

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	22 June 2015
Report Title:	Proposals to Develop or Vary Services
Reference:	6738
Report From:	Director of Policy & Governance

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1. Summary and Purpose

- 1.1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services 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, last updated in April 2013. This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006, includes new responsibilities set out under the Health and Social Care Act 2012, 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/councilmeetings/advsearchmeetings/meetingsite/mdocuments.htm?sta=&pref=Y&item_ID=4831&tab=2&co=&confidential=
- 1.4. This Report is presented to the Committee in 3 parts:
 1. *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.

2. *Items for monitoring:* these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.
 3. *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 to support health and social care integration, and therefore assist in the delivery of the Joint Health and Wellbeing Strategy and Corporate Strategy aim of maximising well being.

Items for Action

2. Dorset and West Hampshire CCGs: Dorset Clinical Services Review

Context

- 2.1 The NHS, or any provider of NHS services, is required to consult the health scrutiny committee on any substantial or temporary variations to the provision of the health service, and to provide any information that the committee may require to enable them to carry out scrutiny of the planning, provision and operation of this service.
- 2.2 Where a proposed service change affects residents across local authority boundaries, the NHS body has a duty to consult all health scrutiny committees affected. In this circumstance, Regulations require all affected local authorities who have determined proposals a substantial change in service to establish a joint health scrutiny committee for the purpose of responding to the consultation.

Background

- 2.3 Dorset Clinical Commissioning Group (CCG) have begun a process to analyse the future health needs of the people of Dorset and plan how best to meet them through a clinical services review. It has set out a number of reasons for the review in its case for change document (see [Appendix 1](#), page 7).
- 2.4 Possible options for the future of services in Dorset have not yet been finalised, but it is proposed that Dorset CCG, in conjunction with West Hampshire CCG, will begin consulting with the public on what these may look like in summer 2015.

- 2.5 Residents in South West and West Hampshire cross the border in order to access clinical services in Dorset, such as the acute hospitals sited in Bournemouth and Poole. It is therefore likely that any changes to clinical services proposed will impact on the Hampshire population who choose to access these in Dorset.

Update

- 2.6 The Dorset, Bournemouth and Poole Health Scrutiny Committees have determined that the CCG's intention to undertake a clinical services review, and to consult with the public on the future of health services, is likely to form proposals which reflect a substantial change in service. Subsequently, a Joint Health Scrutiny Committee is being formed as per the The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- 2.7 It is for the Hampshire HASC to determine whether the proposals are likely to be substantial for the Hampshire population accessing clinical services in Dorset, and, consequentially, if they wish to contribute to the work of the Joint Health Scrutiny Committee.

Recommendations

- 2.8 Members confirm whether the proposals constitute a substantial change in service, and, should this be confirmed, that the Chairman and Vice Chairman are appointed to any Joint Health Scrutiny Committee on the Dorset Clinical Services review.

Items for Monitoring

3. Southern Health NHS Foundation Trust: Improvement Work at Ravenswood House

Context

- 3.1 The NHS, or any provider of NHS services, is required to consult the health scrutiny committee on any substantial or temporary variations to the provision of the health service, and to provide any information that the committee may require to enable them to carry out scrutiny of the planning, provision and operation of this service.

Background

- 3.2 Ravenswood House is a medium-secure mental health hospital near Fareham. It provides care and treatment for people who require this in a secure setting.
- 3.3 A Care Quality Commission inspection, which took place in October 2014, identified the need for urgent works to take place on site to remove identified ligature points and improve patient safety.
- 3.4 The Trust submitted a paper to the HASc in January 2015 which proposed to move some patients from Ravenswood to Woodhaven, near Calmore, for a period of six to nine months whilst these works take place, in order that they can take place separately from any patients. The Committee supported this move, and requested an interim update mid-way through the temporary move, and a final update once all works had been completed.

Update

- 3.5 An update report is attached ([Appendix 2](#), page 15), which sets out progress to date with the temporary move of 16 patients.
- 3.6 Additional information noted by the Trust provides Members with early notification of the intention to begin considering options for the future of Ravenswood House. Members will wish to add this topic to the work programme to ensure that any proposals are considered by the Committee when timely.

Recommendations

- 3.7 Members confirm:
- a. That they are content with progress to date on the improvement works to Ravenswood House, and the temporary move of some patients to Woodhaven.
 - b. That the interim update is noted, and a further update is received once all works have been completed and the temporary move of patients has ended.
 - c. That proposals on the future of Ravenswood are received, when timely, and the scrutiny of this topic is added to the work programme.

