

**HAMPSHIRE COUNTY COUNCIL**

**Report**

<b>Committee:</b>	Health Overview and Scrutiny Committee
<b>Date of Meeting:</b>	26 January 2009
<b>Report Title:</b>	Proposals to Develop or Vary NHS Services
<b>Report From:</b>	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 March 2005. This places particular emphasis on the duties imposed on the NHS by Section 11 of the Health and Social Care Act 2001.

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

- *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
- *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.

- 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 Information***

2. **South Central SHA: Consultation on proposals to fluoridate drinking water in Southampton and South West Hampshire**
- 2.1. No further information has been received about progress with the Judicial Review challenge to the SHA.

### ***Recommendation***

- 2.2. Members are kept briefed on progress with the Judicial Review.

### ***Items for Action***

3. **Hampshire Partnership NHS Foundation Trust: Proposals to modernise adult mental health rehabilitation.**
- 3.1. Further to the discussion of the HOSC on 25 November the Chairman wrote to Hampshire Partnership setting out a the concerns of the Committee and the action that needed to be taken. This is attached at [Appendix One](#). The response from the Trust is attached at [Appendix Two](#). Details of the engagement plans with key stakeholders to take the work programme forward.
- 3.2. The Trust has advised the HOSC of its intention to extend the period of temporary urgent closures for a further three months (see [Appendix Three](#)).

### ***Recommendation***

- 3.3. That the HOSC confirms if it is satisfied:
  - With the case made by the Trust for the continued closure of Ellingham and Rivendale on the grounds of patient safety.
  - The scope and progress of the independent review.
- 3.4. Hampshire Partnership attends the HOSC meeting on 30 March to present the findings of the independent review and outline next steps in response to this work.

4. **NHS Hampshire: Proposals to cease the development of Oak Park Hospital**
- 4.1. Further to the discussion at the last meeting the Chairman wrote once again to the Interim Chief Executive of NHS Hampshire highlighting the continuing issues of concern to members. This correspondence and the response from NHS Hampshire is attached at Appendices [Four](#) and [Five](#) respectively.
- 4.2. No further information had been received by prior to the circulation of this agenda however it is anticipated that the paper to NHS Hampshire Board, currently scheduled for 28 January, will be made available to be circulated to members before the HOSC meeting.

*Recommendation*

- 4.3. Members confirm if they are satisfied with:
  - The response from NHS Hampshire to the HOSC letter of 25 November.
  - the approach proposed for alternative service provision should Oak Park Community Hospital not proceed.

**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: Letter to Hampshire Partnership NHS Trust: 25 November 2009: PICU services and temporary urgent action**

Thank you for attending our meeting yesterday. Although members found it helpful to have Dr Shawcross' reassurances about the action taken by the Trust the fact remains that we are still receiving comment and feedback from other stakeholders about the adverse impact on patients and staff resulting from the closure of Ellingham ward. We did ask that these issues were addressed by the Trust at our last meeting and it is disappointing that there appears to have been little progress in finding a resolution.

If the patient benefits identified by the Trust are in fact being delivered by the closure of this ward then we would expect there to be agreement about the way in which clinical services need to be developed to meet patients' needs. A number of clinical concerns have been raised in correspondence to the HOSC and, whilst we are keen to work with the Trust to manage pressures within the system, we cannot ignore the continuing concerns highlighted by staff and local people – including Dr Julian Lewis and Desmond Swayne. As I said at the meeting I do not consider it appropriate for the HOSC to act a referee in relation to clinical matters and I am not prepared to have it used in this way.

We agreed at the meeting that a way forward would be to obtain a suitably qualified independent clinical view about how best this conflict can be resolved. I am therefore proposing that the PCT, as commissioners of these services, works with Hampshire Partnership to identify a process through which an independent view of the current proposals can be provided to inform our next steps. This opinion must command the confidence of all parties, address the clinical issues that have been raised and be completed within a defined timeframe. It would also be helpful if this work addressed the variability in which acute beds are classified referred to in your letter of 10 November 2009 and an impact assessment of the proposals on the patient group affected (this should already be available).

I am willing to provide whatever assistance the PCT and the Trust may need to take this forward but will expect a firm proposal to be sent to me by 4 December 2009. If this is not provided or is not sufficiently robust I will be asking members for their views on how we proceed.

cc HOSC Members  
Cllr F Hindson, Executive Member Adult Services  
Gill Duncan, Director, Adult Services  
Richard Samuel, Director of Commissioning, NHS  
Hampshire  
Dr Julian Lewis MP  
Desmond Swayne MP  
Dr Guy Powell  
Carol Bode, Chairman, Hampshire Partnership

**Appendix Two: Temporary of Facilities. Hampshire Partnership  
response: 4 December 2009.**

**Re: PICU Services and Temporary Urgent Action**

Thank you for your very helpful letter dated 25<sup>th</sup> November 2009 regarding the above and the opportunity to present to you the Trust's plans for developing services in the future.

