

## **Oak Park Community Hospital Review**

### **Information pack for Hampshire County Council Health Overview and Scrutiny Committee Oak Park Review Panel members**

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## Oak Park Community Hospital Review

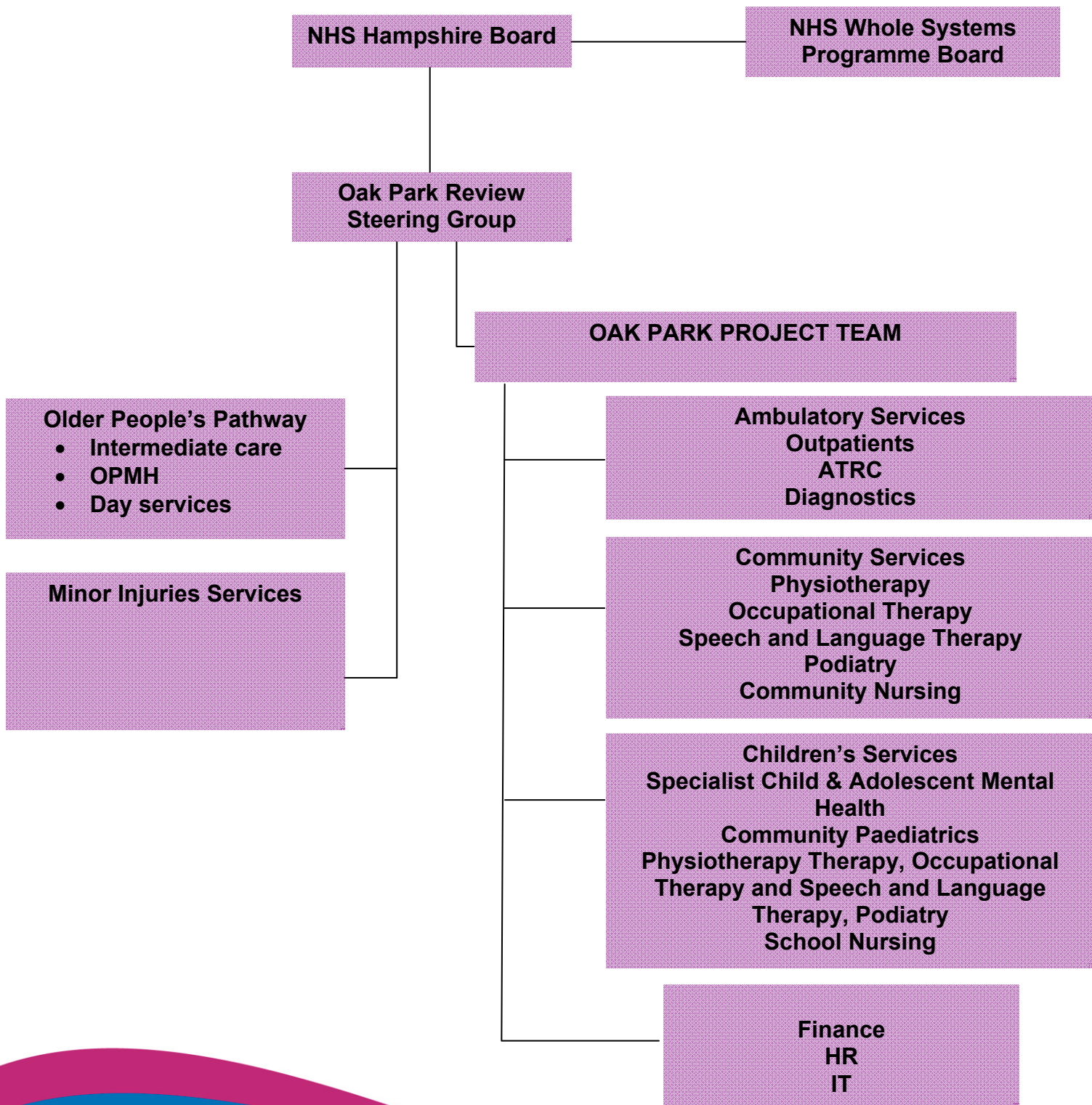
### Introduction

Following a meeting held between members of the Hampshire County Council's Health Overview and Scrutiny Committee's Oak Park Panel and officers and clinicians from NHS Hampshire, NHS Hampshire undertook to create an information pack for all members of the OSC.

This pack contains information that panel members may find helpful during the review period and includes:

- The structure of the project groups
- Membership of the project groups and their meeting frequency
- An engagement and communications plan for the period March 2010 – September 2010
- Report following the last stakeholder event (February 03 2010)
- Health needs data
- A report into the health initiatives currently underway or proposed for residents in the local area

## OAK PARK REDEVELOPMENT PROJECT



## MEMBERSHIP AND MEETINGS

### Oak Park Review Steering Group

Director of Capital Planning, NHSH (Chair)  
Clinical Lead, PBC Chair (GP) – Clinical lead for review  
Clinical Lead, SE APAC Chair (GP)  
Medical Director, HCHC (Clinician)  
Locality Manager Havant and Waterlooville, HCHC (Clinician)  
Locality Manager, Older People's Mental Health Services, HPFT (Clinician)  
Divisional Director - Adults South Hampshire, HCHC (GP)  
Head of Children's Services, HCHC (Clinician)  
South East Area Manager for Child Health, HCHC (Clinician)  
Head of Diagnostic, Care UK Havant (Clinician)  
System Manager for Cancer Care, NHSH  
Associate Director for Adult Care, NHSH  
Director Adult Services, HCC (Social Services)  
General Manager Outpatient Booking Services, PHT  
LINKs Chair (lay member)  
East Hampshire and Havant & Waterlooville Localities' PBC Business Manager  
Director of Strategy and System Reform, NHSH  
Associate Director of Business Intelligence & Contracting, PHT  
Associate Director Strategy Implementation South East, NHSH  
Associate Director for Performance and Contracting, HCHC  
Head of LIFT, NHSH  
General Manager LIFT, Solent Community Solutions  
Project Manager, LIFT, Solent Community Solutions  
Project Manager, Capital Planning, NHSH  
Head of Communications and Engagement, NHSH  
Senior Finance Manager, NHSH  
Key Contract Manager, NHSH  
Associate Director Children, Families and Sexual Health, Portsmouth City Primary Care Trust

**Meeting:** Monthly

## Future Provision of Older Persons Services - South East Hampshire

Director of Capital Planning, NESH (Chair)  
Clinical Lead, PBC Chair (Clinician)  
Medical Director, HCHC (Clinician)  
Associate Director for Adult Care, HCHC (Community Provider)  
Director of Operations, HPFT (OPMH Provider)  
Assistant Director Adult Services, HCC (Social Services)  
Programme Director Service Redesign, NESH (Commissioning)  
Director of Strategy and Systems Reform, NESH (Commissioner)  
Associate Director Strategy Implementation South East, NESH (Commissioner)  
PBC Lead, SE Hampshire (Commissioner)  
Project Manager, Capital Planning, NESH  
Head of Communications and Engagement, NESH

**Meeting:** Monthly

## Review of Minor Injuries Services

Director of Capital Planning, NESH (Chair)  
Clinical Lead, APAC Chair (Clinician)  
Medical Director, HCHC (Clinician)  
A&E Consultant, PHT (Clinician)  
Lead Commissioning Manager Primary Care Medical Services, NESH  
Director of Strategy and Systems Reform, NESH  
Director of Primary Care, NESH  
Project Manager, Capital Planning, NESH  
Associate Director Communications and Engagement, NESH  
Head of Communications and Engagement, NESH

**Meeting:** Monthly

## Oak Park Project Team

Head of LIFT, NHSH (Chair)  
Project Manager, Capital Planning, NHS  
General Manager, LIFT, Solent Community Solutions  
Senior Project Manager, LIFT, Solent Community Solutions  
Senior Finance Manager, NHS  
Estates & Technical Advisors, PC PCT  
IT and Control of Infection Advisors as required

**Meeting:** Fortnightly/as required

## User Groups

**Membership includes Service and Clinical Representatives on each of the following groups:**

- Outpatients
- Assessment Treatment & Rehabilitation Centre
- Diagnostic Imaging
- Adult Physiotherapy/Occupational Therapy
- Adult Speech & Language Therapy
- Adult Podiatry
- Specialist Child & Adolescent Mental Health
- Community Paediatrics
- School Nursing
- Child – Physiotherapy/Occupational Therapy
- Child – Speech & Language Therapy
- HR covering all organisations affected
- Finance

### **Meeting Schedule:**

Meetings have commenced to develop the design brief for the preferred option and will continue throughout the project and be convened as required. To ensure clinical work is not compromised designated leads have been nominated to support this process and these leads have the responsibility for feed back to their individual teams and staff.

## **Staff Briefing Meetings:**

Briefing sessions for staff from ambulatory, community and children's services started with meetings held in October and November 2009 and a presentation given to children's services in March 2010.

These are in addition to the service user groups which have also been established and will be meeting regularly as part of the design process. Service leads and clinical representatives are members of the user groups and are also responsible for feeding information back to their own groups of staff.

## Oak Park Community Hospital Review – Engagement and Communications Plan (March – September 2010)

### Introduction

This document sets out how NHS Hampshire will engage with stakeholders during this current phase in the Oak Park Community Hospital Review. It also addresses concerns raised by representatives of East Hants District Council's southern parishes that residents living in that area have not been adequately engaged.

The activities contained within this plan will enable NHS Hampshire **to reach and engage with all households** in the southern parishes of East Hants District Council and all households within the area covered by Havant Borough Council. The reach would be to over **100,000 residents aged 20 – 85**.

### The Oak Park Community Hospital Review

The review started at the end of September 2010, when the Board of NHS Hampshire confirmed that plans for the proposed community hospital at Oak Park were no longer affordable. The Board asked the project team to consider two strands of work. The first was to determine alternative ways of providing ambulatory (outpatient) services and the second to determine how best to provide in-patient facilities for the population who would have been served by the community hospital.

A business case based on the option of using the Children's Services Centre for ambulatory care will be taken to the September 2010 meeting of the NHS Hampshire Board. In addition options for how best to provide inpatient facilities and minor injuries services will be presented to the same board meeting.

The Oak Park Community Hospital review project will be supported by the activities in this engagement and communications plan.

## Engagement activities to date

An engagement plan for ambulatory services ran between October and December 2009 and is attached at appendix 1. In essence the activity comprised:

### **July – October 2009**

Key stakeholders briefed on the review using various means including presentations and discussion with Havant Borough Council. Steering Group set up for the review which involved key commissioners and service providers.

### **3 September 2009**

Two workshops held with key stakeholders, including local patient representatives and Councillors to update them on the position regarding the hospital and to seek their ideas and views on how these services could be provided differently i.e. using existing facilities and to agree quality criteria for assessing options.