Items for Information

None.

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

A. Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
B. Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
C. Enhancing our quality of place:	yes
Corporate Improvement plan link number (if appropriate):	

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:

- 1.1 This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this covering report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

2. Impact on Crime and Disorder:

- 2.1 This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this covering report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

3. Climate Change:

- 3.1 How does what is being proposed impact on our carbon footprint / energy consumption?

This is a covering report which appends reports under consideration by the Committee; therefore this section is not applicable to this work report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

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

This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this work report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.



**Dorset
Clinical Commissioning Group**

Dorset's Health Services **The need to change**



Dorset's Clinical Services Review
shaping your local NHS

Your vision • Your voice • Your NHS

Modernising your health service

Dorset Clinical Commissioning Group is the name of a group of local doctors and other health professionals whose job it is to plan and secure the healthcare for Dorset's people. Our members come from 100 GP practices across the county.

We are working with hospitals, GP practices and other health and care providers and specialists to improve and modernise Dorset's health services. Together, we believe we need to make significant changes to Dorset's health services to ensure you have high quality and affordable care not just now but into the future.

Although most patients currently receive good care in Dorset, achieving the best standards of care for everyone is becoming increasingly difficult.

We need you to join us on our mission to achieve the right healthcare for the people of Dorset now and in the future.

Your help

This document explains the current picture of healthcare in Dorset based on the evidence we have gathered. It also describes some of the challenges we face to meet the health needs of local people.

To be able to look after everyone's health as well as possible we are developing some options for how we could change the way health care is delivered. We want to know what you think about the possible changes. So in the summer of 2015 we will run a formal consultation and ask for your views. To receive the consultation document please sign up to our Health Involvement Network and we will stay in touch and share information with you. The details of how to do this are on page eight.

As part of gathering the evidence we have reviewed recent feedback from local people to understand what you need from your health services and what changes you would like. Your views have been gathered from health surveys, such as the 6,000 responses we received in 2013 to *The Big Ask*, and from other research. We have used this information to help to demonstrate why the current system must change and we will continue to use it to inform our ideas for the way our services might be best provided in the future.



Why change?

The needs of patients in Dorset today are very different from back in the 1940s when the NHS healthcare system was set up.

Then, the average life expectancy was lower, and the most common conditions facing people were injuries, heart attacks and strokes. Now many more people live into old age. We have among the longest life expectancy in the country and the number of Dorset pensioners is predicted to rise by 30 per cent over the next decade.

Although this is great news, increased longevity brings new challenges. The most significant is that more people are living with chronic conditions such as diabetes and dementia. The way we currently organise our health resources doesn't reflect people's changing needs as well as it could.

Meanwhile due to advances in surgical techniques and anaesthetics, people no longer need to spend weeks in hospital. Today many patients need just a few days or sometimes only a few hours hospital recovery time after surgery.

However despite this and many other exciting new developments in medicine and technology we are not making the best use of the advantages they bring.

Some specialist staff don't get to see sufficient cases to maintain and build their skills and expertise and the way services are currently organised means that patients don't always get access to the specialists that do exist. In addition, specialist staff may not be available seven days a week. As a result, patients with similar conditions can have better or worse treatment depending on the staff they are treated by or the hospital they are treated in. Similarly patients get different treatment and services depending on which GP practice they use.

We don't currently organise health services as efficiently as we might, for example health and social care services could be more joined up, which means we don't help people as well as we'd like and we don't always get the best value for money.

A key problem is the way we organise staff. We have highly skilled staff carrying out tasks other more appropriately trained doctors and nurses could do. We still have too many staff vacancies. This means we are often forced to employ more expensive agency staff. Our health system today needs a wider variety of skills to meet current health problems.

Underlying these difficulties is the need to control the amount of money that is being spent. This is a huge and growing problem for the NHS. By 2020/21 we forecast Dorset will have to spend £167m to over £200m more each year than it receives if nothing changes (the amount depends on changes in demand and inflation costs).

So there is an urgent need to change the way we do things. We need to reorganise our health service to ensure we have the right skilled people, efficient buildings, wise use of technology and money allocated in the right places to help to look after everyone's health properly. Doing nothing is not an option.

The problems we are currently facing are not unique to Dorset. The NHS in England has recognised these are national challenges and that the health system everywhere has to adjust. In Dorset we are facing up to the issues and preparing to take action because we are committed to ensuring everyone has access to safe, high-quality, up-to-date and affordable healthcare into the future.



