Agenda Item 7

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health Overview and Scrutiny Committee
Date of Meeting:	27 September 2011
Report Title:	Proposals to Develop or Vary NHS Services
Report From:	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 November 2010. This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006 and takes account of key criteria for service reconfiguration identified by the Department of Health. The 'Framework' can be found on the website at http://www3.hants.gov.uk/scrutinyfallsframework.pdf

1.4. This Report is presented to the Committee in 2 parts:

- *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.

- *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

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 Action

2. **NHS Hampshire: Access to therapy for children with a special educational need.**

2.1. The Director of Public Health will provide Members with an update on progress with the implementation of the recommendations arising from the HOSC review of these services.

2.2. Following the recommendations in the report that came to the HOSC in July 2010 and the subsequent response by the Child Health Joint Commissioning Board, Members will anticipate that the following progress will be reported at the meeting:

- Completion of an integrated strategy that has been jointly developed and signed off by all relevant parties
- Development of a Child Health Services Redesign Programme including its associated draft timetable and action plan
- Tangible, demonstrable change for the better concerning support for parents in terms of negotiating the 'system' and getting meaningful, timely responses to their questions.
- The provision of a named 'lead professional' for parents as a knowledgeable guide in negotiating the system
- The potential for the South East 7 initiative for improving the options available to parents.

2.3. An update on progress from the Director of Public Health, the original recommendations and possible follow-up questions can be found at Appendix One, page 7

Recommendation

2.4. Members confirm any additional information they require in relation to the planned improvements in SEN services.

3. **NHS Hampshire: Prevention and management of falls in the over 65 population**

3.1. The Director of Public Health will provide members with an update on the action taken in response to the recommendations arising from the HOSC review of these services.

3.2. Following the recommendations in the report that came to the HOSC in March 2011 and the subsequent joint response from NHS Hampshire and Adult Services, Members will anticipate that the following progress will be reported at the meeting:

- Clarity in allocating the responsibility and resources by the now SHIP PCT and Adult Services for taking forward the integrated planning and commissioning for falls and falls prevention services
- Development of an integrated strategy for falls and bone health that demonstrably conforms to the Department of Health model of a 'good strategy' for falls, clearly benefits from data about actual demands on services and real local needs, including knowledge provided by service providers.
- Development of service specifications and patient/care pathways that recognise the need for handover protocols and for removing or resolving blocks/difficulties in the current system.
- Development of practical and achievable processes to improve data and information flows about demand and to facilitate efficient, effective use of patient/care pathways.
- Development or improvement of processes to support effective commissioning, management and reporting.

3.3. An update on progress from the Director of Public Health, the original recommendations and possible follow-up questions can be found at Appendix Two, page 20

Recommendation

3.4. Members confirm any additional information they require in relation to the implementations of the recommendations arising from the HOSC's review.

4. **National Specialist Commissioning Board: Consultation on the Configuration of Children's Heart Surgery Services.**

4.1. The HOSC has until 5 October 2011 to make its final comments in relation to the proposals for reconfiguring these services. A draft response for consideration by Members is attached at Appendix Three page 26, this draws out the key lines of inquiry considered by the Member Panel convened to look at this matter in more detail.

4.2. The responses to public consultation have now been published and the Safe and Sustainable team has confirmed that paediatric intensive care retrieval from the Isle of Wight will not meet the required standards if the teams have to travel from either Bristol or London.

4.3. The national team leading this work have confirmed that additional information will be sent to the HOSC in relation to current patient flows. It is expected that the Joint Committee of PCTs will make its final decision later this year.

4.4. If the HOSC is not satisfied that this decision is in the interests of the population affected then the option remains for this matter to be referred to the Secretary of State for Health.

Recommendations

4.5. That the HOSC approves the response to the national PCT Committee

4.6. That the Panel, working with other HOSCs as appropriate, continues to oversee the response of the national team to the questions raised by this Committee.

Items for Information

5. **South Central SHA: Consultation on proposals to fluoridate drinking water in Southampton and South West Hampshire**

5.1. Further correspondence to the SHA and Southern Water on this matter are attached at Appendices Four and Five, pages 31 & 32 respectively.

Recommendation

5.2. Members are apprised of the response of the SHA and Southern Water when these are available.

6. **NHS SHIP Cluster: Review of Stroke, Major Trauma and Vascular Services.**

6.1. NHS Commissioners published an engagement document relating to each of these services. This has previously been circulated electronically to members.

6.2. There is a substantial body of clinical evidence available to support the centralisation of all three services and a significant amount of work has been done to improve patients pathways. It is not clear how the changes outlined would affect current care pathways. The engagement document needs further work if this is to be adequately addressed.

6.3. A number of questions have been raised with the SHA and SHIP cluster PCT about the content of the engagement document, including who is providing the clinical leadership for this work and how the networks described will function. The response of the SHIP cluster PCTs to these questions is attached at Appendix Six, page 33: this includes a commitment to public consultation on the vascular service reconfiguration.

6.4. The engagement document also refers to Major Trauma services. The reason for this is not clear as this service change was considered at a meeting of the South Central HOSCs in July 2010. This was confirmed in writing. At that time the HOSCs noted the strength of the clinical evidence supporting the proposal and agreed the change would directly benefit patients: as such it was not considered a substantial service change.

6.5. There have been specific concerns raised by stakeholders in the Portsmouth area about the impact of the changes to vascular services on other specialist services provided by the Trust. The document does not address these concerns and contains no firm proposals in terms of the options for configuring these services. It is not therefore possible for Members to come to a view about the nature of any changes proposed.

6.6. A letter from the shadow governors at Portsmouth Hospitals calling for public consultation has been shared electronically with Members and will be circulated at the meeting.

Recommendations

6.7. The HOSC responds to the engagement document setting out its expectations in terms of additional information required and appropriate clinical leadership for each service area agreed within the SHIP cluster.

6.8. The HOSC is provided with clear information about the proposals for the configuration of vascular services, based on the available clinical evidence. This shall include information about the impact of any changes on other clinical services provided by the Trusts affected and will be aligned across SHA boundaries as appropriate. On receipt of this information the HOSC will be in a position to ascertain if the changes proposed in relation to vascular services are substantial in nature.

6.9. The SHIP cluster confirms the process for taking forward the changes proposed in relation to stroke services and how this will affect current patients pathways. This will enable the HOSC to determine if the change is substantial in nature.

6.10. The HOSC notes confirmation from the SHIP cluster that the configuration of Major Trauma services is as discussed at the joint South Central HOSC last July and supports the decision that this is not a substantial service change.

6.11. The Committee works as appropriate with other HOSCs in responding to these proposals.

7. **NHS Hampshire: Development of the Oak Park campus- update on progress.**

7.1. NHSH has provided an update on progress with this initiative at Appendix Seven page 36 This highlights next steps in implementing the model of care agreed with members with particular emphasis on ambulatory and interim arrangements for inpatient care in the area.

Recommendation

7.2. That NHSH attends the HOSC in March 2012 to provide a further update on progress with this work.

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: Update on progress and indicative follow-up questions for the review on 'Access to therapy for children with a special educational need' and the review on the 'Prevention and management of falls in the over 65 population'

Committee:	Health Overview and Scrutiny Committee
Date:	27 September 2011
Title:	Update with regard to Joint Review of Children's Therapy Services
Reference:	
Report From:	*Hampshire Joint Child Health Commissioning Board*

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Purpose of Report

To update the committee on progress to date on children's therapy services.