### **October – November 2009**

Wider involvement with patients, the public and other key stakeholders formally commenced using various means which have included:

- A survey sent to members of Havant Borough Council Citizens Panel.
- Independent market research company commissioned to undertake in-depth interviews with 'hard to reach' residents in the most deprived areas of the locality
- Interested groups/individuals invited to tour health premises as potential options for delivery of ambulatory services
- Informal discussion with key stakeholders including the South East Hampshire Strategic Partnering Board, local councillors and clinical leaders.

### **November 2009**

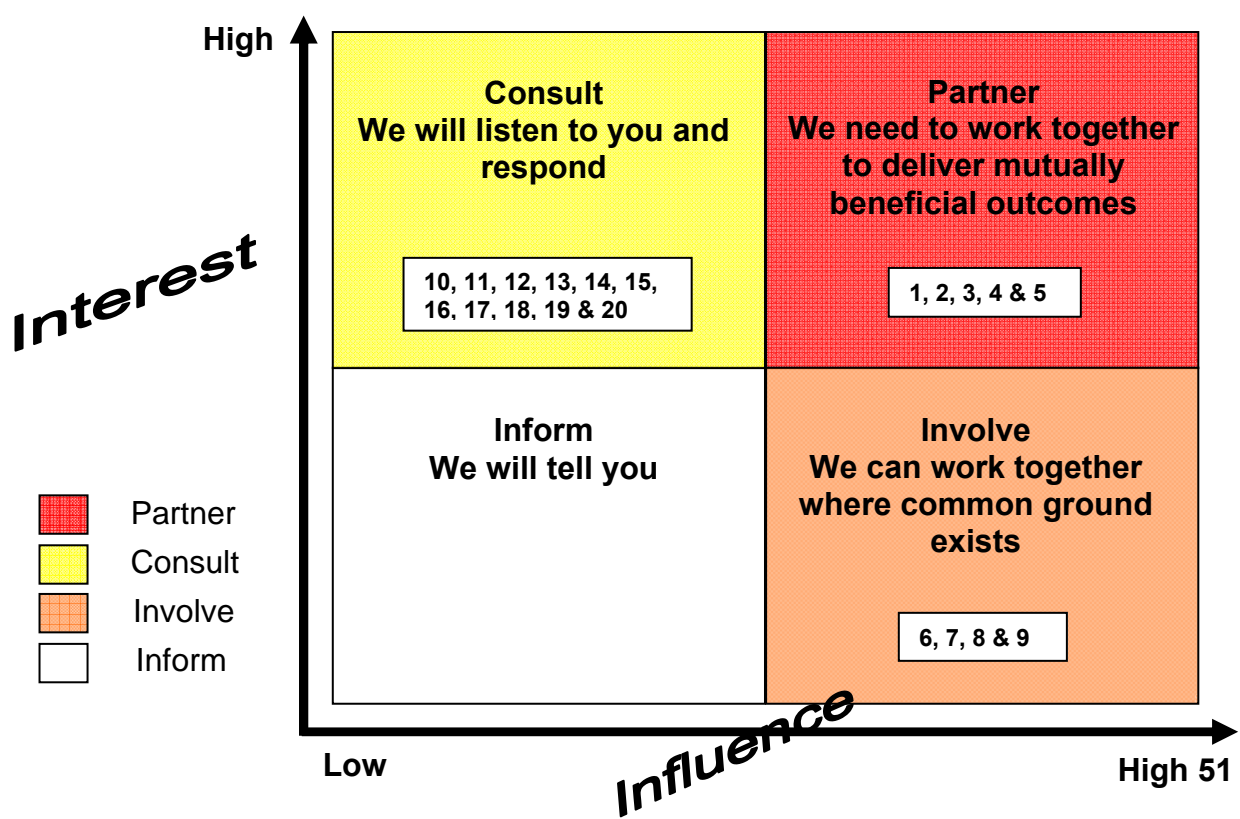
Presentations given to the Hampshire County Council Health Overview and Scrutiny Committee, local community boards, residents associations and other interested groups, in order to update them, address their concerns and seek their views on the proposed options for the delivery of ambulatory services

## Key stakeholders

We are defining stakeholders as '**Any individual, group, or institution who has a vested interest in the project and/or who potentially will be affected by project activities and have something to gain or lose if conditions change or stay the same.**'

**NHS Hampshire has identified the following stakeholders and has plotted them on a stakeholder matrix – below. Each stakeholder group is identified on the matrix by its corresponding number.**

- 1) Hampshire County Council Health Overview and Scrutiny Committee members (and supporting officers)
- 2) Havant Borough Council councillors
- 3) East Hants District Council councillors (those elected by residents in the southern parishes – ie south of Butser Hill)
- 4) NHS Hampshire Board
- 5) Members of Parliament (one for Havant and one for East Hants)
- 6) Hampshire Partnership Trust Board
- 7) Portsmouth Hospital Trust Board
- 8) NHS Portsmouth Board
- 9) Hampshire Community Health Care Board
- 10) Staff working at Oak Park Children's Services Centre (employed by HCHC and NHS Portsmouth)
- 11) Staff at Emsworth Victoria Cottage Hospital
- 12) Staff at Havant War Memorial Hospital
- 13) Local media (mainly The News)
- 14) Residents' Associations (Emsworth, Rowlands Castle, Horndean and Clanfield)
- 15) Havant Borough Council Community Boards (for whole district)
- 16) Chief Executive – Havant & East Hants District Councils (one for both)
- 17) Age Concern (Havant)
- 18) Other voluntary sector organisations
- 19) Clubs and societies in area (Havant and East Hants District Council areas)
- 20) Residents



## Aim and Objectives

### Aim

NHS Hampshire intends to inform residents that those health services planned for the area, will still be provided, but that they may be provided in a different way than we had originally wanted and without a 25 year commitment of £75million.

### Objectives

NHS Hampshire will:

- 1) Use existing channels to engage with residents in the Havant, Emsworth, Hayling Island, Rowlands Castle, Horndean, Clanfield, Wecock Farm, Waterlooville and Cowplain areas in a cost effective and efficient way.
- 2) Reiterate its commitment to finding alternative ways to provide the services originally planned for the hospital.
- 3) Seek residents' views on the types of health services they want to see and more specifically how they want them delivered in their community.
- 4) Ensure that local views are taken into account and reflected in plans presented to the Board in September 2010.

## Engagement Programme – March 2010 – August 2010

A range of activities to engage with residents and stakeholders in the Havant and East Hants District Council areas will be undertaken between mid March 2010 and the end of July 2010. This four to five month engagement period will enable NHS Hampshire to directly approach all households in the southern parishes of the East Hampshire District Council area (a minimum of 10,000 households), using the council's residents' magazine – **Partners**. This includes all homes in Horndean, Clanfield and Rowlands Castle areas.

In addition, it is hoped that all households in the Havant Borough Council area will also be approached directly via their local authority magazine **Serving You**.

In addition officers from NHS Hampshire will be taking a roadshow to venues across the area where there are high volumes of local people (for example Morrisons supermarket in Horndean and ASDA supermarket in Bedhampton, Havant).

**It is anticipated that the Oak Park engagement material will potentially be seen by between over 100,000 adults across the two areas (Havant Borough Council and the southern parishes of East Hants District Council).**

NHS Hampshire is looking to ensure that all communication and engagement activity links in to the Oak Park panel meetings of the Hampshire County Council Health Overview and Scrutiny Committee (OSC).

NHS Hampshire is also approaching the Hampshire LINK requesting that they also carry out engagement across the area on the review and the plans to discontinue the building but provide the services in other facilities in the Havant area.

An Oak Park update bulletin has also been produced and will be continued. This is being used to ensure that over 100 key stakeholders are informed about the latest information and developments on the review.

## Engagement activities with key dates

| <u>Date</u>      | <u>Activity</u>   | <u>Stakeholder group (by number)</u> | <u>Details</u>   | <u>Person responsible</u>   |                                      |
|------------------|---|--------------------------------------|--|---|--------------------------------------|
| March 01 2010    | Agreed leaflet and story board copy to be sent to NHS Creative  | All                                  | Copy written by ST<br>Approved by IH   | St to forward to NHS Creative   |                                      |
| March 04 2010    | Engagement and communications plan to be agreed   | All                                  | Plan to be agreed  | MM to draft.<br>Approval from ST and IH   |                                      |
| By March 12 2010 | Dates for engagement at ASDA, Bedhampton and Morrisons, Horndean, to be agreed ( <b>add to programme when known</b> ) | 20                                   | Calls made to both stores.<br>Follow up letters sent 02/03/10                      | MM to chase stores<br><br><b>First dates – ASDA Bedhampton – Friday March 19 and Saturday March 20 2010</b> |                                      |
| By March 19 2010 | Web copy to be developed and approved<br><br>On-line survey to be drafted   | All                                  | Fresh copy to detail latest stage in review and to link to survey on Survey Monkey | MM to draft (web copy & survey)<br>ST/IH approval   | Go live date of Friday March 19 2010 |
| By March 18 2010 | Leaflets and story boards to be completed   | All                                  |  | NHS Creative  |                                      |
| March 22 2010    | Web copy & on-line survey go live   | All                                  |  | MM (with assistance of JN)  |                                      |

|                     |  |  |  |  |  |
|---------------------|--|--|--|--|--|
| By March 31 2010    | Copy to be agreed for insert in Partners Magazine (East Hants District Council magazine) | 1,3,5,14,16,18,19 & 20.                              | Information to be included as an insert in Partners magazine. To be distributed to minimum of 10,000 households in southern parishes of East Hants area. | MM to draft insert (based on copy agreed for leaflet/web and story boards)       | Distribution to take place after expected election date (starting May 08 2010) for approximately two weeks |
| By March 31 2010    | Copy to be agreed for insert in Serving You magazine (Havant Borough residents magazine) | 1,2, 5, 14,16,18,19 & 20.                            | Article to be included in Serving You – distributed to every household in borough (pop: 120,000)   | MM to draft copy (based on copy agreed for leaflet/web and story boards)         | Summer 2010 issue (to be distributed after May 2010)   |
| By April 05 2010    | Material for Partners and Serving You magazines to be sent to respective councils        | 1,3,5,14,16,18,19 & 20.<br>1,2, 5, 14,16,18,19 & 20. |  |  |  |
| April - May 2010    | Take Oak Park engagement messages to residents   | 20   | Presence at Havant market (three Saturdays)  | JN to book   |  |
| April/May/June 2010 | Direct mail campaign to clubs and societies in Havant and southern East Hants areas      | 20   | Mail leaflet + offer of speaker or stand at their events or meetings<br>Direct to survey monkey survey   | MM to compose letter<br>JN (in conjunction with Emma Pyatt) to carry out mailing |  |

|               |  |             |  |   |  |
|---------------|--|-------------|--|---|--|
| April 28 2010 | Attend Horndean Parish Council Annual Parish meeting | 1,3, and 20 | Presentation to be offered (or attendance for questions) | MM to prepare presentation (with MP)<br>To be delivered by IH |  |
| May 04 2010   | Attend Rowlands Castle Parish Council AGM            | 1,3 & 20    | Presentation to be offered (or attendance for questions) | MM to prepare presentation (with MP)<br>To be delivered by IH |  |

## Storyboards and information leaflets for the public

The following are the storyboards and information leaflets we will be using during this next engagement phase.

