New models of health and social care in north and mid-Hampshire

Presentation to HASC

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Background

- A national context of clinical specialisation and centralisation over 30-40 years
- A history of concerns about the long term viability of the hospital in Winchester as a critical care facility dating back at least 15 years
- The development of the NHS Trust movement and then the Foundation Trust movement – University Hospital Southampton and North Hampshire Hospital Trust become Foundation Trusts, Royal Hampshire County Hospital (Winchester) does not
- After much discussion NHHT acquires RHCH and it becomes HHFT in 2012
- The acquisition business case clearly articulates the need for centralisation of certain services but is silent on the location for centralisation
- These services are described as ‘critical care’ but include all services where for reasons of capital equipment requirements, time criticality or staffing intensity they should be concentrated in larger centres
- Typically, across the country, these are intensive care, accident and emergency, paediatrics and consultant led obstetrics.

Current national context

- Unprecedented budgetary pressures and increasing demand
- The publication and widespread acceptance of the 5YFV which promotes radically new models of care, built around individuals needs
- These factors clearly point to the need for more joined up working across primary, secondary, community, mental health and social care.
- This, in turn, implies less focus on individual organisations and more focus on the ‘system’

Commissioner review

- WHCCG, NHCCG and NHS England (Wessex) in its specialist commissioning role have been kept informed by HHFT of progress on their developing case but have never approved it
- Any significant service change requires formal public consultation and this has to be led by commissioners
- HHFT asked the CCGs to conduct a formal public consultation with the aim of completing it in January 2016
- The CCGs and NHS England have used their Commissioners' Steering Group to test whether going to formal public consultation would be appropriate
- The key issues were summarised in a report which was approved by the Steering Group on 21st August.
- This report was then extensively discussed with HHFT in a series of formal and informal meetings.

Summary report findings

- Clinical
  - Although the model of care is now better understood as a result of the review there are still some outstanding concerns about patient flow, patient hand-offs and staffing coverage which have not been ‘closed’
- Public engagement
  - Whilst HHFT have clearly communicated widely with regard to the preferred option there is no evidence that patients and the public were engaged at the option development or short listing stages.
- Option development and shortlisting
  - There was some concern that the options generation and shortlisting had been done without adequately pursuing the opportunity for working with other hospitals, particularly University Hospital of Southampton and that this might have reduced costs
- Financial
  - An analysis of commissioner and provider assumptions about HHFT income levels over the next five years indicated a current gap which widens steadily over time despite the introduction of the CTH. The gap in 5 years time is circa £60m per annum

What has happened since?

- The whole system (including primary, social, mental health, acute and community care) met together on 19th October and agreed to establish a programme of work to design a sustainable health and social care model including a critical care configuration that delivers the aspirations explained in the CCGs' acute commissioning strategy, including affordability
- A programme director is in place and the next meeting of this 'whole system' board takes place on the 25th November
- The programme has three main projects
  - Critical care for the populations currently covered by HHFT
  - Non-critical care for north Hampshire
  - Non-critical care for mid Hampshire
- Each of these programmes has senior managerial and clinical leaders in place
- The programme director has been asked by the programme board to investigate whether the critical care part of the programme can be accelerated without jeopardising the whole programme. This work is now proceeding and the programme board is likely to consider this at its December meeting.
- HHFT and UHS have met to try and agree the likely patient flows that would arise from the new CTH. This work is being advanced rapidly

What will happen now?

- The programme board will ensure the ‘whole system’ programme is properly resourced to deliver at pace
- The full programme should report on preferred options by January 2017 across all three projects
- It is possible that the critical care project could complete more quickly
- There will be extensive engagement of clinical staff across the system in all organisations
- The programme will include in depth engagement with a wide range of other stakeholders
- There will be substantial and detailed engagement with the public in describing the case for change, developing criteria by which to judge options and then making those judgements.