To inform the committee of the details and timescales of the work currently being undertaken in order to develop a sustainable service delivery model.

Contextual Information

The Children's Therapies issues in Hampshire are well established and have been the subject of numerous reviews, in particular a NHS commissioned review in 2008 and a HOSC commissioned review in 2010.

The issues identified previously around equity of access, the complexity and historic commissioning arrangements remain unchanged. Given the complexity of current service arrangements, the Joint Child Health Commissioning Board agreed that dedicated project support was required to ensure project delivery.

Progress to date

Agreement to the appointment of a Joint Commissioning Officer made in January 2011 and appointment made in June 2011.

From June to September the focus has been on research activity and the development of a detailed project plan.

An agreed action plan for phase one of delivery and recommendations on action to be undertaken in phase two.

Way forward

Complete phase one project deliverables

Develop communication strategy, with engagement plan with key stakeholders (including HOSC) by January 2012.

Use phase one report to inform 2012/13 therapy commissioning strategy and therapy procurement and service specifications for 2012/13.

Project Plan: Phase One

Aim	Actions	Milestone	Outcome	Timescale for delivery	Lead
The current (and future) demand and capacity of therapy services is understood and informs the therapy commissioning strategy for 2012/13. New models of service delivery described.	1.Undertake a health needs assessment to identify current population need for therapy services.	Health needs assessment document completed.	Population need informs therapy commissioning strategy. Informs 2012/13 therapy procurement and service specification.	Nov 2011	Dr Marie Claire Lobo
	2.Map current provision of therapy in special schools and mainstream schools with specialist provision, including type of therapist, employing organisation, therapy offer.	Baseline report of current therapy offer in schools.	Current provision informs therapy commissioning strategy 2012/13. Informs 2012/13 therapy procurement and service specification.	October 2011	Suzanne Dobson (SD)/HCC SEN
	3.Scope and analyse the changing demands on SEN schools provision, particularly children with the most complex health needs to	Gaps and pressure analysis paper completed.	Service pressures or gaps are identified – addressed in commissioning strategy, procurement.	Nov 2011	SD/HCC SEN

Aim	Actions	Milestone	Outcome	Timescale for delivery	Lead
	assess schools or geographical areas under pressure due to epidemiological changes or changing service demands.		Current NHS provision is understood and informs commissioning strategy. Reported to internal NHS governance systems.		
	4.Financial, procurement and performance analysis of current service provision of NHS therapy services, which will include review of current service specifications, activity monitoring, spend and outcomes.	Current procurement and service delivery models paper.		Dec 2011	SD/NHS contract leads/TMA
	5.Benchmark current NHS therapy performance and spend with statistical neighbour and SHIP PCTs.	NHS therapy service benchmarking exercise completed.	NHS Hampshire performance used to inform therapy commissioning strategy. Reported to internal NHS governance systems.	Dec 2011	SD/SHIP commissioners

Aim	Actions	Milestone	Outcome	Timescale for delivery	Lead
	6.Evaluate the current therapy provision within schools that is purchased by the schools and describe the purchasing rationale.	School provision reported.	Inform strategic therapy commissioning intentions.	Nov 2011	SD/School leads
Therapy services are commissioned using the agreed principles and values of the Joint Child Health Commissioning Board:- • Evidence based approach • Focus on quality and continuous improvement • Equity • Responsiveness • Engagement with children, young people and their families.	Evaluate the complaints received by Hampshire County Council and NHS Hampshire with regard to specialist therapies within the last two years. Evaluate the education tribunals within the last 2 years where therapy and or child health needs was an identified issue. Discussion with NHS quality teams to scope potential for rapid quality review with families and children of NHS therapy services.	Report describing quality issues with therapy services	Informs therapy service specification quality KPIs for 2012/13	October 2011	SD/complaints leads NHS Hampshire/ HCC
Hampshire's therapy	• Undertake an analysis of	Commissioning tools	Evidence based	Nov 2011	SD

Aim	Actions	Milestone	Outcome	Timescale for delivery	Lead
services compare favourably to services offered in other local authority and health systems.	available therapy commissioning tools.	understood and identified.	commissioning tools inform service procurement for 2012/2013.		
	• Where the therapy tools exist, apply them to Hampshire.	Hampshire's current capacity to respond to therapy needs is understood.	Evidence based commissioning tools inform service procurement for 2012/2013.	Dec 2011	SD
	• Benchmark Hampshire SEN therapy provision with SHIP PCT and one statistical comparators.	NHS therapy service benchmarking exercise completed.	Informs future commissioning specifications and strategy.	Dec 2011	SD
	• Undertake a review of integrated commissioning models particularly where specialist therapies have been commissioned.	Scope opportunities for innovative models for service delivery.	Informs future commissioning specifications and strategy.	Dec 2011	SD
	• Establish contact with the government's	Paper outlining current policy and consensus views on procurement of	Finding of national policy directions to		

Aim	Actions	Milestone	Outcome	Timescale for delivery	Lead
	communication champion to solicit necessary expert and consensus opinions around commissioning of therapy services. • Identify and review service specifications for children's therapies for NHS Hampshire and other PCTs. • Participate in the South East Commissioning Sub Group on speech and language therapies.	therapy services. Paper outline of current specification and its fitness for purpose. Update to the JCHB	inform JCHCB partnership work on therapies. Revised therapy specification to be used in procurement in 2012/13. Informs commissioning intentions for 2012/13	Nov 2011 Feb 2011 Jan 2011	SD SD SD
Strategic stakeholders, young people and families and professional leads will understand the outcomes and forward	• Development of a therapy communication strategy, which will include engagement strategies in place with relevant	Communication strategy – agreed by NHS Hampshire and HCC comms leads.	Informs future commissioning intentions.	Nov 2011	SD

Aim	Actions	Milestone	Outcome	Timescale for delivery	Lead
plans of the therapy review.	providers, CYP and other strategic stakeholders. • Establish a project board to include lead programme managers, project manager, public health consultant, service manager for SEN, and three therapy managers to develop strategic therapy commissioning strategy.	Terms of reference and action plan for project board.	Shared and strategic response to the commissioning review of therapy – ensuring clinical, education expertise and insight is used during project.	Oct 2011	SD

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

Hampshire safer and more secure for all:	yes/no
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes/no
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	yes/no
Corporate Improvement plan link number (if appropriate):	
OR	
This proposal does not link to the Corporate Strategy but, nevertheless, requires a decision because:	

Other Significant Links

Links to previous Member decisions:		
Title	Reference	Date
Direct links to specific legislation or Government Directives		
Title		Date

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:

Equalities Impact Assessment:

Impact on Crime and Disorder:

Climate Change:

– *How does what is being proposed impact on our carbon footprint / energy consumption?*

– *How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?*

Follow-up questions for the Falls and Therapy Reviews

<u>Therapy provision</u> for Children with Special Educational Needs Review (July 2010)

Summary

The therapy for children with special educational needs review was undertaken jointly by a Panel drawn from the HOSC and the Children and Young People Select Committee which reported back to the HOSC in July 2010. The Report 's recommendations were shared with NHS Hampshire and Children's Services and acknowledged in a joint response to the Children and Young People Select Committee on 13 October 2010 from Steve Crocker, Deputy Director, Children and Families and Ruth Milton, Director of Public Health.