### Improving health services in your area

NHS Hampshire was planning to build a new community hospital on the Oak Park site in Havant. The hospital would have provided a new home for some services already offered in local buildings such as Havant Health Centre and Havant War Memorial Hospital. It would also have meant that lots more outpatients appointments could be offered locally so that less people would have to travel to Queen Alexandra Hospital.

#### Impact of the recession

The recession means that there will be less new money coming into the NHS than we thought. That means some things we had planned to do will not be affordable in the future and building a new hospital in Havant is one of them.

We're still committed to improving local health services so we've spent the last few months working out how we can make sure the improved services can still be delivered without the expense of a new hospital building.



## How should we make better use of health premises in Havant?

There is already a big modern building on the Oak Park site which is used for children's health services. If we make better use of the space we believe we can fit the existing children's services plus the outpatient services originally planned for the community hospital into this building. We think this is a good solution because it means the services are available locally and we don't have to build an expensive new building. Please tell us what you think of these plans.

### Help us make sure that other services are right for you

We still have to work out how you can have the right sort of service for two very important but different types of care:

1. If you or a loved one have had an illness or injury and need nursing care in bed to help you recover
2. If you or a loved one have a minor injury that needs immediate attention



## Caring for patients close to home

We had planned to have 49 in patient beds in the new hospital.

- 25 were for people who need care following an illness or injury; and
- 24 were for older people with mental health problems such as dementia.

Once the new wards were open, we had planned to shut Havant War Memorial Hospital.

Without a new hospital building we need to find innovative ways of making sure that local people can still have these services locally.

Some ideas are:

- Use local nursing homes
- Provide greater nursing and care support to people in their own homes
- Use beds in another local hospital such as Queen Alexandra, Petersfield or St Mary's hospital.
- Keep Havant War Memorial Hospital beds open

### Please tell us what you think and if you have any ideas.

What would be most important to you about this kind of service?

- The right level of medical and nursing support
- Flexibility to adapt to patient's needs
- Distance to travel
- Close to home or at home
- Hospital based



## Treating minor injuries

Some local people have also told us that they would like treatment for some minor injuries to be available locally so that they don't have to travel to Queen Alexandra Hospital or St Mary's Hospital. Minor injuries are things like cuts, sprains, bruises and strains.

A 24 hour service in the Havant area would be expensive and take resources away from other services so we want to understand the type of service that would help you.

We need to know:

- Would you use a local minor injuries service or would you prefer to stick to Queen Alexandra Hospital and St Mary's Hospital?

If the service was available:

- Would you prefer a drop-in or appointments system?
- When do you think this kind of service should be open?
- How far you would be prepared to travel to it?
- Would it be better in a local health facility such as your GP practice or at a dedicated site?

Some examples of how we could do this are:

- Provide a minor injuries service at some local GP practices;
- Offer a nurse-led service somewhere on the Oak Park site;
- Help people get to existing local services such as Queen Alexandra Hospital or St Mary's Hospital;
- Use local pharmacies to provide a local service.

### How to comment

- Write to us at: Freepost NHS Hampshire
- Email us at: [youviewscount@hampshire.nhs.uk](mailto:youviewscount@hampshire.nhs.uk)
- Complete our online survey at:  
<http://www.surveymonkey.com/S/XBJC228>



## **Feedback Capture**

NHS Hampshire will capture all data from events and meetings on a standard feedback form. Wherever appropriate the feedback messages will be agreed with the chairman of the group receiving the presentation.

Residents receiving the engagement information via Partners and Serving You magazines will be directed to the Survey Monkey consultation.

All direct mail information will encourage residents to take part in the Survey Monkey survey.

## **Reporting**

NHS Hampshire will seek assurance from its Board and Hampshire County Council's Health Overview and Scrutiny Committee that this engagement and communication plan meets their requirement to engage well with the local communities and key stakeholders. The plan will be sent to members of the Board of NHS Hampshire, as well as to members of the Health Overview and Scrutiny Committee by Thursday March 18 2010.

NHS Hampshire is further linked in with a special panel of the Overview and Scrutiny Committee and will report progress on this engagement plan to their panel meetings.

Project Director for the Oak Panel Community Hospital Review, Inger Hebden, will also report progress on this review to local MPs.

A regular stakeholder bulletin on Oak Park is being mailed to over 100 key stakeholders and influencers. This will contain updates on the review as well as the engagement activities.

Most of the engagement activity listed in this plan will be completed by the end of June. This will allow time for the collation of all feedback and for a report to be produced in time for the NHS Hampshire Board meeting of July 22 2010 and the Health Overview and Scrutiny Committee meeting on July 27 2010.

## Report on the Oak Park Review Stakeholders Workshop

Held on Wednesday 3<sup>rd</sup> February 2010 at Waterlooville Community Centre

### 1. Introduction

**1.1** NHS Hampshire is committed to improving the quality of local health services. Our strategy document Healthy Horizons, first published in 2007, identified that after several years of unprecedented growth the local NHS should plan for more modest levels of investment from 2009. The document also highlighted that an ageing population in Hampshire, combined with the cost of new technologies and treatments would create a growing demand on NHS resources.

**1.2** Our strategic planning is focused on delivering high quality local health services that meet these demands but are also affordable and sustainable in the longer term. In the last few months we have identified that as a result of the economic downturn our income over the coming years will not be as much as expected. So more than ever we need to make sure that we spend wisely on schemes that will be affordable and meet local health needs.

**1.3 The aim of the review process is to find alternative ways of providing more local health services in the area, without the need for a new building.**

**1,4 A set of Quality Criteria against which all options will be appraised were developed at the first stakeholder workshop in September.**

To ensure that the option appraisal reflected the issues and concerns of the stakeholders, participants developed generic and service specific criteria against which the options were scored. The criteria are as follows:

- Design of the facility
- One stop services
- Transport
- Co-location and partnering
- Patient safety
- Strategic fit
- Information and communication
- Population needs
- Case closer to home
- Operating hours
- Respect, privacy and dignity

## 2. Background

- 2.1 In September 2009 the Board of NHS Hampshire considered a recommendation that given the reduction in future NHS funding levels the Oak Park Community Hospital scheme at a net additional cost of £3.1 million revenue per year for the next 25 years (total cost - £77.5m) was unaffordable.
- 2.2 The Board was unanimous that the £77.5 million revenue cost for Oak Park Community Hospital over 25 years was unaffordable in light of anticipated future funding. However, recognising concerns raised by local people about the lack of detailed alternative proposals, the Board agreed to defer a final decision on the discontinuation of the hospital scheme to allow further work with the local community to develop more detailed plans for the provision of improved local services in a different way.
- 2.3 Further work is now being undertaken with the local community to review health services in the Havant area and develop detailed options for how services included in the original Oak Park Business Plan might be provided in the local community in a more affordable way, without the additional cost of a new hospital building.
- 2.4 The following recommendations were made to the Board of NHS Hampshire in January 2010:
- The plans for the new hospital should be discontinued
  - To approve the development of a business case for Option B1 which locates outpatients, diagnostic imaging, assessment, treatment and rehabilitation, therapies and podiatry at Oak Park Children's Services Centre
  - To support continued work with local authorities and other key stakeholders to explore opportunities for co-location of offices in future, very local provision of shared space for community outreach clinics and improved public transport to health facilities
  - To continue to engage with key stakeholders especially Social Services in Havant and South of East Hampshire regarding provision of local community health services including the development of options for improving in-patient services

- To support the permanent closure of the small minor injuries service that was provided from Havant War Memorial Hospital (suspended since December 2008) and to seek the advice of the Hampshire Overview and Scrutiny Committee on the process for this
- To regularly review the demand for the treatment of minor injuries in South of East Hampshire to ensure that there is sufficient capacity available to meet future demand
- To continue to work with Emsworth GPs and service providers to secure alternative accommodation in Emsworth for phlebotomy and Red Cross Home Equipment Loans services
- To retain the Oak Park site in PCT ownership for future development of health services

### 3. **Board Decision 28<sup>th</sup> January 2010**

#### 3.1 On 28<sup>th</sup> January 2010 NHS Hampshire Board agreed the following:

- Confirmed that the hospital is unaffordable but deferred a final decision on the original hospital plans
- Agreed that business case should be developed for preferred option for ambulatory care services
- Agreed that work should continue with stakeholders
- Agreed that options should be developed for older people's services in partnership with social services
- Agreed to consult on the provision of minor injuries service for local residents
- Agreed that phlebotomy and Red Cross Home Equipment Loans Service should be retained in Emsworth
- Agreed to retain the Oak Park site

#### **4. Workshop – Wednesday February 3 2010**

- 4.1 The aim of the workshop was to update stakeholders on how NHS Hampshire was progressing with options for improving health services in the area. A wide section of stakeholders including local councillors, local residents, local health providers, community groups and other interested parties attended.
- 4.2 A presentation was given by Inger Hebden, Director of Capital Planning which covered the vision for SE Hampshire and the current position in light of the change in the economic environment; a reminder of the Board direction made in September 2009; work undertaken since September 2009; details and benefits of the preferred option; the financial analysis; Board direction January 2010 and the next steps.
- 4.3 An open question and answer session was held after the presentation.
- 4.4. Participants were invited to set out their aims for the day – see Appendix 1.
- 4.4 Attendees were invited to split into the following specific care groups to facilitate further detailed discussion. NHS Hampshire staff were available to support these discussions and respond to queries. The outcome of these discussions are set out in Appendix 2.
- 4.5 Participants were asked to identify their top 3 priorities for improving services for older people in the area and these are set out in Appendix 3.

#### **5. Next Steps**

- Ongoing discussion with the Hampshire Overview and Scrutiny Committee
- Formal consultation as required
- Formal instruction to LIFT partners to develop tenant requirements and a design brief for the preferred option (ambulatory services)
- Development of Stage 1 Business Case for ambulatory services to report to NHS Hampshire Board in September 2010
- Report to NHS Hampshire Board on options for improving services for inpatients currently provided at St. James Hospital and Havant War Memorial Hospital
- Ongoing involvement with clinicians, key stakeholders, patients and the public

#### **6. Workshop Evaluation**

- 6.1 Feedback forms were sent to all 47 participants with 13 being completed and sent back to the PCT. A summary is set out in Appendix 4.