Dr Forbes Watson

GP and Chairperson, Dorset Clinical Commissioning Group

Your vision • Your voice • Your NHS

The evidence

As clinical leaders we have been gathering together a large quantity of information about how we need to adapt to the new challenges facing our health system. We have studied this research and our findings indicate we need to start to plan to change the system now to help patients receive the right care in the right place in the future.

Our ageing and diverse population

By 2023, the population of Dorset is expected to grow by 6 per cent from 754,000 to over 800,000 with much of the growth happening amongst the oldest.

We need our health service to care for our ageing population and the conditions associated with it, such as heart disease, stroke and diabetes.

We also need to reduce the gap between the health of the poorest and richest. Within Weymouth and Portland the life expectancy varies by over 11 years between men living in the most deprived and more prosperous areas.

Population growth 2013-2023



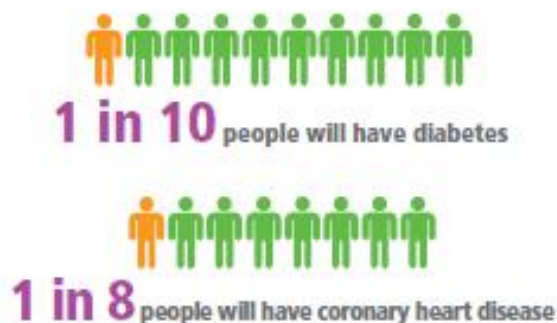
Source: ONS 2012-based Sub National Population Projection

Our changing health needs

The people of Dorset generally have better health compared to the England average, with low smoking rates and fewer obese children.

But due to our older population we have higher numbers of people with heart problems and diabetes and we expect this to grow faster than the national average. By 2020 around one in ten of the people in our county are predicted to have diabetes and 1 in 8 will experience heart disease.

Increasing numbers of people living with long term conditions. By 2020:



Source: Association of Public Health Observatories

Your expectations

We know from our research amongst local people that you want easier and better access to care.

Surveys show the public wants:

-  Out of hours GP services, and longer GP opening hours.
-  More services such as blood tests and physiotherapy provided locally with longer opening hours.
-  Consultant led teams in hospitals available seven days a week.
-  Specialist centres of excellence to ensure patients get the best treatments even if they need to travel further to reach them.
-  Better communication between hospitals, specialist consultants and GPs and the patient.

Source: The Big Ask, Market Research Group, 2013

The evidence

GP practices and out of hours care

The quality of general practice in Dorset is recognised as being generally high but there is significant variation that needs to be addressed.

Whilst practices are open from 8am - 6.30pm Monday to Friday (with some closures over lunchtime) and all offer some appointments outside of this time, the amount of extended hours offered in evenings and at weekends varies considerably.



24% of patients don't find it easy to contact out-of-hours GP services by phone

Source: GP Patient Survey CCG Report (July 2014)

Outside the standard opening hours, general practice care is available through the 111 service.

However, access to out of hours services and the ease of accessing them depends on where you live. This may contribute to the large differences in the variation of the number of people who attend A&E according to which GP practice they use.

As well as variations in people's ability to access general practice services more could also be done to tackle variations in the quality of care provided. For example patients with diabetes in Dorset do less well than those in some other areas of the country.

In addition, the GP workforce is under strain. Many practices are unable to recruit GPs, training posts are not being filled and many GPs are approaching retirement. GPs also spend considerable time on tasks that could be better provided by team members with a range of skills and expertise, being led by a doctor.

Variation in A&E attendances across GP practices



Lowest **173**
per 1,000 population
(adjusted for age and health status)



Highest **459**
per 1,000 population
(adjusted for age and health status)

Source: HES 2013/14



“Patients in Dorset deserve the best possible care. To deliver this we need high quality general practice, supported by services that are designed to meet the needs of patients in the 21st century. The Clinical Services Review is designed to achieve this.”

Dr Nigel Watson, GP and Chief Executive, Wessex Local Medical Committees

Community and mental health services

In Dorset 12 community hospitals and a number of home based teams provide a range of care to people in their homes and in their local area.

More than half of the patients currently admitted to community hospitals could instead be supported at home and a further third nursed in their own home, meaning they can be treated and cared for, but also safely maintain their independence.

Other community services such as those provided by district nurses, health visitors, chiropodists and occupational therapists add an important element to home care, but often they do not have access to patients' health records and time may be wasted

if they don't know the full details of each patient's needs.

Evidence shows patients with physical long term conditions are more likely to experience depression or anxiety and we need to ensure they receive a more comprehensive range of services.

