

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date of Meeting:</b>	27 January 2015
<b>Report Title:</b>	Proposals to Develop or Vary Services
<b>Reference:</b>	6434
<b>Report From:</b>	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=](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. Southern Health NHS Foundation Trust: Improvement Work at Ravenswood House**

### *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.

### *Background*

- 2.2 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.
- 2.3 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. Therefore the Trust are proposing to move some patients to Woodhaven, Tatchbury Mount, for a period of six to nine months whilst these works take place, in order that they can take place separately from any patients, minimising any risks.
- 2.4 Woodhaven is a multi-purpose clinical facility, configured to provide care to people with various needs, including learning disabilities and mental health needs. As part of the recent refurbishments to Woodhaven, the building was made compliant for patients requiring care in a secure setting. Currently, the building provides accommodation and support for people with learning

disabilities. These patients are accommodated in another part of the building, and should not be disrupted by the proposals.

### *Update*

- 2.5 The Trust has submitted a paper ([Appendix 1](#), page 8) which provides details of the proposals for Ravenswood House, the engagement that has taken place to date with patients, their families/carers and staff, and the support for the works from commissioners and other stakeholders.
- 2.6 The patients selected for transfer are at a stage in their rehabilitation which makes Woodhaven a suitable environment for them. As noted in 2.4, the hospital was recently refurbished to meet the specifications for secure services, and the Trust has highlighted plans to recruit additional staff to support the patients and operate the building at Woodhaven.

### *Recommendations*

- 2.7 Members confirm:
- a. If they support the proposal to temporarily transfer patients from Ravenswood House to Woodhaven for a period of six to nine months, whilst urgent works take place to improve patient safety.
  - b. Whether they require any further information on this issue, and the timings for a future update.

### ***Items for Monitoring***

None.

### ***Items for Information***

## **3. NHS England: Vascular Surgical Services – Interim Update following Gateway Review**

### *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 The Health Overview and Scrutiny Committee (HOSC) last received an update from NHS England (Wessex) on vascular surgical services in March 2014, where options were heard for the future commissioning of the service. It was heard that Portsmouth Hospitals NHS Trust and University Hospital Southampton NHS Foundation Trust, the two providers of vascular surgical services in Hampshire, had opened a new dialogue to consider creating a sustainable vascular network between the Trusts.
- 3.3 Members heard that the proposals for the future of the service included NHS England's response to the publication of the national service specification for Specialised Vascular Services, adopted in October 2013, which are a set of key requirements that all Trusts who provide a vascular service must meet. The preferred model would be taken forward in three phases, and would see the establishment of a Southern Hampshire Vascular Network and the movement, on a phased basis, all major complex arterial vascular surgical procedures to Southampton. This option was seen as providing the best chance for long term sustainable vascular services for local people.
- 3.4 The HOSC considered phase one of the preferred model, and agreed that the proposals at that stage did not constitute a substantial change in service. It was resolved that phase one be monitored when timely, and phase two and three of the proposals be brought back to the Committee once available.

#### *Update*

- 3.5 An update report on the progress of proposals, which includes the recommendations of the Gateway Review, is attached as Appendix 2 (page 11).
- 3.6 Since the last item appeared before the HOSC in March 2014, further work has taken place between NHS England and providers to agree a model which is accepted by all parties. A 'Gateway Review' was requested by NHS England in October 2014 to review the basic project structure and progress to ensure that best practise processes were being followed. Six recommendations were made as part of this review.
- 3.7 The decision to proceed with phases two and three of the preferred option has been deferred whilst further work takes place. In discussions, two possible models of care/strategic options have now been identified :
- Southampton and Portsmouth to remain as two arterial centres, but to collaborate to provide a single clinical service where possible.
  - Centralise vascular services at Southampton, moving on a phased basis all major complex arterial vascular surgical procedures to Southampton (the preferred option previously reviewed by the HOSC).

- 3.8 A strategic evaluation of both options listed in 3.6 is currently underway to assess impact. An update has been provided to the Wessex Senate following the Gateway Review, who determined that whilst collaboration was a valuable step forward, it still agreed that there should be a single clinical service across both sites with one clinical director and one rota.
- 3.9 A Full Business Case is being developed and is due to be finalised in Spring 2015, when it is recommended to come before the HASC.

### *Recommendations*

3.10 Members confirm:

- If they are satisfied with the next steps proposed by NHS England.
- That the Full Business Case is added to the work programme for consideration when available.