## **Oak Park Stakeholder Workshop – Wednesday 3<sup>rd</sup> February 2010**

**Appendix 1 – Stated aim of the day:** *“To update stakeholders on the progress for developing options for improving services for residents of Havant and South east Hampshire”.*

### **Additional aims from participants for the day:**

- Hospital
- MIU
- Better evaluation/ assessment for older people
- Timescales for project
- Finance – original proposal vs. options
- How change might affect readmission
- Bring forward review of inpatient service
- Implications for staff currently at Oak Park Children’s Services Centre
- Provision of facilities for staff and disabled children they treat
- Comprehensive health care that patients understand
- Beds in Oak Park Children’s Services Centre
- Capture feelings and opinions of local population
- Impact on HCHC and HCC services
- Future provision for OPMH/ dementia
- Effect that a new government may have

## Oak Park Stakeholder Workshop – Wednesday 3<sup>rd</sup> February 2010

### Appendix 2 - Outcomes from discussion groups:

#### Minor Injuries Services

- Seven day access
- Minor injuries in more places i.e. walk in centres
- Gosport War Memorial – standard 8am to 9am
- NHS Hampshire agreed the need for minor injuries in 2009 and in 2010 the need remains (could locate with children's centre)
- Z card promised – shows where you should go for treatment
- Doctors deputising out of hours and minor injuries co-locate
- QA not an option to locate a MIU – need to take into account the transport infrastructure
- Consultation of MIU did not reach East Hampshire District Council area 20,000 plus not consulted
- Take inappropriate pressure off QA
- Possible reduced minor injury service within children centre with diagnostic
- Minor injury provision integrated with all health centres in the area
- Suggest care UK/ PHT work with PCT to investigate volumes of economic viability for MIU at oak Park Children's Centre

#### Children's Services

- Able to deliver services to highest standards wherever based
- Encourage co-location of health and social care in Havant area to enhance partnership working
- A need to ensure best quality IT system to enable children's services to work effectively from clinic/ admin bases
- Regular user group essential
- Ensure up-to-date information is shared
- Delivering our services during the period of change of use at Oak Park Children's Services Centre – safe contingency plans need to be indentified
- Good management feedback to be cascaded to teams/ staff

## Older People's Services

- Knock on for more social services support?
- What is the solution for lost beds?
- Ambulatory appears to be taking precedence over inpatient facilities
- Is Option B1 the cheaper for loss of inpatient beds?
- OPMH beds – see care pathway?
- Beds for Elderly mental health – how many? Where? Plans appear to be weak. Something positive is needed.
- Family support access is important for recovery and rehab
- What sustainable provision will be made for long-term visits of relatives to inpatients, especially aged?
- More QA traffic to visit inpatients
- Carbon footprint is pie in the sky. Perhaps adequate provision is needed for car parking. Patient health is largely dependent on family support
- Better aftercare facilities
- Increase the number of step down facilities
- Engage with the private sector to build facility on Oak Park site
- Monitoring of commissioning core staff
- Quality discharge planning
- Joint teams
- Increase options for people leaving hospital
- Increase access to facilities – wheel chair, equipment etc
- Community innovation team (multi-discipline – nurse/ social services)
- Promote older people forum
- Build residential care home on Oak Park site – independent!
- Improve communication between networks
- Use the P.S.V as a hub for older people
- Partnership with the independent sector
- Centralise communication between various NHS/ social services organisations
- Involve all at workshops, seminars, discussions and Boards

### General Comments

- Waiting times – speed of service
- Improved secondary care services
- More investment in preventative work
- Improved consultation methods
- Awareness of services available
- Service availability (24 hours)
- Location – central
- Develop older person's wellbeing centre in partnership with P.S.V site with Havant Borough Council
- Improved public transport links
- Developing partnership opportunities with voluntary sector settings
- Communication
- Disabled accessibility
- One stop shop
- To consult people west of A3, properly – How about west of Waterlooville building site?
- Disability access – cost? No car? No direct bus?
- All under one roof - assessment and diagnostics, step down beds, rehabilitation and OPMH
- When was the £3 million figure decided upon?
- Engagement – The current system seems to work for the interested few – but perhaps more OPEN and PUBLIC meetings would encourage a wider audience (Jan Gough)
- It is concerning that improved care is not being planned for OPMH. The delay in providing OPMH beds in Havant is only one aspect of this underprovided service
- Feed back patient experience
- With the vast increase in population for south east Hampshire the current GP facilities are pathetic
- The preferred option may fill a gap NOW – but what legacy are we leaving for the future and how will this current proposal cope with an increase in population?
- The arrangements for care on leaving hospital are not adequate. There seems to be a high readmission rate due to lack of effective care plans on release and due to a lack of joined up activities between PCT and HCC social services

## Oak Park Stakeholder Workshop – Wednesday 3<sup>rd</sup> February 2010

### Questionnaire Summary

#### Appendix 3 - What are your top 3 priorities for improving services for older people in this area?

- VASCULAR HEALTH: CHD. People living in these Havant wards are likely to have greater need for primary prevention of CHD, as well as the underpinning services that support early identification of disease and ongoing management and rehabilitation (including access to sec. care beds).
- All Podiatry Services delivered from a single multi-chair site to allow ease of access to the service and greater breadth of specialist services (Nail Surgery, Musculo-skeletal, At Risk Foot management and age concern footcare services).
- Easier access to all services by having everything (as far as possible) under one roof. How do you get NHS and Social Services budgets to share responsibly?
- Communication – NHS, HCC, HBC, public and private and voluntary sector
- After care services.
- Provision of step down beds with ongoing links to residential care (work with independent sector). Develop residential home/ flats on Oak Park site?
- Speedy responses.
- Mental health services. Inparticular concern about low priority given to OPMH.
- Older people/ care in the community.
- Local beds for the elderly in the local area with mental health problems inparticular.
- An adequate provision of beds in Havant to meet the needs of both the immediate future and the longer-term requirements of an aging, longer living population. It should be kept in mind that a significant number of new homes are to be built in Havant in the next few years.
- Easy access (vehicular and pedestrian) for all with parking and waiting area(s)
- More capacity – there are not going to be enough beds. There are 10 at St James and 10 at Petersfield for over 65 – not enough.

- **DEMENTIA SERVICES:** Barncroft ward (Leigh Park, Havant) has significantly higher emergency admissions for dementia in the over 65s than the Hampshire average, suggesting there is a need to look at support services for dementia sufferers and their carers in this area.
- Closer links with other services providing care for this group. (Social services, physiotherapy, Primary Care teams, community nursing, diagnostics services) This would enable better joined up care for patients and possibly less visits if we can work together to provide more one-stop-shop style services.
- Minor injury unit to take pressure away from QA – QA doesn't want more and more patients.
- Prioritising older peoples needs.
- More one-to-one care in hospital.
- Better and more co-ordinated care in the community (home visiting – multi discipline teams).
- Flexibility.
- Inadequate effort for care plans on discharge from hospital, slow implantation of care at home, poor co-operation between HPCT and HCC social services in implementing care; consequential high readmission rates.
- Children's services.
- Minor injuries in all doctors' surgeries.
- Improved means of getting to and from hospital 'beds' (visits by loved ones) which is easy and cheap. Elderly people visiting daily should have free parking – indeed all such visits should not incur parking charges. However; it is elderly people who have only a state pension who suffer most and I know a case where it has been impossible for a wife to visit daily a husband who is terminally ill – due to distance and public transport costs.
- Local inpatient short stay (1 or 2 nights) facility to avoid main hospital transfer.
- There should be something for the over 65's with dementia/ depression etc in Havant.

- FALLS: SE Hampshire data suggests that a higher proportion of fallers than in other parts of Hampshire are admitted to hospital. This may be associated with the readiness of people in these communities to call for ambulance assistance. This information supports the case for further local work to encourage education and health literacy to support and reduce the inappropriate use of local health and acute services.
- Ensuring that there is good access to the centre with bus and transport links and parking for staff and patients.
- Step down beds for local people locally taking transport into account. They were promised for Oak Park.
- Build a residential care facility on the present Oak Park site.
- Minor injuries (older people) dealt with at home. Keep in touch via emails plus workshops for local people.
- Better communications between local government, NHS and service providers.
- Repeating quality of service (as per ex-Haslar) in other settings.
- Minor injuries.
- Portacabins for replacement offices with car parking which is essential.
- Prompt mental assessment (and early treatment) for elderly people showing signs which may indicate a tendency to the development of dementia. This is a growing problem and again part of the problem is access to local services. It is very unlikely that help is going to come from social services after diagnosis, due to funding constraints in the years ahead. The problem is just too big and costly.
- Local facilities at Emsworth and Petersfield (especially those) for day care of patients thus to minimise transport to/from the single primary facility.

## Oak Park Stakeholder Workshop – Wednesday 3<sup>rd</sup> February 2010

### Appendix 4 - Feedback Summary

13 feedback forms received - 47 forms given out

1 = poor 2 = acceptable 3 = good 4 = excellent

| Question  | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Pre workshop organisation                       | 1 | 2 | 7 | 3 |
| Venue   | 0 | 2 | 8 | 3 |
| Information pack distributed at workshop        | 0 | 1 | 9 | 3 |
| How clear were the aims of the workshop?        | 2 | 2 | 6 | 3 |
| Presentation                                    | 0 | 3 | 5 | 5 |
| Discussion                                      | 0 | 3 | 7 | 3 |
| Overall - how well would you rate the workshop? | 0 | 2 | 8 | 3 |

|  | Yes | No |
|--|-----|----|
| Did you feel you had the opportunity to ask questions? | 13  | 0  |
| Did you have the opportunity to raise concerns?        | 12  | 1  |

## Additional comments from participants:

I think that the focus areas of interest for the workshop were well defined and participants understood the areas of interest and the current position that the project was working with. The table that I was working with although emotionally disappointed with the current state did recognise that what was important was to get the best options for services and progress these as expediently as possible. There was a clear sense of realism and pragmatism in their discussion.

The missing element that was not considered at this time and remains a clear concern for local Community Board Members/ Leaders is the ability to have sec. care close to home i.e. rehab, bed capacity and where this will be available – now not at Oak Park.

Useful workshop. It was interesting to hear some of the concerns from the lay people present around the funding for the project. Some clearly feel disgruntled that the area is not getting a new build and feel that the issue of whether or not the funding is available has been fudged and was passed over at the meeting. They seem to want a much more open and clear debate about the funding and why there is the need to change the original plan.

Workshop was valuable for an update of the proposed changes, although it did feel very rushed at times. Still would like more information about how this will affect Children's Division staff based at Oak Park as not knowing is very unsettling for everybody. Despite this issue, our priority remains to continue to deliver a high standard of care to children and families wherever our base may be in the future.

Financial information not clear.

Appreciate it is difficult to deal with all issues and expectations in a large forum.