I can confirm that we have established a terms of reference for the external clinical review of PICU services, which has been jointly agreed by both NHS Hampshire and ourselves and I enclose this for your information. We are in the process of confirming the Consultant Psychiatrist and Director of Nursing for the review panel and once these have been confirmed Mandy Johnstone, Programme Director, will ensure that you receive brief biographies. I am please to be able to inform you that Tom Smith, Chairman at Hampshire LiNKS, has agreed to join the review panel and Mandy will be meeting with Tom next week to provide him with a briefing and terms of reference,

I also enclose for your information a 'Special Briefing' that went out to all staff earlier this week.

In a discussion with Denise earlier this week Mandy has agreed to attend the January HOSC meeting to present the findings of the review and update members on how our engagement is progressing.

I am, like you, keen to find a resolution to the matter and I am confident that the review will enable that to happen.

## **Appendix Three: Hampshire Partnership Trust Extension of Temporary Urgent Closures. 14 January 2010**

### **Trust extends temporary 'URGENT ACTION' to maintain safe and effective services**

You will remember that in October, the Trust Board agreed to take temporary urgent action to maintain safe, effective services which offer standards of quality we are proud of, alongside the need to hold vacancies to support changes that are being developed within the adult mental health directorate.

This action involved:

1. Short term closure of Rivendale Rehabilitation Unit for a four month period
2. Short term closure of Ellingham Psychiatric Intensive Care (PICU) Unit for a four month period
3. Secondment of the staff from these two units (under existing terms and conditions).
4. Releasing some further vacancies for permanent recruitment to take place.
5. Reviewing the position in January 2010 subject to the status of further engagement and decision making at that time.

I am pleased to report that as a result of these actions, services have been able to continue to operate normally. Unfortunately the overall number of vacancies across the Trust had only reduced very slightly which means that there are still a significant number of nursing and health care support worker vacancies.

The Trust Board considered the latest situation regarding vacancies at its meeting in January. It has therefore agreed that the temporary urgent action will need to continue for a further three months. This situation will be reviewed again in April.

I appreciate that for some staff this extends this period of uncertainty and I would again like to thank everyone for the significant efforts and high standards of care that staff are delivering to ensure services are safe and effective.

*Nick Yeo*  
*Chief Executive*

## **Independent Clinical Review (Psychiatric Intensive Care Services)**

### **1.0 Context**

1.1 Hampshire Partnership NHS Foundation Trust has outlined a programme of service changes which have been developed to ensure that mental health services are designed within a 'whole systems' approach. The strengthening of the acute care pathway across acute inpatient services

(including PICU and crisis resolution and home treatment services) has produced significant improvements in provision of care to patients who are most unwell by refocusing resources, which has in turn, led to a reduction in the numbers of people requiring PICU beds.

1.2 The Trust has reviewed the use of PICU beds across Hampshire and has identified that anticipated activity can be safely and cost effectively managed within a reduced overall bed stock as a result of changing practice and presenting needs.

1.3 Staff consultation around a number of pathway, service and management changes commenced on 22 June 2009 and closed on 14 September 2009.

1.4 In October 2009 the Trust made a decision to take urgent temporary action to close Ellingham PICU due to unsafe staffing levels across the Trust.

1.5 A number of clinical staff have raised concerns regarding the long term proposals for Ellingham. These concerns have been echoed by a local MP and GP.

1.6 The Trust is intending to go to formal consultation on a number of service changes, one of which is the future of Ellingham ward, in January 2010. Further pre consultation engagement work is planned with staff, service users and external partners prior to formal consultation.

## **2.0 Purpose**

2.1 The role of the independent clinical review panel is to :

- Review the emerging proposals from the Trust with reference to national best practice.
- Take into account the views and opinions of service users, carers and clinicians
- Commission independent research and/or seek expert opinion as necessary
- Seek to establish whether there are any alternative proposals that represent “realistic, cost-effective and preferred alternatives” for the configuration of PICU services across Hampshire
- Publish a report for consideration by the Chief Executive Officers of NHS Hampshire and Hampshire Partnership NHS Foundation Trust by 22 January 2009

2.2 The panel will assess proposals relating to PICU provision referred to it by the Trusts to determine whether they would deliver services that are safe, high-quality, realistic, affordable, cost-effective, viable and address the mental health needs of the local communities.