**CORPORATE OR LEGAL INFORMATION:**

**Links to the Corporate Strategy**

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

## Briefing note: Improvement work at Ravenswood House

### What we are proposing:

- Transferring 16 patients from a ward at Ravenswood House hospital in Fareham to Woodhaven Hospital at Tatchbury Mount, Calmore.
- This transfer will take place on Thursday 29 January 2015.
- The patients will be at Woodhaven for approximately 6-9 months while urgent improvements are made to Ravenswood.
- Between now and January, some minor alterations to the Woodhaven site will be carried out to ensure the environment is completely suitable, secure, and safe for this patient group.
- We are also recruiting additional staff to support the patients and operate the building at Woodhaven.

### Why this needs to take place:

- Urgent building work is required at Ravenswood, including to remove identified ligature points. This work must take place in the interests of patient safety, as stipulated by the CQC and NHS England.
- At the CQC inspection which took place in October, inspectors highlighted the need for this further work to take place to remove remaining ligature points.
- Transferring a whole ward will enable other patients at Ravenswood to 'rotate' into this ward to enable building work to be carried out across the whole Ravenswood site in a phased approach. This will ensure that building work can take place separately from any patients, minimising any risks.
- The patients selected for transfer are at a stage in their rehabilitation which makes Woodhaven a suitable environment for them. The hospital was recently refurbished to meet the specifications for secure services.

### Other options considered

- We have considered other options: Carrying out the building work while patients are still on the ward; expediting discharge of patients into the community; and transferring patients to other hospitals outside Hampshire. The option we have selected carries the minimum risk, enables patients to remain in Hampshire, and has been supported by both NHS England and the Ministry of Justice.

## **Evidence of engagement**

- NHS England commissioners have been closely involved in discussions and the development of these proposals.
- Hampshire Constabulary has been informed and we are beginning to work with them to ensure procedures are in place locally to maintain security and safety of patients, staff and the public.
- We have informed local Clinical Commissioning Groups (West Hampshire, Southampton and Fareham and Gosport), the SCAS ambulance service, and local NHS Trusts so they are aware of our plans.
- Ongoing engagement about the Tatchbury Mount site has been taking place with the local community, parish council, and MP (Dr Julian Lewis). This includes providing information and reassurance about the different services and patients at the different hospitals at Tatchbury Mount. This engagement has taken the form of written updates, an article for the local magazine, parish council meetings and attendance at the MP's local mental health meetings. At the most recent meeting, we informed these stakeholders of our plans to make better use of Woodhaven, including for the potential care of patients in a secure setting. We will write to the MP and parish council, and will attend the next mental health meeting in November to give an update which will include information about the transfer of patients from Ravenswood.
- We have been working closely with staff at Ravenswood and Woodhaven. A consultation has taken place to identify staff wishing to be transferred to Woodhaven to support the patients. We are also carrying out additional recruitment for the Woodhaven Hospital.
- Between now and January, we will be informing patients and their relatives of the temporary transfers, to ensure they fully understand the rationale and can voice any concerns or questions they may have. We are committed to minimising the disruption for patients and relatives. Although the distance between Ravenswood and Woodhaven is relatively small, we are prepared to assist with any transport requirements that visiting relatives may have.

## **Support from commissioners and other stakeholders**

- NHS England, as commissioner of this service, has expressed support for these proposals, pending completion of the minor alterations at Woodhaven.
- The Ministry of Justice has also expressed support for this approach, once NHS England has signed off the alterations at Woodhaven.

## **Support from a clinical perspective**

- Senior clinicians from Southern Health have led the development of these plans and support the proposed approach as being clinically suitable for the patient group.

## **About Ravenswood House**

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. Our aim is to support people to recover and become rehabilitated such that they can 'step down' to low-secure settings or return to the community.

## **About Woodhaven**

Woodhaven is a multi-purpose clinical facility, configured to provide care to people with various needs, including learning disabilities and mental health problems. As part of the recent refurbishments to Woodhaven, the building was made compliant for patients requiring care in a secure setting. This makes the building ideal for the transfer of patients from Ravenswood. Currently, the building provides accommodation and support for people with learning disabilities. These patients will not be disrupted by the proposed transfer, which involves a different part of the building.

## 1. Purpose

- 1.1 The purpose of this report is to provide an interim update to the Hampshire Health and Adult Social Care Select Committee on progress of the first tranche of the NHS England (Wessex) Vascular Programme, the reconfiguration of vascular services across Southern Hampshire, provided by the two hospital sites of University Hospital Southampton NHS Foundation Trust (UHS) and Portsmouth Hospital Trust (PHT). The recommendation to centralise vascular services at UHS was deferred when discussions identified gaps in impact analysis that required further work to develop a robust Business Case. Recipients are asked to note the progress made to date and the next steps to be taken. It is anticipated that the iterative feedback process and additional detailed analysis will culminate in a Final Business Case being produced in Spring 2015.