Eleven recommendations were made by the Joint Review Panel under three themes. Which are included below by way of reminder, however the joint response from the NHS and Children's Services under the auspices of the recently formed Child Health Joint Commissioning Board which was provided to the committees at their subsequent meetings, therefore the suggested indicative questions will take the intentions expressed in the response into account. The recommendations are included below as an *aide memoire*:

<u>Theme 1: Importance of a strategy for and the development of a jointly designed, funded and provided sustainable service that is fit for purpose</u>

Key words and phrases: joint, sustainable, efficient, effective, transparent, 'fit for purpose', workforce development, educational package, fully integrated, action plan, milestones.

In summary the recommendations under this theme include:

- A need for the key stakeholders to jointly develop a strategy for sustainable therapy support
- A need for the promised Child Health Services Redesign Programme to make more effective and efficient use of ***existing*** resources

- A need for therapy to be fully integrated as part of the 'educational package'
- A requirement for Children's Services and the NHS to share with Members the product of the work on the Child Health Services Redesign Programme, and that in addition a draft timetable and action plan should be provided in order to facilitate the work of the CYP SC and the HOSC monitoring progress and to hold key stakeholders to account for what they have promised to deliver. (note: letters from the Chairman to the NHS Hampshire Chief Executive, and to the Director of Children's Services included the wording, "We would be grateful to have your response to the recommendations by 17 September together with information about your plans to address them")
- A need to provide an integrated sustainable staffing model to support the strategy and child health redesign programme

Recommendation 1:

That a strategy is jointly developed between the key stakeholders (NHS commissioners, CS, Schools and Therapy providers) to deliver a sustainable, fair and transparent model of high quality, integrated therapy support in all parts of the county.

Recommendation 4:

That at a county-wide level, the child health services redesign programme seeks to achieve more effective and efficient use of existing human and physical resources, including consideration of the appropriate use of skills, levels, and workforce development.

Recommendation 9:

That all key stakeholders demonstrate their commitment to providing a seamless experience for children with special educational needs such that therapy is fully integrated as part of the 'educational package' across all parts of Hampshire.

Recommendation 10:

That the Child Health Services Redesign Programme report, due at the end of July is shared with Members, and that a draft timetable and action plan is also provided. Milestones should be identified that allow implementation/progress to be monitored

Recommendation 11:

That consideration be given to integrating existing workforce development initiatives into a coherent workforce plan to deliver a sustainable staffing model to provide effective and appropriate support for special needs education.

Theme 2: Importance of parental / customer support

Key words and phrases: system, timely responses, lead professional, role, negotiate, Lamb Inquiry, support, statement, help resolve concerns

In summary the recommendations under this theme include:

- An acknowledgement that because no parent should be disadvantaged by their social context or ability to negotiate the 'system", effective support should be offered to all parents
- When a statement is requested for a child, the parents are signposted to a 'lead professional" to help the parents understand and access the system

- A need for the role of the 'lead professional' to be properly defined to include sufficient 'knowledge and ability to negotiate the system, and sufficient authority to require the system to fully explain to parents decisions made or actions taken concerning their child
- The 'lead professional' can ensure a query cycle is completed and a valid response received by the parents
- A need for the Lamb Inquiry's recommendations to be fully taken into account

Recommendations 2:

That no parent should be disadvantaged by their social context or ability to negotiate the 'system', therefore it is recommended that effective support should be offered to all parents to help resolve concerns about their children and their education;

Recommendation 3:

That urgent consideration should be given to ensuring that each parent of a child identified with special educational needs, is allocated a named lead professional who will help the parent understand and access the system when needed, and will ensure appropriate, timely responses are provided.

Recommendation 6:

That where a statement is requested for a child, that parents are signposted to a named 'lead professional'. It is important that the lead professional role is clearly defined, and that it includes knowledge and ability to negotiate the system and sufficient authority to require the system to fully explain to the parent decisions made or actions taken with respect to their child's education provision.

Recommendation 7:

That the local authority and NHS demonstrate that they have taken fully into account the Lamb inquiry's recommendations in planning their child health services redesign programme.

Recommendation 8:

That all stakeholders ensure that either a support service, lead professional or key worker has been, or is allocated to a parent to ensure a query cycle is completed and the parent receives a valid response.

Theme 3: Opening up choice of provider to include independent sector

Key words and phrases: independent providers, shortage of therapists, access to specialist expertise

In summary the recommendation under this theme includes:

- The principle that commissioners should be encouraged to consider a wide range of potential services providers, including the independent sector, in order to obtain the best services to deliver against the jointly developed strategy.

Recommendation 6:

That consideration is given to developing relationships with independent providers such as that enjoyed by Totton College and Treloar's so as to address the shortage of

therapists, increase access to specialist expertise and to monitor the quality of provision schools are buying in from their own resources.

Therapy review: Follow-up questions

Theme One – Strategy: jointly designed, funded, delivered and sustainable

1. Recommendations in the first theme indicated a need for a joint strategy for sustainable therapy support for children with disabilities, can you tell us whether this strategy has been finalised and signed off by all affected parties, or if not at what stage of development is it currently?

2. The committee asked that the product of the work of the Child Health Services Redesign Programme, including its draft timetable and action plan be shared with the committees. Can you tell us when you will be in a position to share these and other products such as the service specification with us, and what progress has been achieved to date?

Theme Two – Importance of parental / customer support

3. Can you explain whether or how the experience of parents will have changed, or are expected to change for the better since the report, and how these service improvements have been or will be achieved?

4. Does a clear definition now exist for a 'lead professional' who is made available to parents and who has the necessary authority and experience to negotiate the system on behalf of parent when needed?

Theme Three – Choice of provider

5. In response to the 'choice of provider' theme you told the committee that Hampshire is participating in the South East 7 initiative to bring about a common approach to commissioning as well as opening up the 'education economy'. Could you tell us how this initiative is progressing and what it might mean for improving the provision of therapy services for children with special needs?

Appendix Two: An update on progress and original recommendations and possible follow-up questions for the HOSC Review of Falls in the over 65's – Key Points and Recommendations

Date considered:	27 September 2011	***Item:***
Title:	Falls Review – detail of follow up action	
Organisations:	HCC Adult Services & NHS Hampshire	

Contact name: Gill Duncan & Sarah Elliott

Tel: 01962 845605 ***Email:*** Samantha Hudson

Executive Summary

The purpose of this paper is to provide assurance to the Health Overview and Scrutiny Committee (HOSC) that the recommendation of the Falls Review are being progressed.

This briefing seeks to highlight :

- the partnership governance arrangements that have been put in place to ensure delivery
- the key actions that have already taken place and how these will be progressed
- future actions yet to take place

Contextual information

In January 2011 both HCC Adult Services and NHS Hampshire provided oral evidence to the Falls Review Panel.

In March 2011 HOSC published the finding of the review which contained four recommendations that it asked HCC Adult Services and NHS Hampshire to address. In summary the four recommendations are as follows:

- health and social care to work together to develop an integrated falls and bone health strategy
- up-date existing service specifications and care pathways
- identification of appropriate data and information to ensure effective evidence based commissioning and improved sharing of activity data
- define measures of success for integrated working

Progressing the work on Falls is complex because it requires:

- a significant number of organisations to align delivery
- reduction in variation of service access which has come about due to the historic nature of how provision developed
- a change to a commissioning led approach
- a drive to remodel service delivery and refocus the way current services are being delivered

The Falls Review identified the need for improved partnership working. Therefore a partnership approach is being embedded to take the work forward. It should be noted that developing the required relationships will take time. The changes in the NHS at a local level remain a risk and careful consideration is being given as to how Clinical Commissioning Groups can most usefully be engaged in this agenda other than at the very strategic level of the new Health and Wellbeing Board.

