

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health Overview and Scrutiny Committee
Date of Meeting:	18 May 2010
Report Title:	Proposals to Develop or Vary NHS Services
Report From:	Chief Executive

Contact name: Denise Holden

Tel: Ext 7338

Email denise.holden@hants.gov.uk

1. Summary and Purpose

- 1.1. The purpose of this report is to alert Members to proposals from the NHS to vary or develop health services provided to people living in the area of the Committee.
- 1.2. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.
- 1.3. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services agreed by the Hampshire, Isle of Wight, Portsmouth and Southampton Joint Committee in 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 letter sent by the Chairman to the SHA following the discussion at the last meeting is attached at [Appendix One](#). It is expected that the response from the SHA will be available to be tabled at the meeting on 18 May 2010.
 - 2.2. No further information has been received about progress with the Judicial Review challenge to the SHA.

Recommendations

- 2.3. Members are kept briefed on progress with the Judicial Review.
- 2.4. That, any further action required further to the receipt of the response from the SHA is agreed.

Items for Action

3. **Hampshire Partnership NHS Foundation Trust: Proposals to modernise adult mental health rehabilitation and psychiatric intensive care.**
 - 3.1. Further to the discussion at the last meeting Hampshire Partnership will provide the HOSC with an update on the further engagement and involvement activities that have taken place and the plans for consulting with local people and the HOSC.

Recommendation

- 3.2. That the HOSC confirms if it is satisfied:
 - The further engagement undertaken by the Trust.
 - The plans for proceeding to formal consultation
4. **NHS Hampshire: Proposals to cease the development of Oak Park Hospital**
 - 4.1. Correspondence is continuing to be exchanged with NHS Hampshire about the concerns that members have expressed about the viability of the options for re-providing the services planned for Oak Park Community Hospital in the Havant area. The most recent letter from

the Chairman to NHS Hampshire and their response is attached at Appendices [Two](#) and [Three](#) respectively.

- 4.2. The position set out by the HOSC at the last meeting has not changed and is set out below.
 - Should the plans to cease the development of Oak Park Hospital proceed this **would** constitute a substantial service change
 - Members are **not** satisfied that there are viable options for the full range of care planned to meet the health needs of this highly vulnerable population
 - The lack of coherence in the presentation of the options to date means that the HOSC is **not** convinced that they are in the interests of the community affected.
- 4.3. A further meeting of the Oak Park Panel took place on the 10 May and a verbal up-date on this will be provided at the meeting. The information provided by NHS Hampshire for this meeting is attached at [Appendix Four](#).
- 4.4. Members have acknowledged some progress with identifying alternative provision of ambulatory care although there are significant issues relating to the ambitious timelines for getting these services up and running.
- 4.5. There remains particular concern about inpatient services (both Older People's Mental Health and 'step up/down') and the MIU that will not begin to be addressed until the PCT Board meeting in September. This means that some 18 months after the initial decision to cease work on the community hospital it is still not possible to know how long it would be before the full range of services will be up and running. The current plans for ambulatory care would not come to fruition until 4 years after the decision not to proceed with the community hospital.
- 4.6. Additionally whilst opportunities for partnership working in relation to the provision of locally based beds are welcome these remain very tentative. The position of Hampshire Adult Services is clearly set out in the notes of the last HOSC meeting and the HOSC is not aware of any further progress since then. At present it remains the case that there is no viable or timely alternative to the inpatient care planned for Oak Park Community Hospital.
- 4.7. Other issues raised by members include:
 - Plans to locate diagnostics at the Children's Centre mean that only outpatients could take full advantage of the services that

were planned at the Oak Park Community Hospital. It is not clear what implications this may have for inpatients.

- Discussions with stakeholders in relation to MIU refers simply to cuts sprains and bruises – members have repeatedly highlighted that this service needs to be considered in the context of how this population actually uses the range of OOH and unscheduled care, as well as the problems associated with the definition of MIU.
- Options for inpatient provision include QA, St Mary’s and Petersfield Hospitals although the original business case excludes these in preference of local provision.
- There is an assumption about the suitability of keeping Havant War Memorial Hospital open, but no indication of what would be necessary to ensure the environment in which care is provided is fit for purpose.

Recommendation

4.8. Members confirm if they are satisfied with:

- The next steps in this process proposed by NHS Hampshire .
- The viability of the alternative service provision envisaged for outpatients, inpatient and minor injuries should Oak Park Community Hospital not proceed.
- That the way forward proposed by NHS is in the interests of the population affected.

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