## 2. Background

- 2.1. The Vascunet 2008 report (cited in the Vascular National Service Specification (NSS)<sup>1</sup>, identified that the UK had the highest mortality rates in Western Europe following elective abdominal aortic aneurysm (AAA) (7.9% vs 3.5% Europe). The Vascular Society of Great Britain and Ireland (VSGBI) initiated changes to improve clinical outcomes and in 2013 reported<sup>2</sup> that the mortality rate for elective AAA in the UK was now 2.4%. In 2013, the NSS published evidence-based models of care to continue to improve patient diagnosis and treatment, and ultimately improve patient mortality and morbidity rates associated with vascular disease.
- 2.2. There have been several vascular reviews since 2009, which have included Southern Hampshire although there has been no implementation of associated recommendations to date. During March and April 2014 NHS Wessex consulted with the requisite four Health Overview and Scrutiny Committees and Panels, on implementing and approach that became known as 'Option 4':

*Option 4 - Establish a Southern Hampshire Vascular Network and move, on a phased basis, all major complex arterial vascular surgical procedures to Southampton. (Options for surgery following a TIA or stroke (such as carotid endarterectomy CEA) and major amputations will be considered at a later date following the successful implementation of the initial phases.)*

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<sup>1</sup> A04/S/a 2013/14 NHS Standard Contract For Specialised Vascular services (Adults)

<sup>2</sup> National Vascular Registry 2013 Report On Surgical Outcomes

- 2.3. Three of the four HOSCs/HASCs did not consider the plans to be a substantial change, the exception being Portsmouth HOSC which did view the proposed change as substantial and therefore requiring formal consultation.
- 2.4. Option 4, centralisation of vascular services at UHS has not had the support of all parties, and there has been considerable media and public opposition in Portsmouth, as this model was perceived as potentially destabilising to PHT with unintended consequences not fully understood. In order to clarify the impact on individuals and organisations, work has commenced on developing a Business Case.
- 2.5. A number of vascular reviews have signalled potential capacity issues in transferring the majority of vascular services to UHS. These issues will be worked through as part of the Business Case. During this period, close attention will be paid to the quality of service of both Trusts.
- 2.6. As part of the programme management arrangements put in place to oversee this work, it was agreed to explore collaborative opportunities in parallel to undertaking the business impact analysis of the options identified. A critical first step towards collaboration was an externally facilitated clinical meeting involving the clinical teams from both UHS and PHT, which took place on 1<sup>st</sup> July 2014. At this meeting a clinical lead was elected from each trust and it was agreed that clinicians would form a joint Multi-Disciplinary Team (MDT) to develop areas of joint working between the clinical teams.
- 2.7. At the time of writing, both Trusts are meeting key service outcome measures defined in the NSS for both elective AAA and CEA procedures although compliance with all NSS measures has not yet been fully achieved. Analysis has also identified that not all outcome data specified in the NSS is compiled by the Trusts; this will be included as a contractual obligation going forwards. A detailed review of each element of the NSS has mapped current capability and performance.

### **3. Current Position**

- 3.1. In discussions, two possible models of care/strategic options have now been identified :
- UHS and PHT to remain as two arterial centres, but to collaborate to provide a single clinical service where possible; it should be noted that the number of complex vascular patients needed to be centralised is low.
  - Centralise vascular services at UHS – Move on a phased basis all major complex arterial vascular surgical procedures to Southampton (UHS) (Option 4).
- 3.2. A strategic evaluation of both options listed above is currently underway to assess impact in terms of suitability, feasibility and acceptability and as an aid for effective decision making. A first draft has been prepared. This demonstrates the areas requiring further detailed work before a final Business Case can be developed. It is hoped to produce a final Business Case in Spring 2015.


3.3. NHS England (Wessex) has embraced this further opportunity to agree a model for implementation. There is renewed energy and transparency across the system and opportunities are emerging that should support both UHS and PHT as providers of optimized vascular care through collaborative working arrangements.

3.4. The collaboration is being treated as a pilot whilst the impact assessment and Full Business Case is developed. The collaborative pilot has been approved to continue until 31<sup>st</sup> March 2015, but it is anticipated that the pilot will continue until a strategic decision has been made.

3.5. An update was presented to the Wessex Senate in December 2014. The Senate agreed that the collaboration was a valuable step forward and reiterated its recommendation that there should be a single clinical service across both sites with one clinical director and one rota. The Senate expressed concern about aspects of diabetic care and emphasised the benefit of ensuring that current work on improving vascular services should also include reviewing links and pathways with diabetic services.