Although Dorset generally enjoys good access to mental health services, in some areas there is not enough support provided to patients outside working hours and in other places there are not enough services for children with mental health conditions. *The Big Ask* also told us that you would like to see an improvement in the quality of mental health services offered.

The evidence

Hospital care

In Dorset hospital-based emergency care, planned and specialist care, maternity and child care is provided by Dorset County Hospital, Poole Hospital and The Royal Bournemouth Hospital.

Emergency care

A&E attendances have increased significantly over the past few years. Over half of these patients have minor conditions that do not require hospital treatment.

Other people who are ill and need to go into hospital are forced to wait longer in emergency departments because there are not enough free beds to admit patients. This is partly because elderly people, who cannot be discharged because they do not have proper support available in their homes, take up beds whilst waiting for support to be put in place. Many patients also cannot be discharged on time because they have conditions that mean they have ongoing needs for treatment close to home which our current health system is not set up to provide.

10 year projected increase:



Source: HES 2013/14; Office of National Statistics 2012 based sub-national population projections over 10 years

In addition, emergency surgery in our three hospitals does not always meet national quality standards, partly because in smaller units surgeons are not treating enough patients with the same conditions to sufficiently maintain a specialist skill.

Some life threatening emergencies are not dealt with quickly enough. For example the percentage of stroke patients receiving a potentially life-saving diagnostic brain scan within an hour is 10 per cent lower in Dorset than the national average. This means these patients are at higher risk of suffering from complications.

As emergencies can happen at any time of the day or night it is important there is round the clock consultant cover for each hospital. However at the moment there is not 7 day a week consultant cover on site in all three hospitals.

Planned and specialist care

Access to planned hospital care is good across Dorset, with most patients treated from GP referrals within the national target of 18 weeks. But there is variation in the quality of this care depending on the health condition, particularly in cancer treatment. For example there is a 2.8% variation in patients with bowel cancer who die within 90 days of treatment.

We need to ensure that professionals with the appropriate specialist expertise are available to treat patients, and that they have access to the latest available equipment.

Maternity and obstetric care

If mums need to give birth in hospital, babies are more likely to be born safely if there is a consultant who can be called upon during their labour if the need arises. Most consultants operate during working hours, which means babies delivered in the evenings or at weekends may not have immediate access to a consultant on site and this can be especially problematic if things go wrong.

At the moment there are two obstetric units in Dorset and these have consultant obstetrician cover on site for 40 hours a week and 60 hours a week (from a total of 168 hours).

Percentage of time in the week when there is a consultant obstetrician on the labour ward



The Royal Bournemouth Hospital has a midwife led maternity unit for low risk pregnancies, but these midwives still need to be able to access additional specialist services if required. We need to make sure specialist services are available to women in labour at all times of the day and night.

Children's care

Dorset County Hospital and Poole Hospital both have children's wards with over 16,000 unplanned admissions. Nearly half of these children are admitted for less than 24 hours, which shows their cases are usually not serious and often just need observation. This indicates their care could be delivered in a different way, rather than being admitted to hospital.

The evidence

Getting to health services

Car ownership in Dorset is around 60 per cent, which is higher than the England average.

However due to the rural nature of some areas in Dorset, many people have little access to public transport. For example ten per cent of the population do not have an easy connection to an acute hospital. In the design of our future health system we need to take transport issues into account and ensure people can receive healthcare in different ways and as close to home as possible.

Percentage of people estimated to have no/limited public transport connection to an acute hospital



Source: Peak Public Transport Data, SDG

Working together with social care

Many people across Dorset point out a lack of close working between different parts of the health system and social care services.

Local doctors, along with patients and their families, believe if there were better community support services patients could leave hospital more quickly, which would reduce their risk of hospital acquired infections and free up the beds for others in need. At the moment there are too many delays in discharging patients from hospital.

We also want to continue current work to get health and social care teams working better together to help people stay independent for longer and prevent the problems that can lead people to need hospital care, as well as giving the right support to those leaving hospital.



“A key aspect of any future plan should be to ensure a more seamless service and the ability to provide quality care at home. This will reduce people’s need for hospital admissions and speed up their discharge if admitted.”

Dr Chris McCall, GP

Staffing challenges

The organisation of Dorset’s health services means that doctors, midwives and nurses are not always available in the places and at the times that patients need to see them. In addition, nationally, and locally there is a shortage of some clinicians with key specialist skills and it is difficult to recruit to some posts. These factors mean there is a reliance on expensive short term clinical staff. We need to organise our health professionals better in the future.