Useful to bring people together to network and share information. It worked well on our table.

It would have been helpful to have the handouts available prior to the meeting. I really feel that the opportunity to read them in advance would have been helpful. Sending them by email in the future would be perfectly acceptable with hard copies available at the meeting.

Longer time for audience participation/ questions would offer a better reflection of local concerns. Especially given the fairly high average age of the attendees.

## **Oak Park Stakeholder Workshop – Wednesday 3<sup>rd</sup> February 2010**

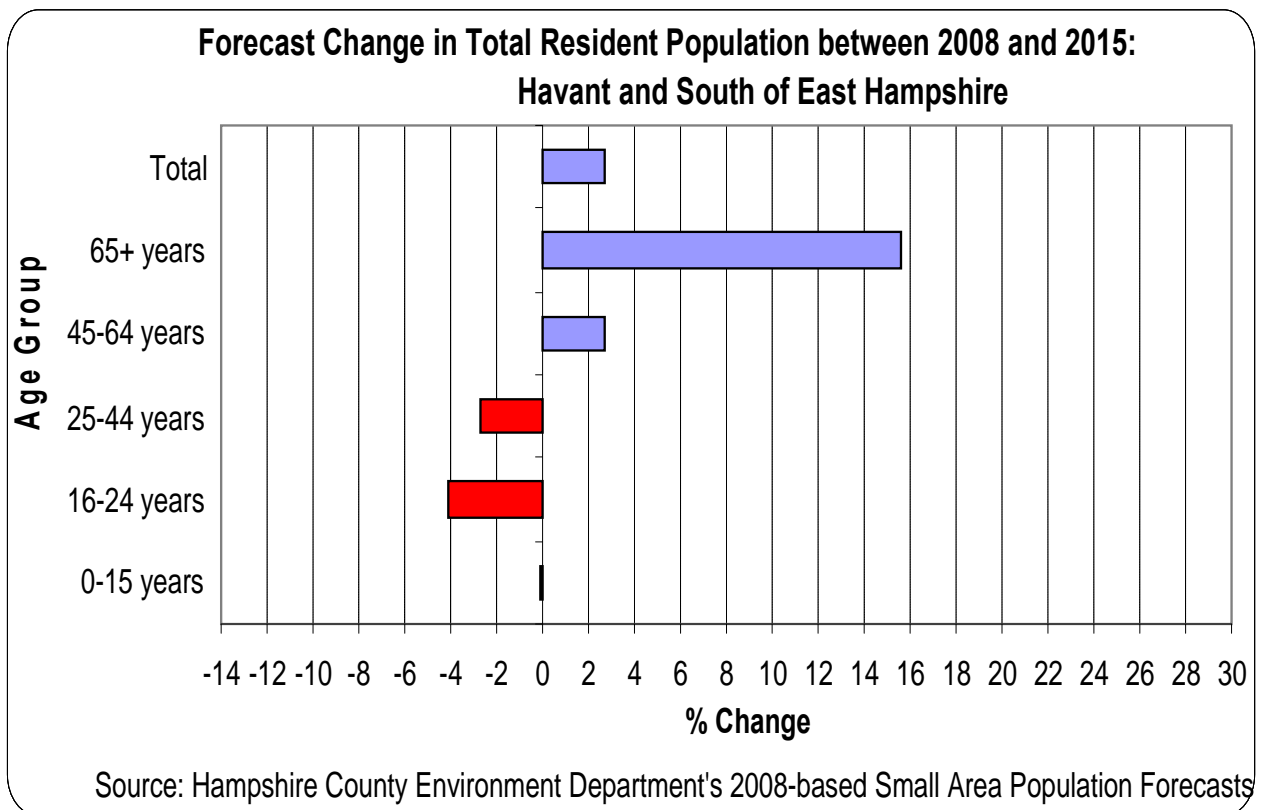
### **Conclusion**

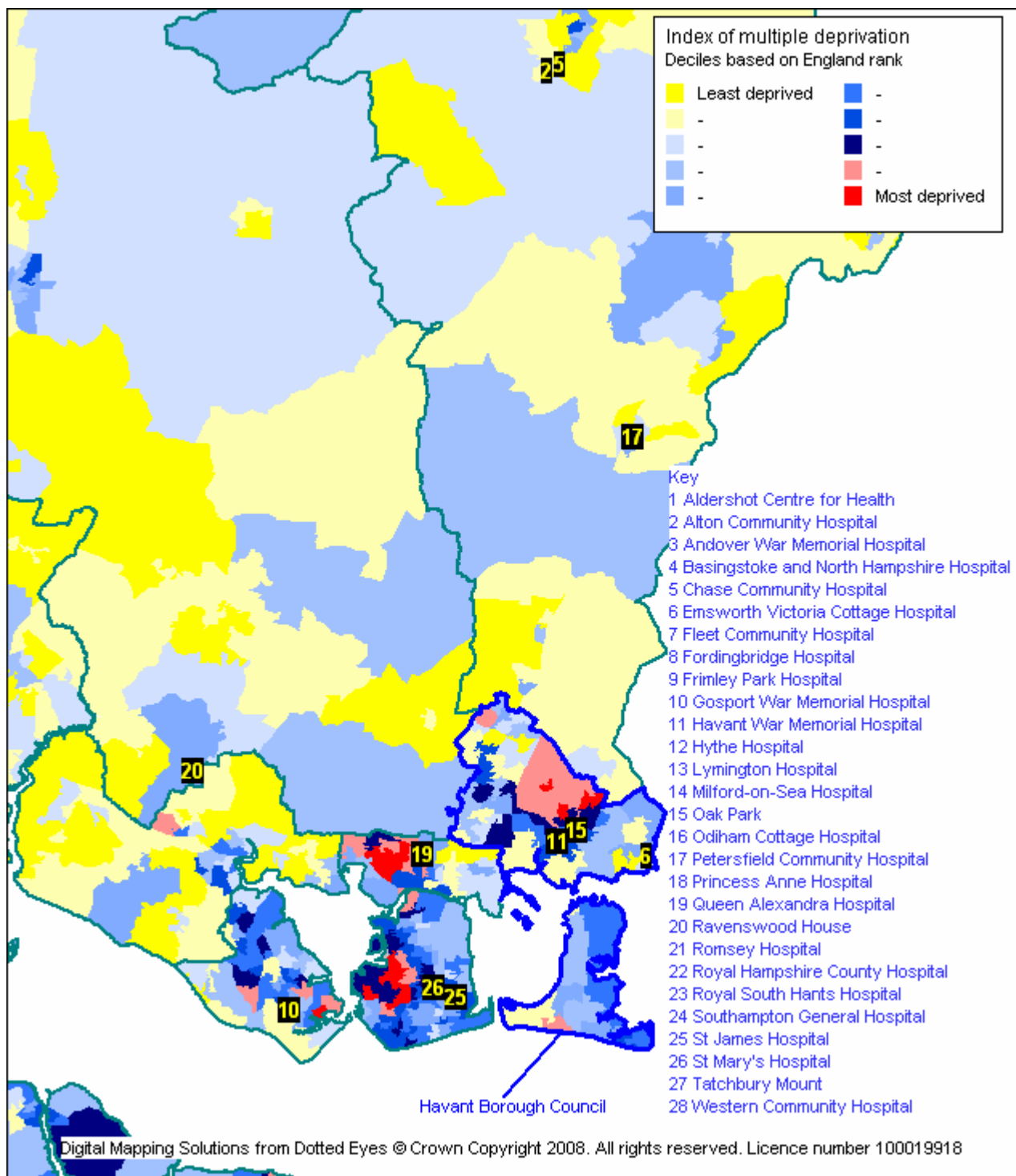
The workshop was productive and participants actively engaged in generating ideas for providing bed based services for older people's mental health and older people rehab. These ideas are being feed into the development of options and illustrate that there are alternative potential ways of delivering the services to meet the needs of Havant area residents.

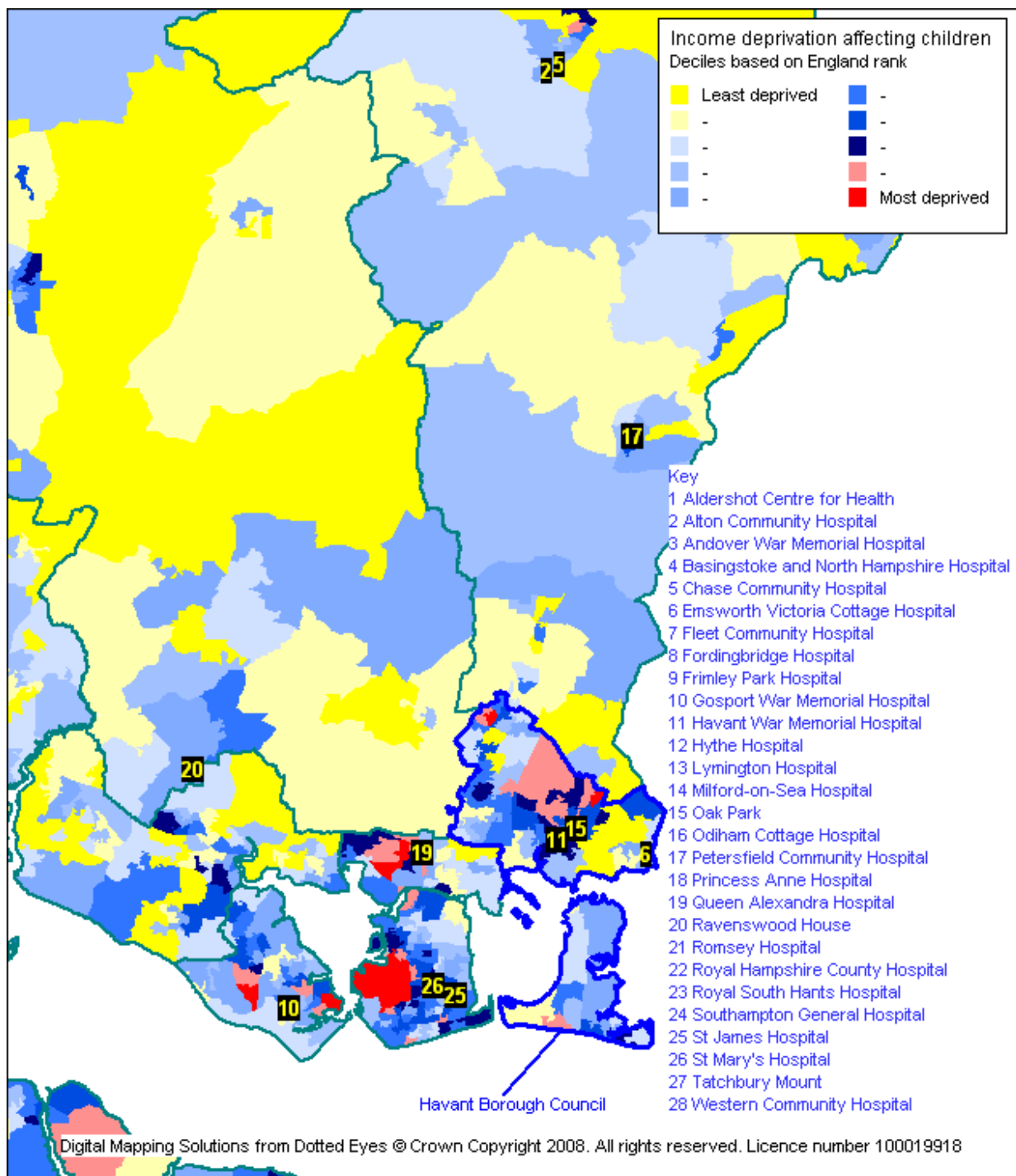
The workshop was generally well received by those attendees who completed the evaluation forms.

