

HAMPSHIRE COUNTY COUNCIL**Report**

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	24 November 2015
Report Title:	Proposals to Develop or Vary Services
Reference:	7085
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 through the link below:
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 Information

2. NHS North Hampshire Clinical Commissioning Group, NHS West Hampshire Clinical Commissioning Group: maintaining high quality hospital services for the people of North and Mid Hampshire

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 The now-disbanded Health Overview and Scrutiny Committee (HOSC) agreed that the proposals for the future of hospital services in north and mid Hampshire constituted a substantial change in service in [January 2014](#). These were to either:
 - a) Centralise critical care services on the site of Basingstoke and North Hampshire Hospital and invest in Royal Hampshire County Hospital in Winchester as a general hospital treating the majority of patients in the local community; or
 - b) Build a new 300-bedded critical treatment hospital between Basingstoke and Winchester to treat the 15%-20% most sick patients or those at highest risk and invest in both the Royal Hampshire County Hospital and Basingstoke and North Hampshire Hospital as general hospitals treating the majority of patients in their respective communities.

Background

- 2.3 The HOSC, and subsequently the HASC, have received update items on proposals for hospital services in North and Mid Hampshire at their meetings in April, September and November 2014.
- 2.4 In April 2014, commissioners informed Members of delays to the project timetable following the need to submit to assurance processes led by NHS England. Members received a short written update to their meeting in September 2014, which noted the further delay to the consultation, and an update letter was considered in November 2014, which set out that clinical commissioners did not feel at that time that they had the appropriate evidence to go out to consultation, due to new assurance process requirements from NHS England. No further formal updates have been received since November 2014, although informal meetings have been held between the Chairman and NHS colleagues to update on progress.
- 2.5 All of the updates received since the HOSC considered these proposals to be a substantial change in service (and requested that partners formally attend before the Committee once the outcomes of consultation were known) have informed members of delays to the consultation on the proposals, and the reasons for these.

Update

- 2.6 A letter ([Appendix 1](#), page 7) was sent to stakeholders on 23 September 2015 from the Chief Officers of North Hampshire and West Hampshire CCGs, setting out that the proposals in paragraph 2.2 would not go forward to consultation for a number of reasons, including affordability of the proposals, and national initiatives such as the Five Year Forward View.
- 2.7 The CCGs outline in the report considered by their respective Boards ([Appendix 2](#), page 8) that it is recognised that there is an urgent need for the whole health and social care system to work together to review and design a care model that meets the needs of the local population of north and mid Hampshire. It is noted that over the next year options would be developed and subject to public consultation.
- 2.8 An email was sent to stakeholders on 9 November ([Appendix 3](#), page 12) setting out further details of the review, which confirmed that membership of the programme board would include North Hampshire CCG, West Hampshire CCG, NHS England (Wessex), Southampton University Hospitals NHS Foundation Trust, Southern Health NHS Foundation Trust, the GP Federations in North and Mid Hampshire, Hampshire County Council and Hampshire Hospitals NHS Foundation Trust. It also confirmed that public consultation would take place no later than January 2017.

2.9 A presentation will be provided by the CCGs at the meeting. Hampshire Hospitals NHS Foundation Trust will also be present during the item.

Recommendations

2.10 That the Committee adds the whole system review of health and social care services in north and mid Hampshire to the work programme.

2.11 That the Committee requests a further update on the review once options have been developed, prior to public consultation.

2.12 That the Committee are given the opportunity to contribute to plans for engagement with the local population.

2.13 That the Committee makes any further recommendations on this item following discussions held during the meeting.

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

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



**West Hampshire Clinical Commissioning Group
North Hampshire Clinical Commissioning Group**

23 September 2015

The future of health and care services in north and mid Hampshire

As you know we have been working with Hampshire Hospitals NHS Foundation Trust over the last two years regarding their proposal to build a new critical treatment hospital near the M3. To reach an informed decision we have taken into account a number of factors including our Acute Commissioning Strategy, a Health Gateway Review, a review by the Wessex Clinical Senate and have again reviewed our financial position. The conclusion of this review which is being recommended to our CCG Governing Bodies for approval is that this proposal cannot go forward to formal consultation at present.

The primary reason for this is that the predicted costs of services supplied in this way significantly exceed the funds available to commissioners. We have also been heavily influenced by the national initiatives emerging as a result of the Five Year Forward View which clearly steer health systems towards 'whole system' models of care.