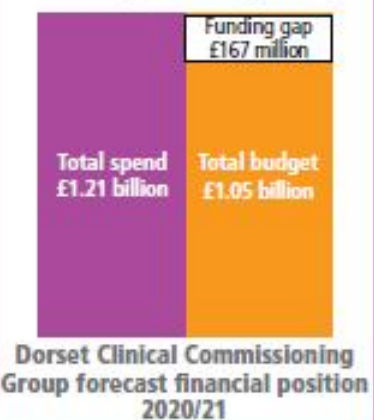
Royal College of Emergency Medicine recommended number of consultants per emergency department



Growing shortage of money

The NHS in England is expected to have a £30 billion shortfall by 2020/21. For Dorset experts have forecast that in five years we will have a shortage of between £167 million and £200 million each year, between our income and our costs, depending on the demands on the service and inflation costs.

As NHS funding cannot keep pace with the growth in demands and costs, and to get the most from the money we do have, regardless of any potential increase in our future budget we have to ensure we organise the resources we have to best provide the health services that meet changing needs. This means we have to be more efficient, organise and deliver our services in different ways, and invest more money in disease prevention.



Our review

We want to ensure all patients have access to care in the right place at the right time, whether it is at a hospital, at their GP surgery or at home.

We need to recognise our population is growing and changing. We are expecting a 6 per cent rise in Dorset's population between 2012 and 2020, many of whom will be pensioners.

To meet your changing needs and improve the quality of care we need to re-design our services so everyone can get the best quality, specialist and up-to-date care in the right place and in an affordable way.

We also need to ensure we can provide this health care alongside support for people at home and in their communities so they can easily get the help they need from their surgery, a hospital or at home.

NHS Dorset Clinical Commissioning Group is working out how we need to change by carrying out a Clinical Services Review. We are taking advice from a wide range of doctors, nurses and health and social care specialists, along with patients, carers, voluntary groups and the general public to improve care, reduce the variation in treatment and ensure we spend our money to get the maximum health benefit for all.

Our review is focused on understanding:

- What are your needs?
- What services can meet your needs?



“I think it is clear why we need to restructure our healthcare system - the data shows services are not sustainable. This is an opportunity for change and improvement – particularly around better integration of services.”

Local Dorset resident

Patient and Public Engagement Group member



“Some people and services appear saturated with resources, others are not. We need more focus on equity and equality and plain economics - getting the right services to the right people.”

Local Dorset resident

Patient and Public Engagement Group member

If you would like further information about the review of Dorset's health services then visit www.dorsetvision.nhs.uk e-mail involve@dorsetccg.nhs.uk or ring 01202 541946. Please also contact us to sign-up to the Health Involvement Network to receive regular updates on the Review's progress and the consultation document in the summer of 2015.



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Easyread, audio and translated copies of this document are available on request.

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Thank you to local Dorset people for being in our photos.

Update: Improvement work at Ravenswood House

Background:

At the end of January 16 patients were transferred from a ward at Ravenswood House hospital in Fareham to Woodhaven Hospital at Tatchbury Mount, Calmore, in order to allow for urgent improvements to be made at Ravenswood. The work was undertaken to improve patient safety and included removing ligature points as highlighted in the recent CQC report.

In order to accommodate the new patients, some minor alterations were made to the Woodhaven site and additional staff were recruited to support the patients.

Progress to date:

- The building works are progressing well and are due to be completed in January 2016
- Some patients were hesitant about the move but all have found it to be a positive experience
- Because staff have to work with fewer patients than when in Ravenswood (i.e. one ward instead of five) there has been a positive impact on relationships and closer working between staff and patients, as well as closer working amongst the team itself
- Those with community leave have been happy with the good access to local amenities
- Staff have been creative when planning activities for patients because of the differing provisions at Ravenswood to Woodhaven which has resulted in more variety for the patients and new experiences

The future of Ravenswood

Plans are being developed to rebuild Ravenswood, because the current building is accepted by Southern Health and commissioners to be somewhere that, even with maintenance works, is not going to continue to be fit for purpose in the long term, and we are therefore considering our options for the future of this service provision. We have a plan to rebuild Ravenswood, which will prove most effective for patient safety, welfare and is a better financial decision than continuing to maintain the old building for many years to come.

In order to centralise the Trust's forensic services into one location, building on the Tatchbury Mount site currently provides the best option. Further discussions are being held and we anticipate that further details can be provided on this project later in the year.