A follow up workshop is planned for May 2010.

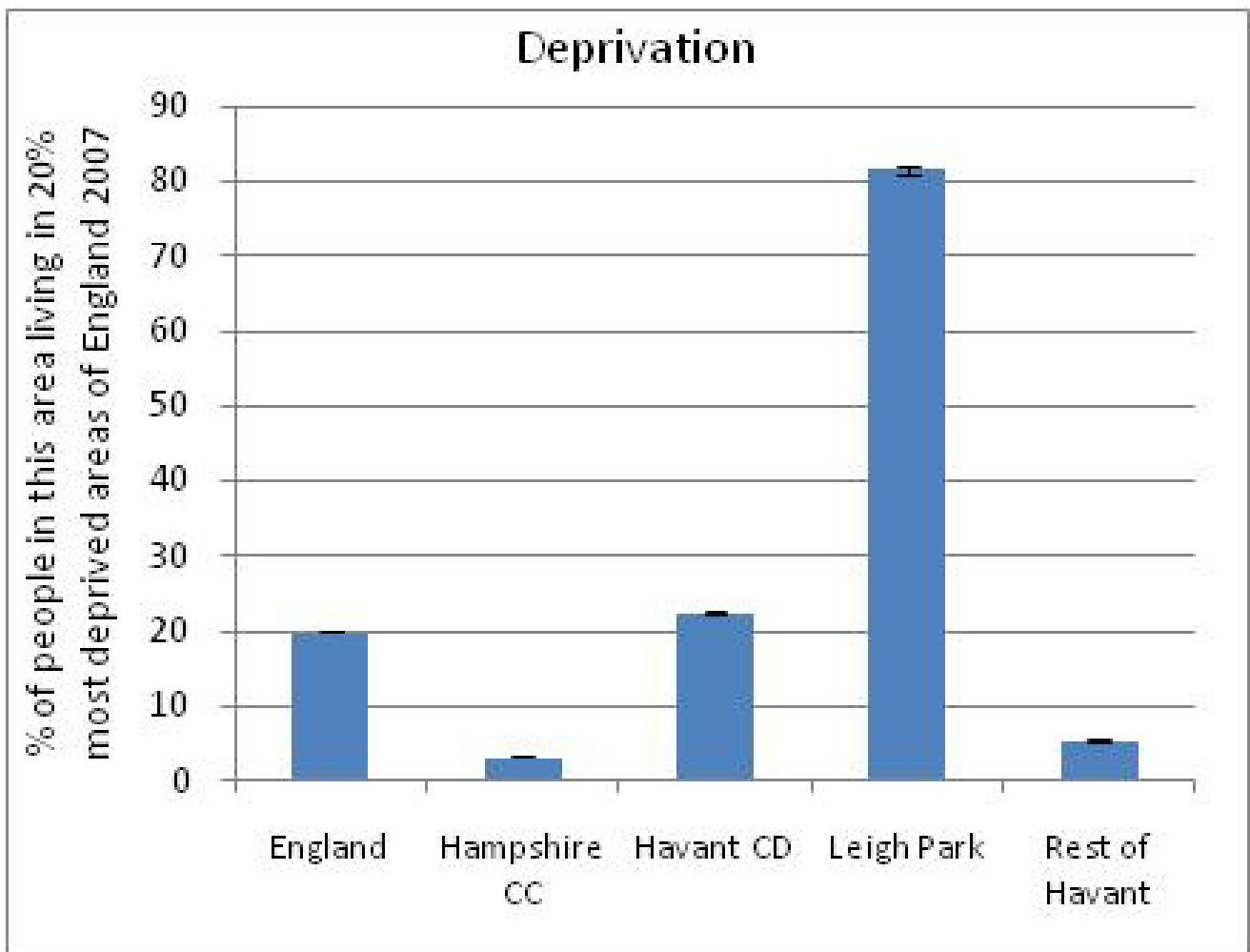
# Population projections Havant and South East Hampshire