3.6. The Project approach and progress is being undertaken according to the NHSE Service Re-configuration Guidelines and the project structure which has been put in place is attached at Appendix A. A Gateway review of the process was also undertaken in October 2014. The aim was to review the basic project structure and progress to ensure that best practise processes are followed. The findings are detailed below:

Overall The Review Team considers the Delivery Confidence Assessment (DCA) to be: **AMBER-RED.**

	Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed.
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Below is a summary of the key Recommendations made by the Review Team:

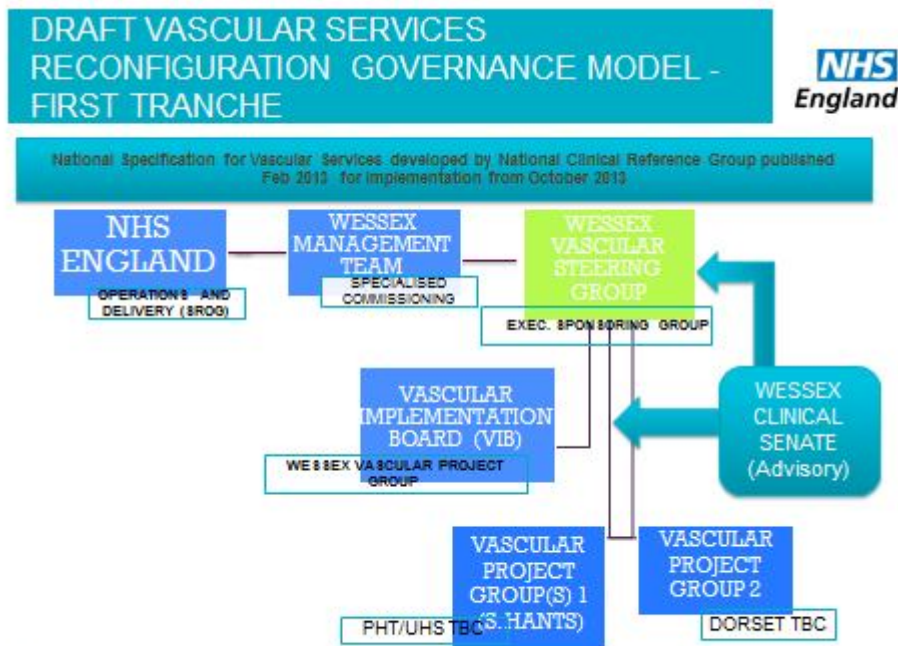
Ref. No.	Recommendation	Timing
1.	<b>Ensure that the Full Business Case is comprehensive and compelling, and follows a best practice format.</b>	Do Now
2.	<b>Review the current stakeholder analysis and create a comprehensive communication strategy and plan for Vascular Service reconfiguration.</b>	Do Now
3.	<b>Benefit realisation management plans should be developed.</b>	Do by end Jan 15
4.	<b>Any change of programme approach should be formally and expeditiously communicated to all external stakeholders, especially overview and scrutiny bodies.</b>	Do Now
5.	<b>The Programme's formal risk management processes should be reviewed and augmented.</b>	Do Now
6.	<b>A revised and detailed Programme plan should be formally communicated to stakeholders.</b>	Do by end Dec 14

#### **4. Next Steps**

A copy of the first draft of the Business Case has been shared with both hospitals and feedback has been requested by 14<sup>th</sup> Jan 2015. This will be incorporated with the on-going business analysis into a second draft. The team will work with both Trusts to develop a shared understanding of both models and their impacts, ensuring that this is done in sufficient detail to enable an informed discussion with all relevant partners, Oversight Groups and the public. The team will keep HOSCs/ HASCs updated on progress.

## Appendix A Wessex Vascular Programme Governance:

1. NHS England (Wessex) has an established formal and transparent Vascular Programme governance structure for implementation of the agreed vascular services proposals. This has been agreed with our relevant stakeholders.



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2. The Vascular Programme structure includes a Steering Group chaired by Dominic Hardy, Director of Commissioning Operations, with Accountable Officers from CCGs representing East and West Hampshire, and both UHS and PHT Chief Executives, as a minimum quorum.
3. Implementation of sanctioned proposals will be overseen by the Vascular Implementation Board, which is chaired by Susan Davies, Interim Director of Commissioning, with both UHS and PHT Medical Directors as a minimum quorum. The Board also has patient representation in the form of Healthwatch.
4. The joint UHS/PHT Collaborative Pilot will report directly into the Vascular Implementation Board and the project team will ensure all plans are fully scrutinised.