

Appendix Two: Letter from HOSC to NHS Hampshire – 12 April 2010.

Proposals to cease the development of Oak Park Community Hospital

I am writing further to our HOSC meeting on 30 March 2010 at which there was a lengthy discussion about progress with plans to identify alternative models of health service provision in the Havant area. This built on the informal meeting that our Panel had with NHS Hampshire in February, which provided an excellent opportunity to discuss progress.

Although NHS Hampshire is undertaking a significant amount work Members remain concerned about the lack of clarity about viable alternatives to the services planned for the Oak Park Community Hospital in the Havant area. Planning assumptions seem to be constantly changing and Members do not have a sense that there is a coherent approach to providing the full range of services expected by local people. The timelines that are being suggested in discussions introduce very real uncertainties and risks partly because different messages are being picked up by different audiences - the different views about progress with plans for Hampshire Adult Services to provide local beds being a case in point.

Whilst there seems to be some progress with identifying alternative provision of ambulatory care we have particular concerns about inpatient services (both Older People's Mental Health and 'step up/down') and the MIU that would not begin to be addressed until your Board meeting in September. This will mean that some 18 months after the initial decision to cease work on the community hospital we will still not know how long it would be before these services are up and running. Even the current plans for ambulatory care would not come to fruition until 4 years after the decision not to proceed with the community hospital.

I think we all appreciate that this population has specific health needs and a strong business case had been made in the original plans to meet these needs, which have not changed. Our understanding is that further work needs to be done in the following areas to inform your proposals:

- Further needs assessment and current preventative/community based services providing support to people living in the area
- The contribution from primary care/GPs to supporting the possible models of care
- Inpatient services and current patterns of acute admissions (including avoidable admissions)
- MIU and options associated with unscheduled/OOH services, including current patterns of activity using existing facilities and A&E
- Work with partners including Hampshire Adult Services and Hampshire Partnership
- Action to build public confidence and support for the proposed way forward.

If it is helpful for the Panel to meet to better understand how you are taking forward this work then we would be pleased to do this. I cannot however overstate the importance of ensuring that there is a clear picture of health services in the Havant area that is integrated, coherent and able to meet the needs of this population.

At our meeting we considered carefully the option of referring this matter to the Secretary of State for Health – an action we do not take lightly. Members were clear that they were not satisfied that viable alternatives were emerging with regard to inpatients and minor injuries should Oak Park not proceed. Plans for re-providing outpatient services are clearer but still require considerable work.

We welcome suggestions that there are opportunities for work with HCC Adult Services to support the provision of local beds for this population but would like to see some clear and realistic proposals. Your confirmation that further intensive work was taking place to address these issues, together with the additional contribution planned by the LINK resulted in the decision being taken to defer any referral to the Secretary of State until there was greater clarity about progress. We will however expect a formal up-date on progress at each of our HOSC meetings until September and arrangements made for our Panel to receive the additional information outlined above.