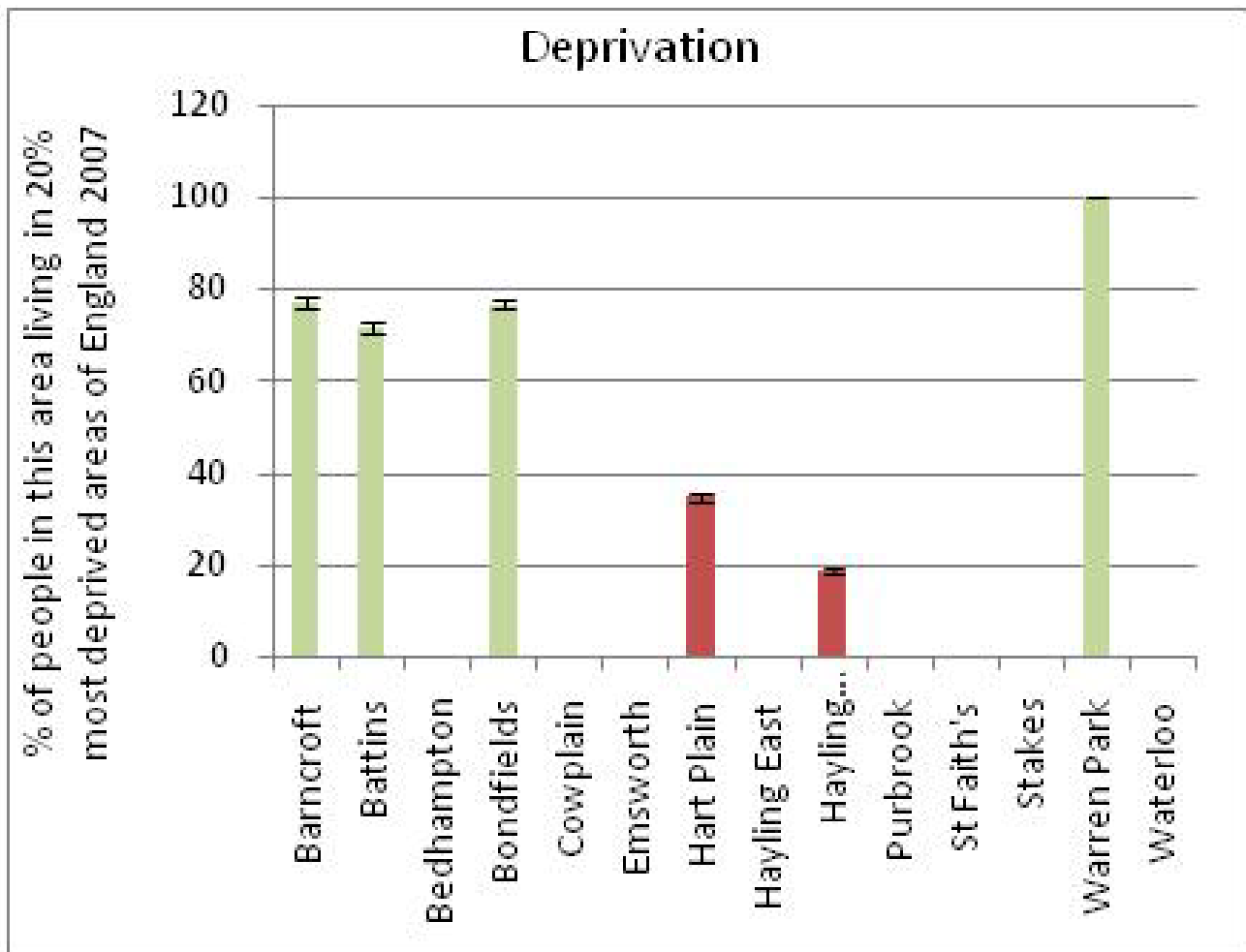




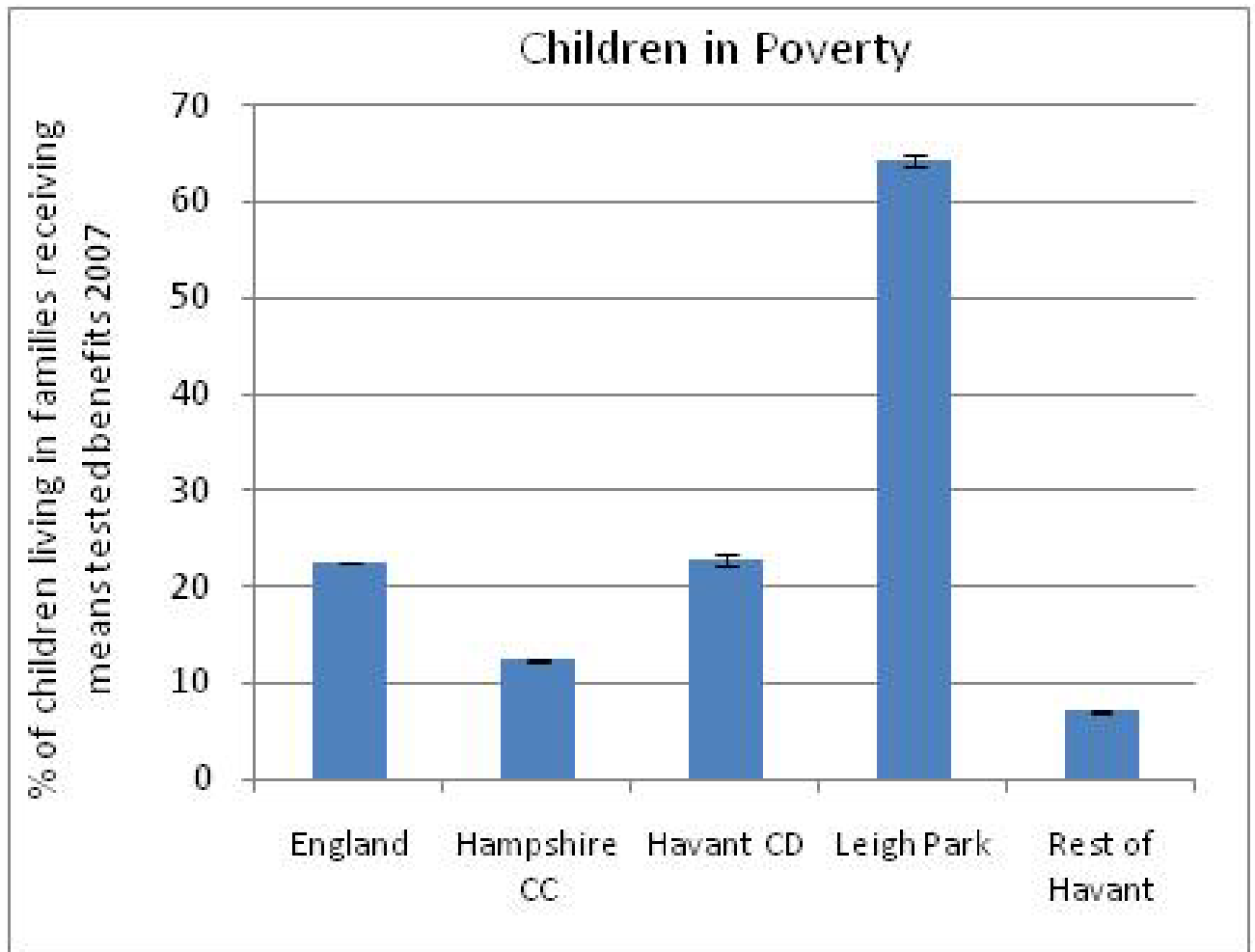
## Deprivation - Havant



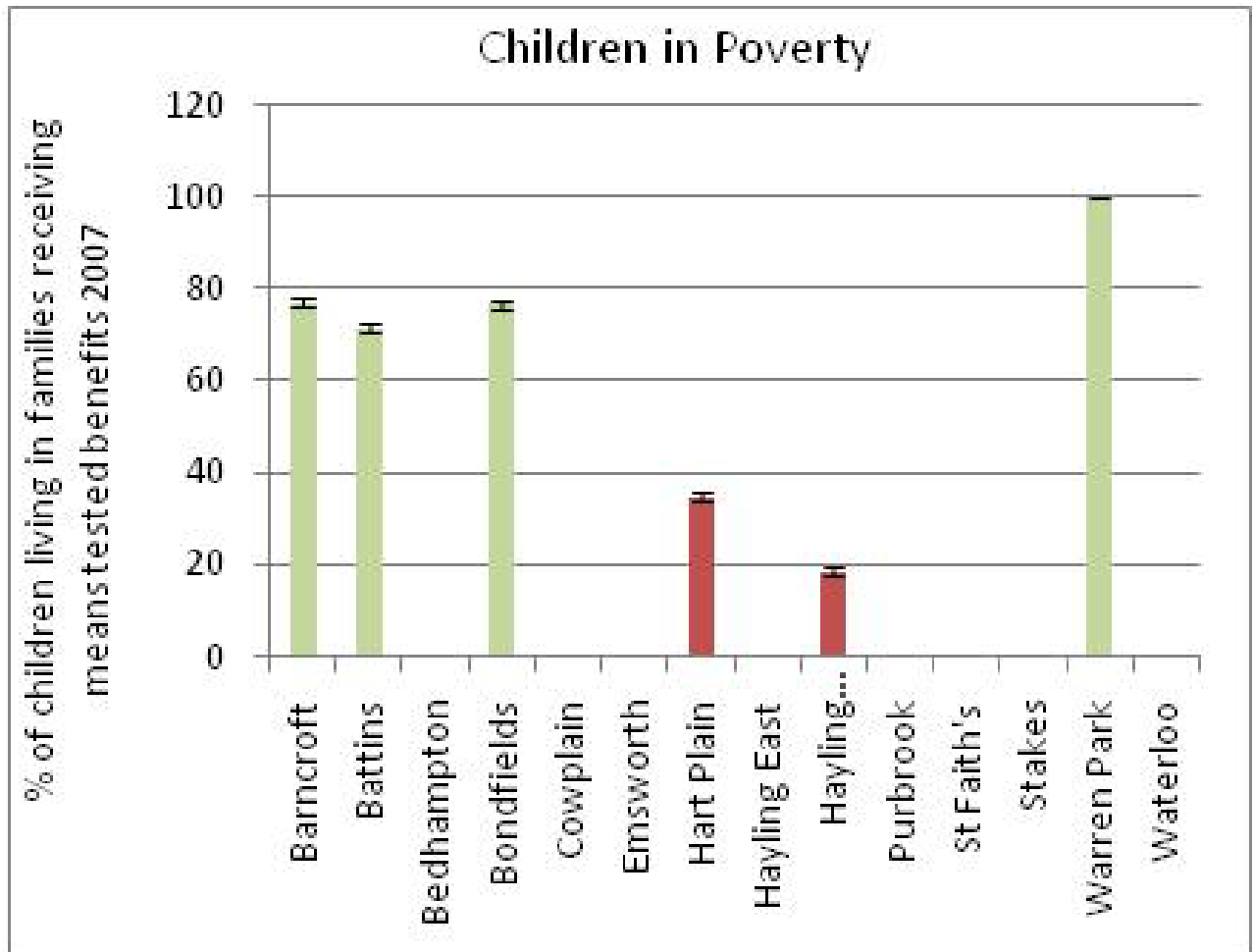
## Deprivation – Havant



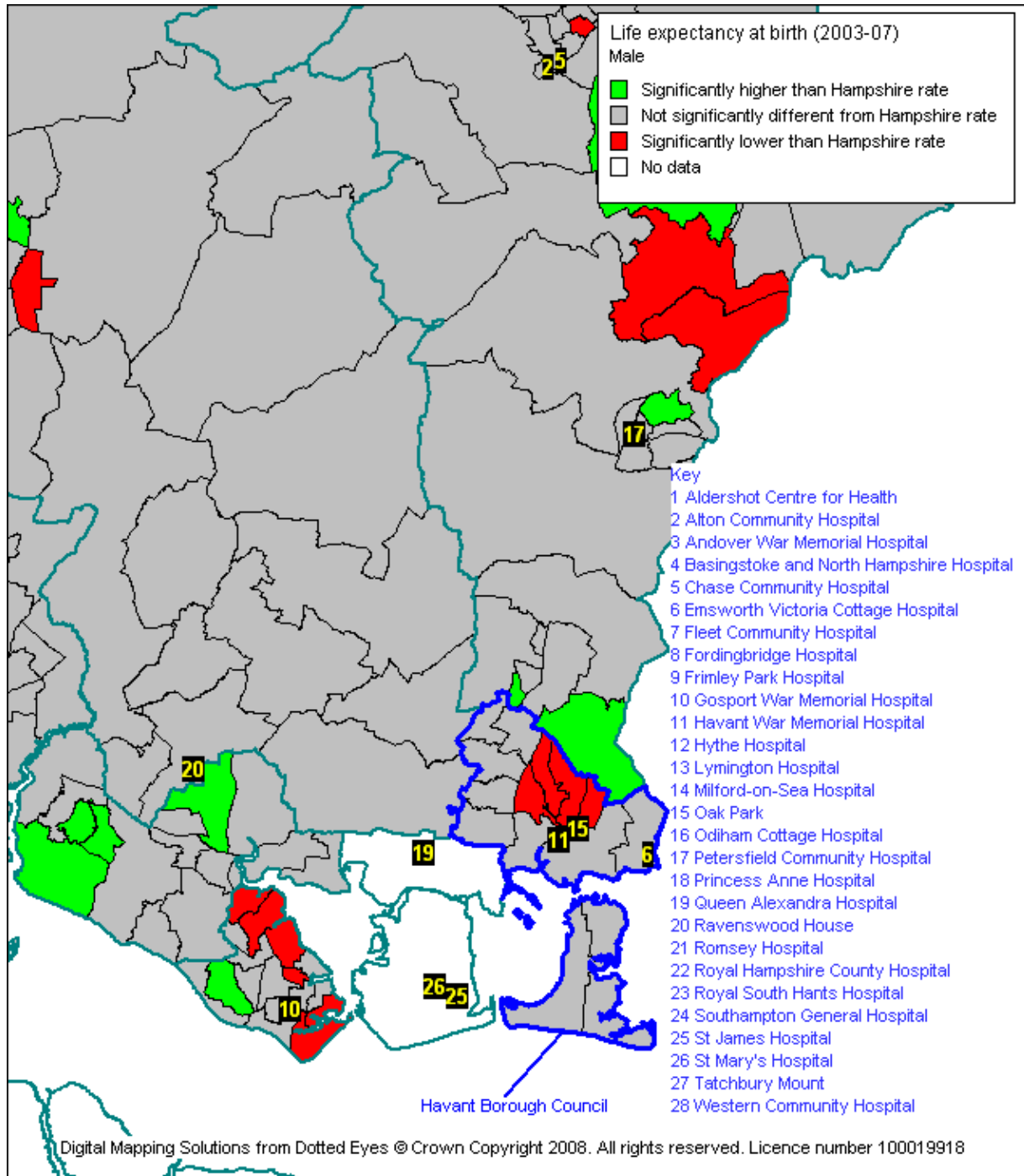
## Children in poverty



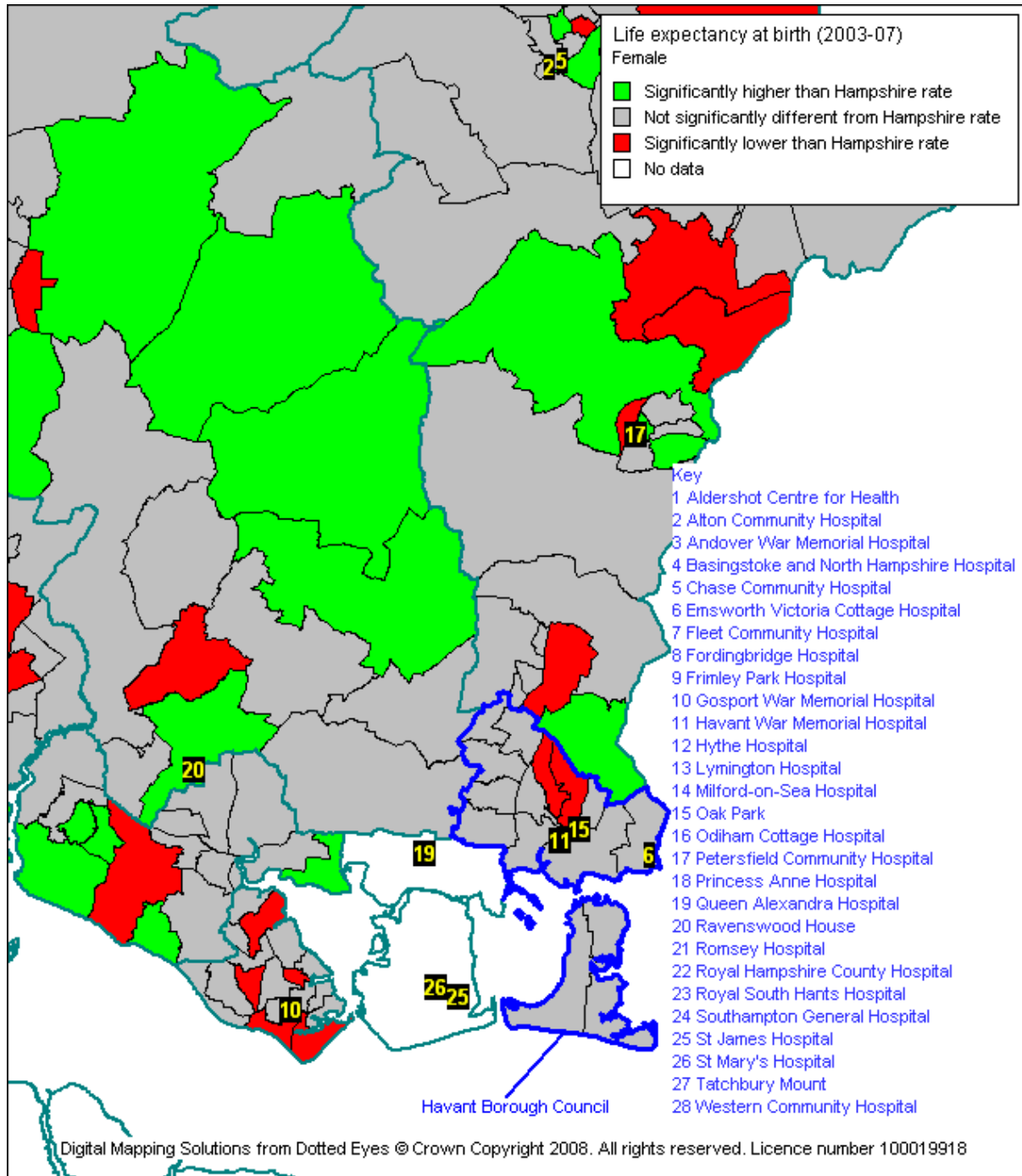
## Children in poverty



## Life expectancy



## Life expectancy



## Health Improvement Initiatives in Havant

### Introduction

NHS Hampshire is the lead agency, or working in partnership with other agencies (particularly the district council) to deliver a number of health improvement initiatives. These initiatives are aimed at improving health and wellbeing in Havant, which has amongst the highest levels of deprivation, and worst health in Hampshire. One of the aims of these initiatives is stop people developing chronic disease as early in their lives, and to reduce elective and non-elective admissions to hospital.

Currently Havant residents have amongst the highest hospital admission rates in Hampshire. The table below shows admission rates for diseases that cause the great majority of deaths both in Havant and nationally. The ranking is based on Havant's position in Hampshire's 11 district councils. A rank of 11 would mean the highest admission rate in Hampshire.

Table: age standardised admission rates per 100,000

| Cause of admission<br>→ | Circulatory                  |                        |                              | Cancer                         | Respiratory      |
|-------------------------|------------------------------|------------------------|------------------------------|--------------------------------|------------------|
|                         | Myocardial infarction (rank) | Stroke over 65s (rank) | Diabetes in 17 years+ (rank) | All cancers in over 65s (rank) | COPD (rank)      |
| Havant                  | 131 (8/11)                   | 170 (10/11)            | 126 (10/11)                  | 2068 (10/11)                   | 139 (joint 7/11) |

Source: Joint Strategic Needs Assessment 2008 (2002/3 to 2006/7) except cancer data from <http://www.southamptonhealth.nhs.uk/publichealth/lhc/hantslhc2008/> (2003/4 to 2007/8)

Bertstein et al<sup>i</sup> identified a “top four” behaviour risk factors; tobacco use, physical inactivity, excessive alcohol consumption, and poor diet; which cause:

- 42% of deaths from leading causes
- 31% of all Disability Adjusted Life Years (DALYs)<sup>ii</sup>

These risk factors are the main focus for health improvement initiatives. To these are added efforts to reduce hospital admissions, improve dental health, and general lifestyle interventions.

## Current initiatives

The list below is not exhaustive, but indicates the scale of health improvement initiatives in Havant.

| Health Improvement Theme | Initiative                                      | Description   | Examples of work supporting initiative  |
|--------------------------|---|---|---|
| Smoking cessation        | Quit 4 Life                                     | Smokers in deprived areas tend to be more addicted and find quitting more difficult. Quit 4 Life is a Hampshire wide smoking cessation service, that has a particular focus on deprived areas. Delivery in GP practices, community pharmacists, community centres, and Sure Start premises.               | Quit 4 Life café being developed in Greywell Precinct in Leigh Park. Joint venture with district council. |
|                          |   |   | Smoke Free Task Force aims to improve delivery. It is lead by council, but has NHS representation.        |
|                          |   |   | Mobile clinic sessions in community settings.   |
|                          |   |   | Promotion of No Smoking Day in major local supermarkets   |
| Alcohol reduction        | Hampshire Alcohol Brief Interventions Service   | Havant men have the second highest rate of deaths attributable to alcohol (11.7 deaths per 100,000). Referrals come from police and probation services.   | Referrals from Waterlooville Police Station.  |
|                          | Orion Centre                                    | The service is aimed at harmful drinkers, and substance misusers. It is delivered by Portsmouth PCT. Interventions include group work and detox.  | Orion Centre is based in Leigh Park.  |
| Vascular disease risk    | Cardiovascular Disease Locally Enhanced Service | GP led service to review vascular risk of patients, and then manage that risk downwards. Interventions include lifestyle modification, such as weight management, and medication, such as statins. The pilot has now ended, and learning will support the development of Health Checks (see next section) | Supply GPs with Oberoi software to identify potentially high risk patients                                |
|                          |   |   | Extra payments to GPs in Havant to encourage involvement  |

| Health Improvement Theme      | Initiative   | Description   | Examples of work supporting initiative  |
|-------------------------------|--|---|---|
| Weight management             | Weight loss groups   | Service developed for people finding it difficult to loose weight. Provided by Slimming World and Weight Watchers                       | GP referral.  |
|                               | “Cook and Eat” Programme   | Targeted at schools and communities. The programme aims to increase fruit and vegetable intake, with children and adults participating. | “Healthy Weight” coordinator in Havant and Gosport. Using social marketing, and linking with national Change 4 Life campaign. |