Approach to addressing recommendations

Reducing the number of falls and improving the interventions for people who have fallen requires actions that are sustainable on a long term basis. In order that clear reporting arrangements are in place the Adult Joint Strategic Board (AJSB) is now accountable for Falls. The AJSB will have a relationship with the Health and Wellbeing Board. A Task and Finish Group has been set up who in the short term are responsible for progressing the falls agenda, which reports to the AJSB. The Falls Task and Finish Group currently consists of representatives of Adult Services and NHS Hampshire. It will shortly be superseded by a Multi-Agency Steering Group. The Steering Group will be led by commissioners and involve provider organisations. This will ensure a robust connection between commissioning intentions and service delivery.

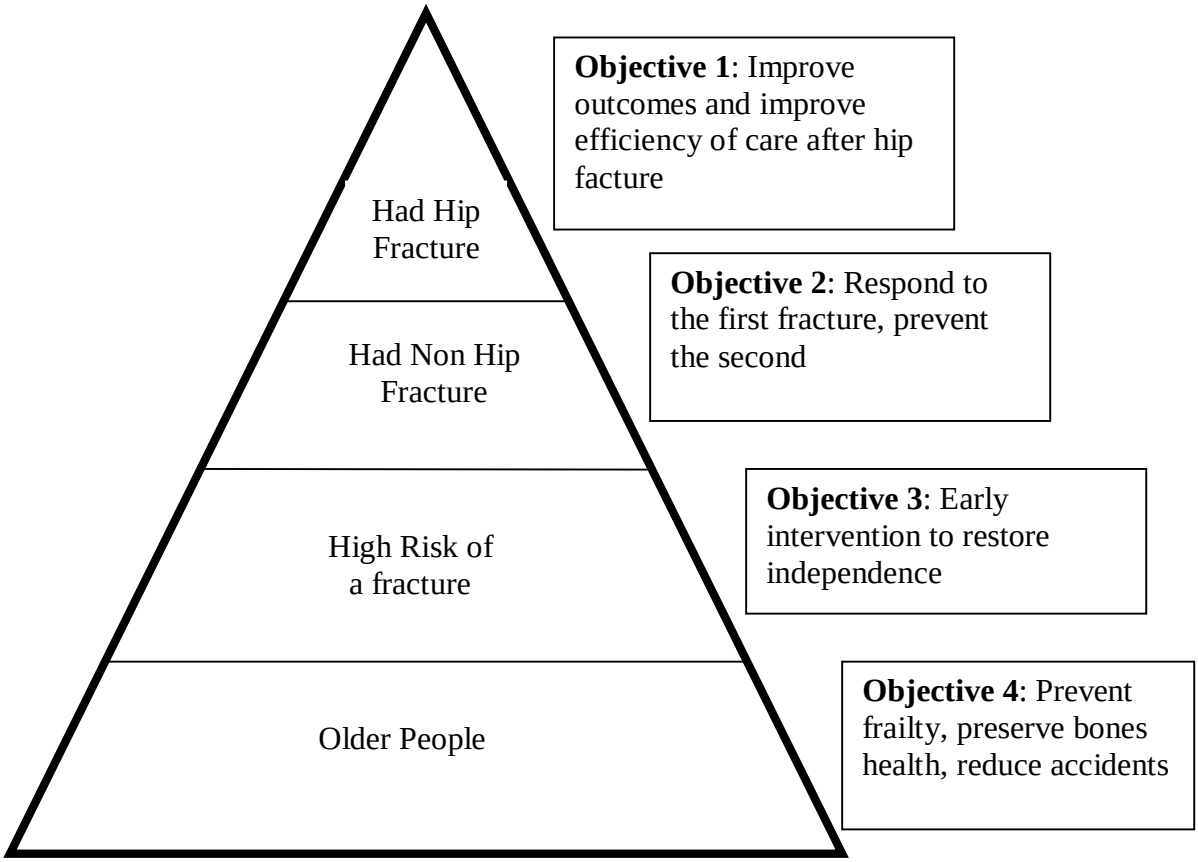
Developing the Strategy

The strategic approach being adopted mirrors the Department of Health systematic approach to falls, fracture care and prevention. This will enable a targeted approach to four key groups of people. It spans taking action early by preventing frailty and reducing accidents to improving care after someone has had a hip facture.

An initial joint strategy has been drafted by commissioners which will be informed by providers. It is anticipated that consultation will commence 1st November 2011 with *a* view for it to be signed off and formally adopted by stakeholders in January 2012.

It is anticipated that during the consultation a number of events will take place, notably a workshop for providers from the statutory and voluntary sectors.

The following diagram illustrates the approach being taken by NHS Hampshire and HCC Adult Services. It underpins the commissioning approach and the development of the Falls Strategy.



Up- date existing service specifications and care pathways

In July 2011 a multi-agency provider workshop took place to explore the current pathway and options for the future. Participants included hospital consultant and service development , Southern Health NHS Foundation Trust, borough councils, adult services and NHS Hampshire. The next step is to refine the high level pathway and work with providers on specific aspects of the pathway at delivery level. This work will take place in tandem with the strategy development and consultation.

Initial work has commenced on reviewing service specifications for: falls prevention; community based services once someone has had a facture and voluntary and community sector support. This work will be further informed by the completed consultation.

Identification of appropriate data

The use of timely data both at population and service delivery level is key to the strategy. This work involves gathering data using the Department of Health Framework for joint falls needs assessment.

A number of gaps have been identified and future work is needed to ensure service data is collected consistently across all partner organisations.

Measuring success

As the strategic commissioning intent is being developed and the strategy is being drafted thought is being given as to the indicators that could be used to measure success. During the multi-agency workshop providers identified a number of measures, however these were mainly focusing on process. To date the following has been considered:

- *Clinical outcomes*
- *Process measures of effective care*
- *Prevention cost avoidance*
- *Patient satisfaction*

More work will be done on this as part of the consultation process. However there is strong argument to rely, where possible, in the national outcomes frameworks being developed for both adult service and public health.

Timelines/next steps

Progress on falls has been relatively slow. This has been due in part to the lack of designated joint project management time, the complexity of the task and the number of interested parties.

The following milestones have been identified to ensure progress happens in a timely way:

to 31st October 2012	*Develop Strategy, collect data, define outcomes*
1st November 2011	*Draft strategy to be developed*
1st Nov – Jan 2012	*Strategy Consultation and develop pathway*
1st Nov – Jan 2012	*Define success measures*
Jan 2012 – Feb 2012	*Agree Strategy and pathway*
Jan 2012 – Mar 2012	*Refine and agree specifications*

Conclusions

Both NHS Hampshire and HCC are committed to fully addressing the Falls Review recommendations. Firm foundations for future work have been set, which will stand future work in good stead. A number of actions have been agreed and will be monitored by the Adult Joint Strategic Board.

Summary

The Falls Review was taken the HOSC in March 2011. The Report 's recommendations were shared with NHS Hampshire and Adult Services in early April and acknowledged in a joint letter from the organisations on 12 April in which the Director of Commissioning, Sarah Elliott and the Director of Adult Services looked forward to reporting on progress in September 2011. In addition, the Director of Public Health expressed strong interest in supporting work on Falls.