For that reason we are now recommending that we launch a 'whole system' programme to redesign health and social care across north and mid Hampshire. This programme will engage the public at every stage. It will be clinically led and will encompass acute, community, mental health, primary and social care. The objective will be to design a health and social care model which is high quality and affordable.

The future of acute care will be a significant part of this programme because commissioners do accept that there is a need for change, which includes the centralisation of certain services. There are other potential options but it is still possible that a new critical treatment hospital near junction 7 of the M3 might emerge as part of the preferred option for the new health and social care model and, if so, would be part of the public consultation at that stage.

These recommendations are being considered by our Governing Bodies next week.

Should you have any questions, please don't hesitate to contact one of us.

Yours faithfully,

A handwritten signature in blue ink, appearing to read 'Graham Wallis'.

Graham Wallis
Accountable Officer (Interim)
North Hampshire CCG

A handwritten signature in blue ink, appearing to read 'Heather Hauschild'.

Heather Hauschild
Chief Officer
West Hampshire CCG

CCG Board

Date of meeting	1 October 2015		
Agenda Item	5	Paper No	WHCCG15/079

Commissioners' Programme Director's Report regarding Hampshire Hospitals NHS Foundation Trust's proposals to consult on a critical treatment hospital

Key issues	<p>West Hampshire and North Hampshire Clinical Commissioning Groups have been reviewing with Hampshire Hospitals NHS Foundation Trust (HHFT) their proposals to centralise critical treatment services in a new critical treatment hospital (CTH) located near junction 7 of the M3.</p> <p>This report and its recommendations has been approved by the Joint Commissioners Steering Group and noted by the Joint Programme Board. It is being copied to the Governing Bodies for their approval of the recommendations detailed below.</p>
Strategic objectives / Perspectives	<p>1.1 We will improve patient and carers' experiences and outcomes through commissioning safe patient-centred quality healthcare.</p> <p>1.3 We will ensure urgent and emergency care services guide good choices for patients, carers and clinicians to access the most appropriate service for their need.</p> <p>1.6 We will design system pathways to ensure effective and efficient commissioning of planned care services, which are based on population needs and resource availability, resulting in timely service access, appropriate demand management whilst supporting clinical decision making.</p> <p>2.1 We will involve the public, patients and CCG membership to appropriately influence the planning, delivery and review of services.</p> <p>2.3 We will ensure the public are clear about the choices available to them when choosing a local health service.</p> <p>3.2 We will work with partners, where appropriate, to support changes to healthcare service.</p> <p>5.1 We will undertake excellent stewardship of financial resources.</p> <p>5.2 We will develop an effective transformation programme that will make a difference.</p> <p>5.3 We will define and ensure value for money from all commissioned services.</p>

Compassionate – Inclusive – Honest – Ambitious – Fair

Actions requested / Recommendation	<p>West Hampshire Clinical Commissioning Group Board is asked to note this report and approve the recommendations from the Joint Commissioners' Steering Group, that:</p> <ul style="list-style-type: none"> • There will be no public consultation with HHFTs proposal as the preferred option unless it emerges as part of the preferred option for health and social care after the whole system programme described above. • A system wide programme should be launched immediately and this should include work to ensure services are maintained during the interim period.
Principal risk(s) relating to this paper	Principal risks relate to reputation and delay in developing a system wide programme and agreeing interim solutions to ensure services are maintained whilst longer term plans are developed.
Other committees / groups where evidence supporting this paper has been considered.	<p>Joint Programme Board – Planning the future of acute clinical services for people living in North and West Hampshire</p> <p>Joint Commissioners Steering Group</p>
Financial and resource implications / impact	The financial and resource implications arising from this paper relate to staffing resource available to deliver a large and complex programme.
Legal implications / impact	None at this stage.
Public involvement – activity taken or planned	Comprehensive public engagement will be embedded in a new system wide programme to develop new models of care.
Equality and Diversity – implications / impact	All emerging proposals will be analysed to identify any issues impacting on equality and diversity.
Report Authors	Mark Smith, Programme Director for West Hampshire and North Hampshire CCGs
Sponsoring Directors	Heather Hauschild, Chief Officer, West Hampshire CCG
Date of paper	22 September 2015

**DECISION ON COMMISSIONERS' RESPONSE TO HAMPSHIRE HOSPITALS
FOUNDATION TRUST'S PROPOSAL FOR A NEW CRITICAL TREATMENT HOSPITAL**