|                               | GP exercise referral programme   | GPs in Havant area can refer patients to exercise classes at the Park Community School in Leigh Park.                                   | Initiative will support Health Checks when these are introduced.  |
|                               | Promotion of healthy weight in children  | In 2007/8 Havant had the highest proportion of overweight children in Hampshire in Year 7 (35.5%).                                      | Engagement with Healthy Schools initiative, and feedback to parents on the weight of their children                           |
|                               |  |   | MEND delivery groups. An initiative where obese younger people can exercise, and improve their diet.                          |
| Breast feeding support groups | Breast feeding is associated with less problems with weight gain in later life. PCT is commissioning support groups, additional activity by health visitors, and work with Children’s Centres. | Breast Feeding Strategy: baby friendly WHO standard initiative. Developing breast feeding support services.                             |   |

|                              |                                      |   |   |
|------------------------------|--------------------------------------|---|---|
|                              | Walking to Health                    | This programme is led by the district council, but supported by the PCT. It is a free scheme suitable for beginners to experienced walkers aimed at encouraging more physical activity. Increases social interaction too. |   |
|                              | Adult weight management programmes   | Training and development programme for primary care staff to support patients with weight management issues.  |   |
| Reducing hospital admissions | Falls Prevention Pathway Development | Integrated falls prevention care pathway developed in 08/09. Developing referral links between community health, and Local Authority's Homecheck programme.   | "Chairobic" seated exercise for older people.   |
| Dental Public Health         | Dental Oral Health Promotion service | Saving Smiles project in 11 schools involved which have identified through national survey as having poor dental health.  | 1,831 children brushing daily in school.<br>700 families of Year R children contacted each year<br>301 children identified as needing dental check up.<br>Referred through central system |

| Health Improvement Theme | Initiative                             | Description   | Examples of work supporting initiative  |
|--------------------------|--|---|---|
| General lifestyle        | Health Trainers                        | There are 2 part time Health Trainers who are members of the deprived communities they serve. They talk to groups in the community, raise awareness through local media (e.g. "Serving You" district council magazine). The aim to encourage 1:1 motivational discussions (including the encouragement of physical activity). | Referral on to other health improvement services.<br>Alcohol awareness training<br>Pedometers to encourage more walking |
|                          | Healthy Schools Scheme                 | High numbers of local schools involved. Scheme aims to encourage healthy lifestyles in young people.  |   |
|                          | The Health Place                       | A school based health centre in Staunton Park School. A holistic approach is taken to improving health  | Preventing teenage pregnancy  |
|                          | Increasing childhood vaccination rates | Health Protection Manager is visiting Sure Start Centres to encourage vaccination uptake. Performance data being provided to GPs, allows comparison of vaccination performance against peers.   |   |

## Future initiatives

| Health Improvement Theme | Initiative   | Description  | Examples of work supporting initiative   |
|--------------------------|--|--|--|
| Vascular disease risk    | NHS Health Checks  | 1:1 risk assessment for: heart disease, stroke, diabetes, and chronic kidney disease. The programme will aim to identify people with pre-symptomatic disease, and reduce the risk of disease in high risk patients. Interventions will be based in lifestyle improvements, and where necessary medication. | Vascular Prevention Programme Coordinator being appointed by the PCT to encourage GPs and pharmacies to get involved in Health Checks. |
| Weight management        | Specialised services for people with persistent weight problems. | Specialised services to reduce impact of obesity on health (some participants will already have co-morbidities). An aim of the service will be to reduce the need for surgical intervention (and therefore referrals to the acute sector).   | PCT currently working on procurement strategy.   |
|                          | Counterweight  | Evidence based weight management intervention. Instead of group intervention users have 1:1 counselling. Interventions likely to be targeted in large Havant GP practice.  | Initiative will be piloted in 1 GP practice in each of the Vascular Inequalities areas (Havant, Gosport, and Rushmoor)                 |

<sup>i</sup> Bernstein H, Cosford P, Williams A. Enabling effective delivery of health and wellbeing: an independent report. February 2010.  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_111692](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111692) Accessed 5.3.10

<sup>ii</sup> World Health Organization Regional Office for Europe. The European health report 2005: public health action for healthier children and populations. Copenhagen World Health Organization Regional Office for Europe; 2005. Cited in Bernstein H et al.