Four recommendations were made by the HOSC under three themes. These are included below by way of reminder:

Theme 1: Overall strategy, commissioning and integration

Recommendation One

2.28 That NHS Hampshire work together with providers of health and social care to develop an integrated falls and bone health strategy to meet agreed local needs and priorities as well as the DoH criteria for a 'good' strategy including an

action plan for delivery. ***This strategy to be developed and shared with the HOSC***

Recommendation Two

2.29 That NHS Hampshire work together with providers of health and social care to update existing service specifications and care pathways to ensure the integration of services that clearly set out the roles, handover protocols and responsibilities for different partners, as indicated in the DoH criteria for a good strategy. This work will take account of the examples of good practice identified in this document. ***These specifications and pathways to be developed and shared with the***

Theme 2: Local data and local demand

Recommendation Three

2.47 That NHS Hampshire work together with providers of health and social care to agree what information will be required to support the effective commissioning and delivery of falls services, and agree how and where the data need to be produced, shared and made accessible, ***This data and information communication framework/plan to be developed and shared with the HOSC***

Theme 3: Success measures and cost effectiveness

Recommendation Four

2.52 That NHS Hampshire work with providers of health and social care to identify within an agreed framework how key aspects and components of integrated working can and should be measured to demonstrate success, cost effectiveness and improved patient outcomes. ***This framework of success measures to be developed and shared with the HOSC***

Falls Review: Follow-up questions

1. The HOSC was encouraged to learn from the NHS Hampshire and HCC joint response last April that work was already being taken forward on falls. Can you tell us about the appointment of appropriate leads to spearhead the work, and what progress has been achieved by the task and finish group?

2. Can you tell us where the SHIP PCT is in its development of an integrated strategy for falls and bone health that conforms to what the DH would say is a 'good' strategy? Does it explicitly draw on both projected local needs and demographic analysis and good data on actual service demand, trends and usage as experienced by all providers?

3. In its recommendations the HOSC was concerned that service specifications and patient/care pathways recognise the need for handover protocols between providers in patient pathways and where blocks to funding care within patient pathways need removing or resolving, can you say where commissioners are in terms of project planning to achieve this aim?

4. The review identified there were flows of demand in the system – there are different entry points and patients move between providers of falls prevention,

emergency, surgery and other medical or social care. What progress has been made in addressing the need for better data and information on patterns and volumes of demand to support integration of delivery and commissioning of services?

5. In a similar vein, can you tell us what progress has been made on developing an agreed, integrated communication and reporting framework to enable effective and efficient management by commissioners and providers in support of ongoing improvement of patient experience and outcomes?

Appendix Three: Reconfiguration of Paediatric Cardiology Services. Draft HOSC response.

Thank you for your response to our initial recommendations. I apologise if there was some misunderstanding where we referred to comments from you. If I could clarify- these came from the Safe and Sustainable team in a response to us on the 17 June- and not you personally. Where appropriate we have clarified this in the following feedback. We have also raised some further questions for your consideration and have highlighted these for ease of reference when responding.

Quality of Service

1. The independent analysis that was undertaken of the responses to the consultation is clear about the strong support across all respondents for any changes to be driven by the quality of care of these services.

2. The centres that were assessed by Sir Ian Kennedy in 2010 demonstrated a wide variation in progress towards the delivery of the agreed standards although this does not appear to have been considered by the JCPCT. We wholeheartedly support the statement 'mediocrity must not be our benchmark for the future' and remain of the view that the option appraisal process gave inappropriate weighting to travel and access. Additionally current patient flows were not taken into account and this information has yet to be made available to us or the JCPCT, although it is anticipated that it will be published in October.

3. The allocation of patients to specific centres on the basis of postcode to meet a predetermined number of procedures is expedient but is, in our view deeply flawed, particularly as the evidence base for the number of procedures carried out is so weak. Quality of care must be the overriding determinant of the future configuration of congenital heart services.

4. Your confirmation that families that need to access these services in the future will have choice is appreciated.

5. As a HOSC we are firmly of the view that the quality care should be paramount consideration when determining the future configuration of children's congenital heart services. We will not support any option that results in our population receiving a service that is not able to demonstrate an equal or better quality of care to that currently provided.

GUCH services

6. It was encouraging that you confirmed that the outcome of the work around adult services will be factored into the implementation of the 'Safe and Sustainable' process but we are not clear about how the impact on these services will be factored into the final decision. Whilst there may not be professional consensus about the need for an integrated model of care there are clear advantages to exploring this alongside other options for configuring services that are both safe and sustainable. In making this point we are mindful that congenital heart surgeons are a highly skilled and scarce resource. Your own HIA highlights the risks to this workforce and the teams supporting them from the implementation of the proposals. We are of the view-

albeit as a lay body- that there are benefits to be gained from building on the different models of care that have evolved in a way that takes account of the full range of surgical activity undertaken.

7. The response from the Safe and Sustainable team to us dated the 17 June confirms that there is no clinical basis for separating children's and adult congenital heart services. Given the way in which this debate has evolved during the course of the consultation we are of the view that, in moving forward with both reviews, consideration needs to be given to the sustainability of both services taking account of the available clinical evidence.

8. We believe that it is right for the JCPCT to take account of the fact that the configuration of the future paediatric surgical centres will directly influence where adult congenital heart services are provided in the future. The GUCH Patients Association makes this point very strongly in its response to the consultation and we support this proposition.

9. *Could you please confirm if the outcome of the review of GUCH services will be able to be taken into account by and inform the decision taken by the JCPCT?*

10. Some areas may well operate these two services as discrete entities very successfully but this is not universally the case: we believe this is a discussion that needs to take place locally. Those centres that have already established an integrated service are highly valued by patients and able to demonstrate the quality of care being delivered. Congenital heart surgeons who currently work within an integrated service should be seen as an opportunity to strengthen the current proposals for children's congenital heart services- not a hindrance.

Co-location of Services

11. The issue of co-location of services remains an outstanding concern for us that has yet to be resolved. The response review conducted by Sir Ian Kennedy in 2010 is clear that not all centres met the co-location standards, nor were plans in place to address this issue. We believe that it is essential that the JCPCT carefully considers the co-location of services when determining the future configuration of children's congenital heart services. This needs to be supported by clinical advice relating to the risks associated with any designated surgical centre not meeting the co-location requirements set out in the 2008 report.

12. Although we understand the reasons why the JCPCT may not have considered this matter at the option appraisal stage we are concerned that Sir Ian's 2010 report is clear that not all centres included in the options met the co-location requirements as defined in your correspondence. We note that a number of clinicians have highlighted this point in responding to the consultation and are far better placed than the HOSC to draw out the issues relating to the co-location of services that need to be further considered by the JCPCT.

13. *Are you able to confirm if the final decision of the JCPCT will be informed by a clinical opinion about the co-location of services based on the issues raised by these clinicians and others during the consultation process? If so will this be published?*

Safe and Sustainable?

14. We noted the comment that the case has been made that delivery of the standards is 'aspirational' and that all potential centres would be able to meet the standards given sufficient time and resource: however the two key drivers behind this process are safety and sustainability.

15. In terms of these ambitions you will appreciate our concern that one centre has recently been referred to the CQC on the grounds of 'potentially unsafe practice' and a recent financial report from another centre states:

    'The vertical line down the middle of the chart represents 'breakeven'. Any service to the left of the line loses money and any service to the right makes money. Unfortunately the results for Emergency Department and Cardiothoracic surgery are so far "to the left" in terms of losing money that they do not fit onto the chart as calibrated. Both these specialties are making losses of at least 30% of their revenue'.

16. From a public point of view this does raise a question mark about whether all existing centres are actually 'safe and sustainable'.

