) Has the impact of the change on service users, their carers and the public been assessed?</p> <p>3) Have local health needs and/or impact assessments been undertaken</p> <p>4) Do these take account of :</p> <p>a) Demographic considerations</p> <p>b) Changes in morbidity or incidence of a particular condition</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>c) Impact on vulnerable people and health equality considerations</p> <p>d) Potential reductions in care needs (e.g. falling birth rates)</p> <p>e) Comparative performance across other health providers</p> <p>5) Has the evidence base supporting the change proposed been defined? Is it clear what the benefits will be to service quality or the patient experience?</p> <p>6) Do the clinicians affected support the proposal</p> <p>7) Is any aspect of the proposal contested by the clinicians affected</p> <p>8) Is the proposal supported by GP commissioners</p> <p>9) Will the proposal extend choice to the population affected?</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p><b>Impact on Service Users</b></p> <p>10) Will there be changes in access to services as a result of the changes proposed.</p> <p>11) Can these be defined in terms of</p> <ul style="list-style-type: none"> <li>a) waiting times</li> <li>b) transport (public and private)</li> <li>c) travel time</li> <li>d) other (please define)</li> </ul> <p>12) Is any aspect of the proposal contested by people using the service?</p> <p><b>Engagement and Involvement</b></p> <p>13) How have key stakeholders been involved in the development of the proposal</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>Is there demonstrable evidence regarding the involvement of</p> <ul style="list-style-type: none"> <li>a) Service users, their carers or families</li> <li>b) Other service providers in the area affected</li> <li>c) The relevant Local Involvement Network (s)</li> <li>d) Staff affected</li> <li>e) Other interested parties (please define)</li> </ul> <p>14) Is the proposal supported by the key stakeholders</p> <p>15) Is there any aspect of the proposal that is contested by the key stakeholders? If so what action has been taken to resolve this</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p><b>Options for change</b></p> <p>16) How have service users and key stakeholders informed the options identified to deliver the intended change</p> <p>17) Were the risks and benefits of the options assessed when developing the proposal</p> <p>18) Have changes in technology, including new drugs been taken into account</p> <p>19) Has the impact of the proposal on other service providers been evaluated</p> <p>20) Has the impact on the wider community affected been evaluated (e.g. transport, housing, environment)</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>21) Have the workforce implications associated with the proposal been assessed</p> <p>22) Have the financial implications of the change been assessed in terms of:</p> <ul style="list-style-type: none"> <li>a) Capital &amp; Revenue</li> <li>b) Sustainability</li> <li>c) Risks</li> </ul> <p>23) How will the change improve the health and well being of the population affected?</p>		

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

**Joint review of Children’s Therapy Services**

**Report from Hampshire Joint Child Health Commissioning Board**

**Report November 2010**

**1. Introduction**

1.1 The focus on children with disabilities and complex care needs, their health, care and education is the subject of many Government policies.<sup>1234</sup> Aiming High for Disabled Children places a particular emphasis on providing effective therapy services for disabled children that will improve health outcomes and ensure the child receives the best quality care.

1.2 A number of therapy review documents have been published over the past five years across Hampshire.<sup>5678</sup> Many of the reviews have been qualitative in nature, where they have described shortages, inequities and dissatisfaction with services. This type of information is valuable but doesn’t tell the full story of current service provision.

1.3 Where quantitative data have been considered, the work has often fallen short of producing information that helps to develop a strategic understanding of the population of disabled children across Hampshire and their health needs, how this connects with current service configuration, the contributing workforce, available budgets and if the current service model is fit for purpose in terms of efficiency, effectiveness and value for money/money well spent. There have been some attempts to benchmark and describe how service provision across the country varies from one area to the other but there are still gaps in information.

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<sup>1</sup> The Childcare Act 2006.

<sup>2</sup> Department for Education and Skills (2007). Aiming High for Disabled Children, London:HM Treasury. Department of Health

<sup>3</sup>Department of Health. (2008). Better Care:Better Lives. London:Department of Health

<sup>4</sup> Department of Health, Department of Children, Schools and Families (2009). Healthy Lives, Brighter Futures. London: Department of Health

<sup>5</sup> Jacobson, D (2008). A review of therapy service for children across Hampshire incorporating Occupational Therapy, Physiotherapy and Speech & Language Therapy for Hampshire PCT/County Council.

<sup>6</sup>Finnamore Management Consultants. (2008) Baseline Assessment of Children’s Services provided for Hampshire patients.

<sup>7</sup> Chisem, B (2010). Children’s Services Redesign Programme.

<sup>8</sup>Hampshire County Council HOSC/CYP (2010). Joint review of therapy services for children with special educational needs.

1.4 However, it is acknowledged that there is a plethora of useful data from previous reviews that has not been enacted upon by commissioners for a variety of reasons.

1.5 The Health Overview and Scrutiny Committee and Children (HOSC) & Young People Select Committee (YPSC) review in April 2010 asserts that ‘historical contracting arrangements bear little relationship to outcomes-based or needs-driven approaches to service delivery.’

1.6 It is accepted that without high quality and timely data (including financial data), it is difficult to plan, commission and provide services based on known population need. It is a key area that requires further development which has now been commenced.

1.7 The provision of therapy services in Hampshire has been based on historical arrangements that now require modernisation. The multiplicity and complexity of provision across Hampshire is confusing for children and their families. It also makes the commissioning and performance management of services particularly challenging.