2.3 The panel will be free to assess proposals on whatever evidence based criteria deemed to be appropriate.

2.4 The existence of the independent clinical review panel is designed to provide independent facilitation to ensure a satisfactory resolution in the development of PICU services within Hampshire. Its aim is to aid public transparency but it does not in any restrict, limit or confine the Trusts from fulfilling their statutory duties and obligations. Nor does it restrict in any way the exponents of alternative views from arguing their case.

2.5 Any findings or final report emerging from the panel will have an advisory status and no party is compelled to accept such findings or assessment reports. Any such reports will, however, be formally presented at the trusts board meetings.

### **3.0 Membership**

3.1 The panel will comprise :

- Independent Consultant Psychiatrist with credibility, authority and personal standing who works outside of South Central SHA.
- Independent Director Of Nursing with credibility, authority and personal standing who works outside of South Central SHA.
- The Chairman of Hampshire LINKs

### **4.0 Accountability Arrangements**

4.1 The panel is accountable to the Chief Executive Officers of NHS Hampshire and Hampshire Partnership NHS Foundation Trust

### **5.0 Arrangements for Meetings & Project Support**

5.1 Meetings to determine key milestones will be chaired by NHS Hampshire and arranged as appropriate by Hampshire Partnership NHS Foundation Trust.

5.2 Administrative support will be provided by Hampshire Partnership Foundation Trust via the Engagement & Consultation Office.

## **Appendix Four: Letter to NHS Hampshire re: Oak Park Hospital**

### **Delivering health services for the population of Havant and south east Hampshire**

I am writing further to our meeting yesterday to reaffirm the deeply held views of the HOSC about the current proposals to stop the development of Oak Park Hospital. I am aware of the work that is underway to explore possible alternatives and we will contribute constructively to this. However the PCT needs to accept that as this proposal is an integral part a series of programmes to support the new QA Hospital, it should not be regarded as a separate project in its own right.

As far as we are aware the only assessment that has taken place to date is financial and we believe this is not sufficient to make the case for stopping such a development - the need for which is so forcefully made in the business case of 2006. Although this document is three years old the health issues for this population remain, particularly with regard to deprivation and an aging population. To simply stop the development of Oak Park, having already invested some £2.5 million of public funding because of financial pressures that may occur in the future is not acceptable. We do not know how you rank priorities and I would like to understand how the health needs of a population such as this is prioritised by the PCT.

It was helpful to understand that the options that are currently being discussed with the local community do not include that of retaining the current commitment to Oak Park in order to promote thinking about alternatives and the confirmation that any consultation document produced would include the reinstatement of the project was well received. I am anticipating that the PCT is also undertaking a full impact assessment that will be made available to the Board and the HOSC? Further, members are of the view that the options presented must address all aspects of services that were to be provided at Oak Park Community Hospital, including the MIU and endoscopy service. It will not be satisfactory to deal with ambulatory and inpatient care separately - these services are required in the community and are interdependent. To deal with them separately raises concerns that the in-patient provision that was planned in the community will never materialise.

I look forward to receiving the information requested.

#### **Chairman, Health Overview and Scrutiny Committee**

cc Cllr Ken Thornber  
Cllr Felicity Hindson  
Cllr David Kirk  
East Hampshire, Havant and Winchester County Cllrs  
HOSC Members  
Leader, East Hampshire District Council  
Leader, Havant Borough Council  
Leader, Winchester City Council  
David Willets MP  
Jonathan Montgomery, Chairman, NHS Hampshire

## Appendix Five: Oak Park Hospital: Response from NHS Hampshire: 24 December 2009



24 December 2009

Hampshire Primary Care Trust Headquarters  
Omega House  
112 Southampton Road  
Eastleigh  
Hants  
SO50 5PB

Anna McNair Scott  
Chairman, Health Overview  
& Scrutiny Committee,  
Room 140, Chief Executives Department,  
Hampshire County Council,  
The Castle,  
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Office Telephone: 023 8062 7444  
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Website: [www.hampshire.nhs.uk](http://www.hampshire.nhs.uk)

Dear Anna

### **Delivering Health Services for the Population of Havant and South East Hampshire**

Thank you for your letter dated 25 November 2009 to reaffirm the deeply held views of the HOSC about the current proposals to stop the development of Oak Park Community Hospital. I apologise for the delay in replying to your letter.