17. Finances- quite properly- were not a priority in this review but the economic landscape in which we are all functioning has changed considerably in recent months and difficult times will continue into the foreseeable future. Against this backdrop the issue of sustainability in terms of both workforce and finances does need to be acknowledged. Unless additional funding is available to support the changes we are assuming that the JCPCT will wish to assure itself that any option for reconfiguration that it supports will be viable when considered in the context of affordability to the individual Trust concerned.

18. *How will the JCPCT come to a view on the safety and sustainability of the designated centres and their ability to meet the required standards in the future given these two developments?*

PICU and PIC retrieval

19. We were pleased to see the report from SUHT about retrieval from the Isle of Wight and the advice from the Safe and Sustainable team in relation to this published on the 1 September 2011. You will understand the frustration for many of us in this area that this took so long to be made available. The need for consistency in the assessment of the options is essential if the process is to be considered fair to all sections of our populations. The impact on other services resulting from the final decision of the JCPCT needs to be fully understood and risk assessed.

20. *Could you please confirm how this work will be taken forward and made available to the JCPCT?*

21. *How will the issue of PIC retrieval from the Isle of Wight be addressed in terms of the weighting accorded the options and when will this information be published?*

22. The HOSC is clear that we cannot and will not support any option that destabilises PIC services in our area and puts PIC retrieval networks at risk.

Interventional Cardiology

23. We feel that the response you provided to recommendation 9 was incomplete. Your consultation document notes that the consequence of moving interventional cardiology services to the surgical centres needs to be evaluated.

24. The response to us from Safe and Sustainable of 17 June states this is a legitimate issue to be debated during consultation and that the BCCA would be meeting with the Safe and Sustainable team to review 'this and other clinical issues.' This was further complicated at the Oxford public meeting when a member of the Panel stated that interventional cardiology could be provided at both surgical centres and cardiology centres. We have yet to learn what impact- if any, the move of interventional cardiology to the centres will have on other services.

25. *Can you please advise when this information will be available?*

26. If the consequence of relocating surgery means that interventional cardiology has to relocate as well as adult surgery (assuming that the same arguments apply for volume and quality for these clinicians?) then the impact of this on services in non-designated centres needs to be understood.

27. On a related matter we note that a number of responses to consultation and feedback from the face to face events highlight questions about the three tier model proposed. This point was also made in some detail in the NCAT report, which raises concerns about the viability of the proposed cardiology centres given the roles envisaged of the peripheral DGH cardiology services and the designated surgical centres.

28. *Could you advise if further work has been undertaken into the form of the three tier model being proposed, taking account of the comments made in the NCAT report?*

29. *Have the workforce issues associated with the proposed model referred to in the NCAT report now been considered and respective roles/activities of the peripheral DGH services and cardiology centres defined?*

Complexity and Occasional practice

30. Our query relating to occasional practice was prompted by the literature review that supposedly underpinned the development of the business case. In developing our key lines of inquiry we asked if it would be 'better to set the threshold at 300 procedures and then audit practice to demonstrate if it is volume or other factors that contribute to the delivery of service quality.'

31. The response we received from the Safe and Sustainable team on 10 June stated that 'the professional associations have reached the view that a minimum of 4 surgeons should each be carrying out 100-125 operations based on EACTS guidance. **To suggest a lower figure would be to risk occasional practice.**'

32. We are now given to understand that there is no definition of occasional practice.

33. *How can the JCPCT determine that occasional practice will be addressed by its proposals when there is no definition of what this actually is?*

34. We commented on our concerns about the lack of consideration that was given to complexity in our letter of the 17 June 2011. These were echoed far more eloquently in the response to consultation from 'Little Hearts Matter' which gave additional detail about the importance of complex procedures only being undertaken where there was sufficient experience to do so. Not all centres currently have this experience.

35. The response from SUHT also highlights a number of considerations relating to rare or complex procedures and the need to ensure only the most highly specialist teams undertake this work in order to optimise outcomes. The original Kennedy report states that there should be just 2 centres dealing with the most complex and rare cases. Your comment that this matter will be considered again by the JCPCT is reassuring.

36. *Will the clinical advice provided to the JCPCT in relation to the management of rare and complex conditions include an assessment of the risks associated with complex procedures being undertaken by all designated centres?*

37. *Will this information be published?*

38. A number of existing centres already collect and publish data relating to performance in relation to rare and complex procedures. This should be built on and developed - not discarded in order to start again from scratch. To build to establish appropriate data collection and audit trails as is suggested will take years to set up and begin to yield meaningful results.

One final point on which I would appreciate your advice is the impact, if any, that the clustering of the SHAs will have on this process?

I do hope you find these comments helpful and would ask that you draw them to the attention of the wider JCPCT. Regardless of the option selected - as noted in the NCAT report - there will be 'losers in the system'. Some communities will feel that a highly valued service has been lost and many parents in particular will be fearful about what this may mean for their child. It will be essential that there is concerted action to address these concerns quickly and decisively to lay these fears to rest. We would ask that priority is given to establishing clinical networks and leadership to help rebuild confidence that effective working relationships are in place. Consideration must be given to the support required by families as the changes are implemented.

Appendix Four: Proposals to add fluoride to drinking water in Southampton and south west Hampshire. HOSC letter to SHA- 10 August 2011

Thank you for your response of the 10 June on this matter.

It would indeed be most helpful to have a copy of the implementation plan for the fluoridation scheme, including the capital and revenue costs as soon as this is available. As highlighted previously we have had repeated reports that the costs originally associated with the scheme were significantly underestimated.

You may also recall that feedback from Southern Water at our review indicated that the dosing scheme proposed at Rownhams was neither 'practical or reasonable' so confirmation of the technical feasibility and affordability of proceeding with dosing schemes 1 and 7- as set out in the 'Atkins' report - would be helpful. As elected Members we are continuing to be contacted by constituents concerned about the proposals, including those outside the areas affected by the 2 schemes originally identified by Atkins as being suitable points for dosing the water supply. The strength of feeling across our communities about your decision to implement this proposal despite the opposition of local people and elected Members has not diminished.

Given the difficult financial times we are all facing it would also be appreciated if you could confirm where the responsibility for meeting both the capital costs and revenue costs associated with the implementation of the scheme rests when you have this information. Our understanding is that the original budgets set aside for this nationally are no longer available. If this is the case, and bearing in mind that you do not yet have the costs associated with the implementation and running of the scheme, it would also be helpful to be clear about the point at which increased costs of the scheme render it unviable.

Yours sincerely

Cllr Pat West

Chairman, Health Overview and Scrutiny Committee

Appendix Five: Proposals to add fluoride to drinking water in Southampton and south west Hampshire. HOSC letter to Southern Water – 10 August 2011.

I am writing on behalf of the Hampshire Health Overview and Scrutiny Committee (HOSC) to ask if you are able to provide any information on progress with assessing the technical feasibility and costs of implementing the proposals to add fluoride to the water supply for parts of Southampton and south west Hampshire.

Our Committee comprises of elected councillors with a responsibility for scrutinising health and health services in our area. The proposal to add fluoride to the water of some sections of our population is a matter that has been of intense interest to both the communities affected and elected Members. The strength of feeling across our communities about the decision of South Central Strategic Health Authority (SHA) to implement this proposal despite the opposition of local people and elected Members has not diminished and we have been in extensive correspondence with the SHA about both the feasibility of implementing the 2 dosing schemes identified and the costs associated with these.