**COMMISSIONERS' PROGRAMME DIRECTOR'S REPORT
SEPTEMBER 2015**

1. Introduction

- 1.1 West Hampshire and North Hampshire Clinical Commissioning Groups have been reviewing with NHS England (Wessex) specialist commissioners, through their joint commissioners' steering group, Hampshire Hospitals NHS Foundation Trust's (HHFT) proposals to centralise critical treatment services in a new critical treatment hospital (CTH) located near junction 7 of the M3.
- 1.2 The purpose of this report is to summarise the outcome of this review, its conclusions and the decisions now required. The review's conclusions were agreed by the commissioners' steering group on 21st August and noted by the joint programme board (of which HHFT is a member) on 28th August.

2. Affordability

- 2.1 Among other matters this review has included an analysis of whole system affordability. This analysis has demonstrated that there is a significant affordability gap between commissioners' available funding and the cost of HHFT's proposal. The affordability gap worsens over time with or without the introduction of a new CTH and its planned efficiencies.

3. The Five Year Forward View

- 3.1 It is accepted throughout the system that there is a case for change. However this case for change must now be seen in the light of the new models of care emerging from the work on the 5 Year Forward View (5YFV), the more challenging economic environment, national initiatives on urgent care networks and emerging views on the future of payment by results (PbR) and the foundation trust (FT) model
- 4.1 For the reasons set out above, this review has concluded that commissioners cannot launch a consultation with HHFT's preferred option at present. This recommendation was noted by the Joint Programme Board and is now presented for Governing Body Approval.

- 4.2 The commissioners recognise that the review has clearly demonstrated that there is an urgent need for the whole system (including primary, social, mental health, acute and community care) to work together to design a whole care model, including an acute configuration that delivers the aspirations explained in the CCGs' acute commissioning strategy.
- 4.2 Extensive work now needs to be undertaken over the next year to develop feasible and affordable options across the whole system. It remains possible that a similar model for critical care as that proposed by HHFT might emerge as part of one of the options, and if so, would be subject to public consultation at that stage.
- 4.3 Therefore an overarching programme across north and mid Hampshire is proposed, led by commissioners working with all their provider colleagues, including the emerging GP Federations, to re-design the care model across this area.
- 4.4 There also needs to be immediate joint work to agree how best to respond to the continuing operational and financial pressures faced by HHFT.

5. Decisions required

- 5.1 The Board is asked to note this report and approve the recommendations from the Joint Commissioners' Steering Group, which are that:
 - 1. There will be no public consultation with HHFTs proposal as the preferred option unless it emerges as part of the preferred option for health and social care after the whole system programme described above.
 - 2. A system wide programme should be launched immediately and this should include work to ensure services are maintained during the interim period.

Mark R Smith
Programme Director
21 September 2015

* Sent on behalf of North Hampshire and West Hampshire Clinical Commissioning Groups *

9 November 2015

Dear Councillor,

The governing bodies of North and West Hampshire Clinical Commissioning Groups recently confirmed that they would be launching a programme to develop options for the delivery of future health and care services for the residents of north and mid Hampshire. The programme will set out options for the further integration of primary, community, mental health, acute and social care services.

Senior representatives of the organisations involved in this programme met on the 19 October to confirm how it would be taken forward. They agreed it should be delivered quickly with the aim of presenting options for formal public consultation by no later than January 2017.

To help this be achieved, it was also agreed that a programme board with an independent chairman would be established to oversee the work and ensure it is delivered at pace.

Confirmed membership of the programme board includes North Hampshire CCG, West Hampshire CCG, NHS England (Wessex), Southampton University Hospitals NHS Foundation Trust, Southern Health NHS Foundation Trust, the GP Federations in North and Mid Hampshire, Hampshire County Council and Hampshire Hospitals NHS Foundation Trust.

The objective of the programme is to ensure that health and social care services for the people of mid and north Hampshire are sustainable, affordable and of high quality. The programme board acknowledges the requirement to centralise critical treatment services as well as to integrate health and social care. Those critical treatment services need to be considered as being an important element of the whole integrated system of health and care services.

We have made a commitment to engage with relevant stakeholders, including patients, carers and members of the public in developing options, selecting criteria by which to judge them and then selecting a preferred option or options for formal consultation.

We will keep you regularly updated throughout the programme and warmly welcome any input you may wish to make.

Heather Hauschild
Chief Officer
West Hampshire CCG

Graham Wallis
Accountable Officer (Interim)
North Hampshire CCG