Local health service plans have envisaged a community hospital in Havant since the late 1980s as part of a network of community hospitals across South East Hampshire, complementary to and supporting the provision of acute services based at the redeveloped Queen Alexandra Hospital. The key objective for services in the Havant area has been to bring together a range of healthcare professionals from existing acute and community sites to deliver services close to home that meet local needs.

NHS Hampshire, together with other NHS organisations in the South East Hampshire area, has been modelling the impact of new facilities on budgets for a number of years. We had projected our expected income in future years based on anticipated public sector spending levels to ensure that all plans were affordable to the local health economy.

Following the sudden and sustained economic crisis last year it became clear at the end of May 2009 that future funding growth levels would be lower than anticipated. As you know this triggered the NHS Hampshire Board to review all major investments in response to the challenge set by the financial outlook.

At that time, the Oak Park Community Hospital project was entering a stage where legal and financial advisors would be instructed by both the local NHS and the building supply chain. The PCT recognised that plans for an affordable new build were at risk and decided to suspend all work on the development of a full business case for a new hospital in order to minimise potential abortive costs. An estimated cost of £800k in fees would have been spent in June and July if this decision had not been taken promptly. Although the PCT has already spent £2.5 million in the design of the hospital, these costs are essentially 'sunk' and that can never be considered a justification for spending more money.

Hampshire Primary Care Trust, Headquarters  
Omega House, 112 Southampton Road, Eastleigh, Hants SO50 5PB

Despite the financial pressures on us the original objectives for health services in the Havant area have not changed. The objectives have remained central to work since September to discuss and develop alternative options that avoid the cost of a new hospital building while still improving local service provision. Portsmouth Hospitals NHS Trust has played a central part in these discussions as have local GPs, councillors and residents.

The PCT prioritises investment based on health need and this is demonstrated by our recent investment in services and buildings in our most deprived areas such as Aldershot Centre for Health which is the largest health centre in Europe; new health centres at Brune and Rowner in Gosport; the redevelopment of the Gosport War Memorial Hospital and another new Medical Centre planned to open next year in Gosport. In the Havant area we have invested in the Oak Park Children's Services Centre; a new GP surgery which has released space at Havant Health Centre allowing the improvement of primary care; and we have agreed future investment in two new GP surgeries to the west of Waterlooville so that we will be able to meet the needs of the growing population in response to the planned major development area.

Since the suspension of Oak Park development we have taken the opportunity to conduct a review of health need in the Havant area and this has confirmed that there is significant deprivation which translates into increased health need and reduced life expectancy. There are a number of key conditions that could benefit from increased local access to community and preventative services. In addition the provision of local clinics with access to on site diagnostics would provide an opportunity to tailor services to meet local need.

We fully recognise the Committee's concerns about the 'two-staged' approach to devising plans for ambulatory care and inpatient care. Other stakeholders have reflected a similar concern. We have, however, a dilemma.

Whilst we have commenced planning and the development of options for both ambulatory and inpatient services, it will take longer for NHS Hampshire to develop options for inpatient services. This is because the inpatient services are part of a wider health system in South East Hampshire (encompassing acute and community providers), which means that the planning of such services requires more discussion, analysis and negotiation than ambulatory services. It is anticipated that the review and planning process for such services will conclude in September 2010.

In contrast, throughout October, November and December 2009 we have been able to work with the local community to discuss whether each of the ambulatory services originally planned for the Oak Park development might be provided in the local community in a more affordable way, without the additional cost of a new hospital building. This work has enabled a detailed paper setting out the options for each service to be presented to the NHS Hampshire Board and the HOSC this month.

Given that local people have strongly advised us that they want to minimise any delay in developing alternative plans for the services originally planned for Oak Park Hospital, the Board has taken the view that proposals on ambulatory services should come forward for consideration by the Board and by the public as soon as possible, with options on inpatient services following in September 2010. This view has been built on the clear proviso that plans for ambulatory services will not prejudice potential options for inpatient services

This is the NHS Hampshire Board's thinking. We do not think that decoupling the options will in any way preclude options that might have been realisable had both components for care been resolved in tandem. We have effectively protected the resources used to provide in-patient services as the costs have been excluded from the recommendations for ambulatory services and therefore will be available to fund inpatient options in future.

However, I am keen for your Committee to provide a view on this approach and to advise us on what you believe to be in the best interests of the community. Moreover, we would wish you to be involved with the detail and the resolution of some of these difficult issues and would like to suggest an early and open discussion with the newly established Panel about the options for ambulatory services and the emerging ideas for inpatient services.

Yours sincerely

A handwritten signature in black ink that reads "Richard Samuel". The signature is written in a cursive, slightly slanted style.

Richard Samuel  
Acting Chief Executive