When we initially reviewed this topic in 2008 Southern Water kindly attended one of our meetings to share their views about the proposed scheme. At this time it was suggested that the dosing scheme proposed at Rownhams was neither 'practical nor reasonable' and that the actual capital and revenue costs associated with this work may have been significantly underestimated.

The last response we had from the SHA indicates that discussions are ongoing with Southern Water about the implementation of the scheme, however a reply provided under Freedom of Information to Mr Stephen Peckham, who works closely with the Hampshire against Fluoride Campaign, suggests that the SHA wrote to Southern Water in March 2011 to formally request that fluoride dosing was introduced to the relevant areas of Southampton and south west Hampshire. This same letter confirms that the SHA does not yet have any indication of the reassessed costs associated with this scheme. I would be very happy to share both letters with you, and indeed any other correspondence we have on this matter, if that would be helpful.

If you are able to provide any additional detail about progress with assessing the costs and technical feasibility of implementing the 2 dosing schemes identified by South Central SHA that would be much appreciated. We would be very happy to meet with you or your nominated representative if you feel that would be more helpful.

Yours sincerely

Cllr Pat West

Chairman, Health Overview and Scrutiny Committee

Cc:
Cllr Ken Thornber, Leader, Hampshire County Council, Hampshire HOSC Members
Mr Stephen Peckam

Appendix Six: Stroke, Major Trauma and Vascular Service Developments: Response to HOSC Questions

Thank you for the questions that you sent through to Heather Hauschild and Simon Cook. The SHIP PCT Cluster is responsible for the engagement period currently underway and any subsequent consultation so I have co-ordinated responses to your questions on behalf of the PCT Cluster, the Networks and the SHA and these can be found below. I have also attached a number of background briefing documents, which I hope you will find helpful.

I would also like to take this opportunity to reiterate that no decision will be taken over the future of vascular surgery in Portsmouth before the public have their chance to comment through a full public consultation.

The current six week discussion period aims to give people an indication of how and why the proposals for major trauma, stroke and vascular services have been developed. We are keen to hear the views of local people, whether they are patients, clinicians or members of the public, and use these to help develop formal proposals which will form part of a formal consultation process.

The answers to your questions are below:

1. Who are the actual commissioning leads for each of these services - SHA, clusters or other?
The SHIP PCT Cluster is responsible for commissioning all of these services on behalf of local people. The lead Executive Director for the whole programme (Major Trauma, Vascular and Stroke) is Sarah Elliott, Director of Nursing. Dr Stuart Ward, medical director, is providing clinical leadership supported by the directors of public health and other executives working in each CCG.

2. Who are the clinical leads for each of these services in our area?
The clinical leads from provider organisations are as follows:
The Stroke clinical leads for the South Central Cardiovascular Network are Dr John Duffy from WEHCT, Dr James Kennedy from ORH and Hayden Kirk from Solent Healthcare NHS Trust.
The Major Trauma clinical lead is Dr Andy Eynon from SUHT.
The Vascular services clinical leads are Dr Cliff Shearman from SUHT and Dr Mark Pemberton from PHT.
The Network have also used an external advisor for the vascular review: Jonothan Earnshaw, national AAA screening programme clinical lead Jonothan.Earnshaw@glos.nhs.uk .

The Clinical Commissioning Groups will also have clinicians taking a lead in these areas.

3. Are managed clinical networks in place for each of these services?
A managed clinical network is in place for stroke and vascular services. The trauma network is in the process of being established as a managed network.

4. Can we have copies of each of the service specifications that have been developed by clinicians working with GPs referred to in the document- are these cluster specific?

Service specifications are attached for Trauma Unit, Major Trauma Centre, SCAS, Stroke, TIA and Vascular surgery. We are currently planning to develop a service specification for the managed clinical network. All the service specifications are South Central wide.

5. Is there an assessment of health needs for each of these services - and the number of patients across SHIP that would be affected by these proposals?
An equality impact assessment for the population is attached.

Stroke: A comprehensive needs assessment was undertaken for the Hampshire PCT stroke strategy in 2007 (pages 11-16 of the attached) which informed our commissioning intentions and subsequent specifications.
Major trauma: a needs assessment was not conducted but an Equality Impact assessment is attached.
Vascular: An assessment of demand and future demand is included at section 4, page 8 of the Delivery of Vascular Services document attached.

Numbers affected for vascular services
Comparisons for Southampton, Hampshire, Isle of Wight and Portsmouth.
NB activity volume data taken from Trust submissions to the December 2010 vascular review panel. Clinical commissioning group population data is taken from SHIP Public Health Dept.

1 Current Provision	**Population**	**Volume of Activity 2010**
Basingstoke delivered at Frimley Park (NE Hants and Calleva CCG)	360,027	
PHT (Portsmouth and South East CCG)	601,701	56 AAA, 79 CEA, 54 IIB, 64 MAü
SUHT/IOW/Winchester (IOW, Southampton and West CCG)	895,176 ü	87 AAA, 113 CEA, 59 IIB, 30 MAü
2 Recommended by panel December 2010	**Population**	**Volume of Activity based on 2010**
Basingstoke delivered at Frimley Park (NE Hants and Calleva CCG)	360,027	
SUHT/PHT/IOW/Winchester (Portsmouth and South East, Southampton, West and IOW CCG	1,496,877ü	143 AAA, 192 CEA, 115, IIB, 94 MAü
3 New Alternative A	**Population**	**Volume of Activity based on 2010**
Basingstoke delivered at Frimley Park (NE Hants and Calleva CCG)	360,027	
PHT (Portsmouth and South East and 50% of Coastal West Sussex CCG)*	845,625ü	99 AAA, 107 CEA, 83 IIB, 100 MAü
SUHT/IOW/Winchester IOW, Southampton and West CCG	895, 176ü	87 AAA, 113 CEA, 59 IIB, 64 MA ü
3 New Alternative B	**Population**	**Volume of Activity based on 2010**

SUHT/PHT/IOW/Winchester (Portsmouth and South East, Southampton, West and IOW CC	As option 2ü	As option 2 minus negotiated proceduresü
PHT (Portsmouth and South East CCC)		not yet negotiated

**assumes that 50% Adur and Worthing GPCC vascular complex elective and emergencies would go to Brighton, 50%to PHT*

Key: AAA abdominal aortic aneurysm, CEA carotid endarterectomy. IIB infra-inguinal bypass, MA major amputations (lay person explanations are in the engagement document)
ü Denotes that this meets the service specification

Volume data is missing for Basingstoke because their activity has been delivered by Frimley Park by mutual trust arrangement since early 2010. A letter from the Frimley Park CEO in July 2011 stated that in 2010, only 7 emergency patients from Basingstoke had been seen by the Surrey Network in the past financial year. Southampton University Hospital has been running a network with the Isle of Wight for four years (since IOW does not have a specialist vascular surgeon) and with Winchester since last year (since Winchester had a single vascular surgeon department, which is not recommended by national guidance).

6. What performance/quality of care information is available demonstrating how providers across SHIP are currently performing against the best practice set out in the relevant national guidance?
Stroke: We collect monthly stroke data assessing how providers are performing. Stroke performance data is contained in the SHIP Cluster performance report which is presented to the Board each month. Public Board papers can be found at: http://www.hampshire.nhs.uk/about-us/nhs-hampshire-board/310-board-papers
Major trauma: All providers are required to participate in the Trauma Audit Research Network and any concerns are picked up through contract monitoring. In addition the new Trauma Network will play a key role in benchmarking performance data.
Vascular: performance is monitored through regular contract meetings and also by the Cardio-vascular network by review of trust submissions to the national vascular database.