1.8 While there is some information that demonstrate inequities in access to services, these inequities have not as yet been adequately quantified and then used to inform current and future commissioning intentions.

1.9 As well as an acknowledgement that children need access to therapy services in an equitable and timely manner, there is a desire to simplify the complexities of accessing therapy services across a wide spectrum of providers for children and their families.

## **2. The approach**

2.1 The Joint Child Health Commissioning Board (JCHCB) has developed a strategic work programme for identified areas of greatest need. The JCHCB has agreed to develop and implement an action plan that takes forward the recommendations of the HOSC/CYP ‘Joint Review of Therapy Services,’

2.2 The JCHCB has agreed guiding principles that will shape and inform the future direction of the Board’s work. The guiding principles will be essential as the board progresses its joint therapy work from review, to analysis, to development/redesign and then to evaluation.

2.3 The guiding principles are:

- Child and family centred in approach: their best interests will be our primary consideration.
- To work in partnership to ensure high quality and effective services that are affordable and present value for money.
- Equity of access across Hampshire with a focus on prevention, early intervention as well as on treatment and support.
- Services targeted to those at risk and those with longer term priority needs to ensure equity in terms of outcome and service experience.

- Where appropriate, services should be jointly commissioned leading to integrated assessment and care pathways with clear lines of accountability and responsibility.
- Where services are not jointly commissioned, they should be provided uniformly across Hampshire. Services should be delivered as much as possible in the community setting and close to home.
- What we commission should be based on robust needs assessment, be evidence based, outcome focused with clear governance and performance arrangements.
- We will ensure that we adhere to statutory duties/responsibilities.

### **3. Going forward**

3.1 There is a need to progress the therapy work quickly into delivery. However, where information gaps exist, we need to ensure that information is accessed quickly, in a transparent manner and refreshed as required. To this end, there will be a rapid needs assessment of therapy services across Hampshire, including speech and language therapy, occupational therapy and physiotherapy. Much of this data is already available and needs collation. We anticipate this information will be collected by January 2011.

3.2 It is crucial that the relevant providers and senior officers sign up to active engagement and transparency going forward to ensure that active project sponsorship and support comes from the highest levels of relevant organisations. There is a need to recognise that we have not resourced this work in the past and need to do so now if we are going to make a difference. In a fiscally challenging environment, issues of resource must be highlighted as a probable by-product of the review and senior officers need to be given an opportunity to understand and respond to this crucial element of the project.

3.3 In the first instance, the JCHCB will produce a service specification for an integrated model of child health community services, which will include community paediatric therapists, community paediatric nursing, health visiting and school nurses. The primary aim of community services will be to build a team around the child, including special schools. The service specification sets out the expectation for delivery of services. This work is currently underway and an advanced draft should be available by Christmas 2010 for NHS Hampshire to use for the 2011/2012 contracting process with providers.

3.4 The rapid needs assessment will act as a benchmark of where services are currently and if they meet the requirements of the new integrated specification. It is known that they will not meet all of the requirements. It is at this point that the commissioning organisations may want to tender for a more appropriate, integrated service across Hampshire.

3.5 There will be other areas of work that will need to be actioned that have been highlighted in previous reviews. There is a need to undertake a workforce review and develop a strategy with the underlying goal of ensuring access to a Lead Professional. It should be acknowledged that there will never be sufficient numbers of therapists to

do all of the 'hands on work', nor is that necessary. While there may be a need to increase access to qualified therapists, workforce development will be largely about skilling up the wider children's workforce.

3.6 There may be other issues that need to be considered from the therapy reviews and these will be considered during the project initiation stage.

3.7 This is an extensive piece of work that will require input and sign up from a wide variety of stakeholders. A structured project initiation plan is currently being developed that will outline the required actions, the potential risks and key deliverables required to ensure the project goes forward successfully. It is anticipated that the project initiation plan will be completed early January 2011.

#### **4. Conclusion**

4.1 The JCHCB commits itself to taking forward the joint therapy review recommendations within an agreed action plan with clearly identified timescale and project deliverables.

4.2 It has identified first steps that need to be taken to develop and implement the action plan, including senior management engagement across the relevant organisations and rapid needs assessment.

4.3 The first stage in implementation will be a countywide overarching service specification for some of children's healthcare service provision for 2011 /2012

4.4 The HOSC and CYPS Committees are asked to note progress made.

19<sup>th</sup> November 2010

Dr Ruth Milton  
Joint Director of Public  
Health NHS Hampshire &  
Hampshire County Council

Steve Crocker  
Deputy Director  
Children and Families Branch  
Hampshire County Council

<b>Timeline for joint review next steps</b>						
	2010	2011	2011	2011	2011	2011
<b>Tasks</b>	Dec	Jan	Feb	Mar	April	May
Rapid assessment needs <ul style="list-style-type: none"> <li>• SaLT</li> <li>• OT</li> <li>• Physio</li> </ul>	X	X				
Project initiation documentation developed	X					
Sign up by senior officer for project	X					
Briefing for key stakeholders from providers		X				
Draft of service specification, use in contracting process 2010/11		X				
Collate and analyse evidence			X			
Write draft position statement, including tender proposal if appropriate				X		
Take report to JCHCB				X		