7. Major trauma was discussed at a meeting of south central HOSCs last summer and there was a view, confirmed in writing, that this did not constitute a substantial service change. Why is this service included in the engagement document. Does this mean that no progress with implementation has been made since last summer or that the proposals shared with HOSC at that time have changed?

The meeting with the joint HOSC in July 2010 was to gain agreement to the designation of two Major Trauma Centres (Oxford and Southampton). Since then there has been significant progress in developing both major trauma centres to meet the new enhanced specification. Since July the trauma network has also recommended the designation of trauma units across the region and so commissioners now want to engage regarding these proposals so that trauma networks can be fully operational next year.

Appendix Seven: Update on Oak Park developments-Delivering health services for the population of Havant and south east Hampshire

Introduction

This report gives an update on the progress made on the direction of travel agreed by the Hampshire Health Overview and Scrutiny Committee May 24, 2011.

In September 2010 the NHS Hampshire Board approved a series of recommendations for the provision of a comprehensive range of services for the population of Havant and south east Hampshire which were developed using the views and feedback gained from patients, local residents and stakeholders.

A key focus for development of these local services is the provision of new facilities on the Oak Park site, supported by enhanced services within the community. The main elements covered within these recommendations were Ambulatory Care; Bed Based Care; and Urgent Care.

Oak Park Steering Group

The development of the recommended local services is overseen by the Oak Park Steering Group. Members of this group include:

- Cllr Liz Fairhurst, Hampshire County Council
- Cllr Ann Buckley, Hampshire County Council
- Jim Harrison, Hampshire LINk
- Cllr Gwen Blackett, Havant Borough Council
- Cllr Marge Harvey, East Hants District Council
- Viv Carrell, Havant War Memorial Hospital League of Friends
- Irene Kent, Emsworth Victoria Cottage Hospital League of Friends
- Peter Tier, Emsworth Victoria Cottage Hospital League of Friends and Emsworth Residents Association.

Successes so far

A number of significant developments have been made since May 2011. These are:

- Working with Solent Community Solutions Ltd (LIFT) to reach financial close for the £3.7million Oak Park Community Clinic
- Starting the 18 month redevelopment work programme at the Oak Park Children's Centre which will provide:

  Adult services
  - Up to 24,000 outpatient appointments across a range of specialties
  - Up to 26,000 diagnostic appointments (plain film X-ray, ultrasound and echos)
  - Up to 20,000 therapy appointments (physiotherapy, occupational therapy and speech and language therapy)
  - Up to 7,000 podiatry appointments
  - Up to 10,500 appointments in a new Rapid Assessment Unit
  - Facilities for mobile scanners to visit the site such as MRI

  Children's services
  - Community paediatrics
  - Physiotherapy and occupational therapy
  - Podiatry
  - Speech and language therapy
  - Specialist child and adolescent mental health services

    - School nursing
    - Health visitors

  Children's Services will continue to provide clinical services throughout the redevelopment of the building.
- Supporting local GPs and clinicians to develop a new reablement/intermediate bed model for older people
- Improving clinical rooms at Havant Health Centre so they are suitable to temporarily house outpatient clinics from Havant War Memorial Hospital until the Oak Park Community Clinic development work is complete
- Working with two more local GP practices to introduce a Primary Care Minor Injuries Service so it covers Hayling Island. There are now 11 practices providing this service across the wider Havant area and parts of East Hampshire
- Working with Park Community School in Leigh Park and Southern Health NHS Foundation Trust to bring community nursing, school nursing, health visitor and health promotion services to the heart of one of our priority communities
- Working with Hampshire County Council to market test the development of the Oak Park Campus and receiving eight expressions of interest. This development will provide:
    - A new 60 bed nursing centre with 30 of these beds used for reablement/intermediate care and older people's mental health services (20 of these 30 beds will be jointly commissioned with Hampshire County Council for reablement/intermediate care providing support to patients to regain independence and 10 of the beds commissioned by the PCT for older people's mental health care for the significant group of frail older people who have a degree of cognitive impairment or depression)
    - 50 extra care accommodation units commissioned by Hampshire County Council.

Older people's reablement/intermediate care model

Local GPs, with the support of Southern Health NHS Foundation Trust which provides community services in the local area, have developed a new reablement/intermediate bed model for older people.

Part of this work included reviewing patients who have used the inpatient facilities at Havant War Memorial Hospital and identifying which service would be most suitable for them. The review highlighted that many of the patients could have been supported at home with the right clinical services visiting them with a smaller number needing inpatient care. It also highlighted the flexibility needed to ensure the very low number of patients who need palliative care in an inpatient setting are still able to receive this locally.

In addition community services have reviewed their capacity and assured NHS Hampshire that they are able to provide these to the increased number of patients expected to be treated locally under the new model.

The new bed model of care for the Nursing Centre will provide a timely, local, equitable service by providing flexible beds which will be able to support reablement, step up, step down and palliative care patients. These will be supported by a range of GP and community services providing medical, nursing and rehabilitation care. This will ensure we keep the flexibility of the current model but extend it to ensure it is accessible to all residents in the local area through their GP.

Local GPs and clinicians want to implement the new model of care immediately given the restrictions of the old model of care. NHS Hampshire and Hampshire County Council are working together to commission a total of 20 suitable beds in nursing homes in the Havant/Waterlooville locality which GPs will be able to access under the new model. These 20 beds will then be provided at the new Nursing Centre when the facility opens in 2014.

The future of Havant War Memorial Hospital
NHS Hampshire Board approved the early implementation of the new reablement/intermediate care model including the temporary relocation of outpatient and phlebotomy services.

Work has been undertaken at Havant Health Centre so it can provide suitable clinical space for all of the outpatient clinics currently based at the hospital. The current phlebotomy clinic is provided one morning a week and this activity will transfer from Portsmouth Hospitals NHS Trust to Southern Health Foundation NHS Trust which provides the local phlebotomy service from Havant Health Centre. NHS Hampshire plans to implement the new bed model of care from the end of September by which time all of the outpatient clinics will have also transferred to Havant Health Centre. This will subsequently mean that Havant War Memorial Hospital will be empty and surplus to NHS requirements.

Talking to local residents and key stakeholders
Since the recommendations were approved we have attended the following meetings and events to discuss the plans for providing NHS services in the local area.

Group	Date	Feedback themes
Havant War Memorial Hospital League of Friends AGM	20/04/11	Approximately 10 people attended this meeting and they were updated on the Oak Park plans
Over 50's Forum meeting	06/07/11	Concern about the potential relocation of the tiles and memorial stone raised
Havant Borough Council BILL (Being Independent in Later Life) roadshow in Emsworth (with display stands about the plans)	21/07/11	Approximately 83 people attended the roadshow. A small number raised general queries about NHS services but not in relation to the Oak Park plans
Havant Borough Council BILL roadshow in Havant (with display stands about the plans)	18/08/11	Approximately 86 people attended the roadshow. A small number raised general queries about NHS services but not in relation to the Oak Park plans
Stakeholder Update Session	30/08/11	28 stakeholders attended and were updated on the implementation of our plans

We are also carrying out a three month pilot with key stakeholders to see if sending regular text messages is a good way to share news on this exciting project. This will be a first for NHS Hampshire and will see a regular text message (no more then one a week) sent with a short message with the latest news on the project. The message will also have a weblink to our website for further details.

Conclusion
The Hampshire Health Overview and Scrutiny Committee is asked to note the progress made with the implementation of the agreed model of health and social care services in the Havant area.