

**REPORT OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

PART II

**HAMPSHIRE PARTNERSHIP NHS FOUNDATION TRUST – PROPOSALS
TO MODERNISE ADULT MENTAL HEALTH REHABILITATION**

1. The Committee received a presentation from the Medical Director and the Programme Director for Hampshire Partnership NHS Foundation Trust on the plans to modernise Adult Mental Health Rehabilitation. They presented the findings of an independent review into psychiatric intensive care services. The key findings on efficiency, effectiveness and fairness were highlighted and the key messages were the involvement and engagement of staff and stakeholders, to this end public engagement events were in process. An action plan had been devised and would be monitored by the Trust Executive and the Trust Service Development and Engagement Board. A four week consultation was planned.
2. The responses made by the Committee influence and improve the delivery of health services in Hampshire and, in doing so, support the Corporate Strategy aim of maximising well being.
3. This report arises from consideration of the reports by the Committee on 26 January and 30 March 2010 which are on hantsweb at:

http://www3.hants.gov.uk/councilmeetings/advsearchmeetings/meetingitemssummary.htm?pref=Y&tab=1&item_ID=1256&cancel=n

and

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**NHS HAMPSHIRE – PROPOSALS TO CEASE THE DEVELOPMENT OF
OAK PARK HOSPITAL, HAVANT**

1. The Committee received a presentation from NHS Hampshire on the Proposals to cease the development of Oak Park Hospital. Members were advised that the cost of health provision is rising yearly by 1.4% and this coupled with the economic downturn has impacted heavily on schemes that previously would have been viable. Standards are now higher than they were when the Oak Park hospital was first proposed and some facilities originally intended for development could no longer be provided. For example, the proposed Endoscopy Clinic would not be viable in view of current safety requirements and the probable level of activity. Also, a modern Minor Injuries Unit would require a higher threshold of attendances than previously experienced in the area to be financially viable. It was proposed that the ambulatory care needs of the community could be housed in some of the un-used space inside the Havant Children's Hospital.

2. With the economic downturn NHS Hampshire has had to take a more overall strategic look at the provision of health care in the South East and that means taking a second look at projects such as Oak Park to see if continuing with them would be productive, efficient and cost effective. NHS Hampshire have engaged with local residents to determine the depth of opinion concerning the Oak Park project ,as a part of the engagement NHS Hampshire have:
 - sent information and a survey to 1300 people via the Havant Citizens Forum of which they have received 981 responses.
 - held 16 in-depth interviews with seldom heard residents in the Leigh Park / Wecock Farm area
 - attended community meetings with approximately 130 attendees.
3. The Committee resolved that any referral to the Secretary of State for Health be deferred pending NHS Hampshire providing clarity on the provision of inpatient beds and emergency care and providing updates to each meeting of the Committee prior to the submission of formal proposals in September 2010.
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FUTURE ORGANISATION OF COMMUNITY SERVICES

1. The Committee received a presentation from NHS Hampshire on the proposed future arrangements for services provided by Hampshire Community Health Care. Following evaluation the integration of Hampshire Community Health Care with a single acute or mental health organisation that currently had currently had an existing significant service provision role within the Hampshire health system was proposed. In order to assess the potential of organisations to support this objective, the Primary Care Trust has sought proposals that could be worked up in detail to form the basis of a sustainable clinical and financial long-term solution for Hampshire Community Health Care. In addition to the Provider Review Committee established by the Primary Care Trust had been communicating with a wide range of stakeholders about this process, including the LINK, local community groups, local MPs, Local Authority Chief Executives, primary care practitioners, local Representative Committee members, Hampshire Community Health Care staff and staff side

representatives. Following the recommendation to the Strategic Health, which will related to organisational form rather than service delivery, there would be a period of four months where more intensive engagement and involvement with stakeholders will take place.

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CHILDREN'S CARDIAC SERVICES

1. The Hampshire, Southampton, Portsmouth and Isle of Wight Health Scrutiny Joint Committee had received a presentation on proposals for Children's Cardiac Surgery Services in England. The principles being that the NHS must provide only the very highest standard of care for children and their families regardless of where they live or which hospital provides their care. Centres should provide care that was based around the needs of the child and the family which took account of the transition to adult services. All relevant treatment, other than surgery, should be provided as locally as possible to the family and clinical standards should be agreed and met by all centres.. Details were given of the current 11 heart surgery centres in England, the nearest being Southampton, and the planned approach for change. Currently some centres could not provide safe 24 hour care. Enough surgeons were needed in each centre to meet day to day needs eg. Operating in theatre, on call for emergencies, ward rounds and outpatient clinics. It was necessary for surgeons to be learning from each other and to be able to work in centres to give them exposure to a large range of procedures. It was proposed that there should be four consultant paediatric surgeons in each centre with enough doctors and nurses to provide 24 hour care and a minimum of 400 paediatric procedures each year. The network model of care would be for tertiary paediatric centres, paediatric cardiology centres and paediatric cardiology periphery services. The benefits for children and families would be:

- Better access to 24 hour care
- Better access to surgical centres with expertise in complex procedures
- Better clinical outcomes (mortality and morbidity)
- An NHS workforce that is highly trained and expert
- Surgeons will mentor and learn from each other
- An effective network that improved planning, delivery and communication
- Strengthened Specialist Children's Liaison Teams
- A national network of surgical centres collaborating in the interests of patients.

The key milestones were that centres will submit initial proposals in March/April 2010; Evaluation of centres against designated criteria would take place in May/June 2010; Recommendations published and formal public consultation September – December 2010 and the post-consultation and designation decision January 2011. Details were given of the Expert Review Panel, the Public Consultation Process and Stakeholders. The centre for Public Scrutiny will be asking Health Overview and Scrutiny Committees with an interest to establish a National Joint Statutory Health Overview and Scrutiny Committee.

The Joint Committee resolved that, following the formal consultation, an update on the proposals for Children's Cardiac Surgery be presented to the Joint Committee. The Committee will be kept updated on the deliberations of the Joint Committee.

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CHILDREN'S NEUROSURGERY SERVICES

1. The Hampshire, Southampton, Portsmouth and Isle of Wight Health Scrutiny Joint Committee had received a presentation on proposals for Children's Neurosurgery Services in England. A review of Children's Neurosurgery Services had been requested by some members of the British Paediatric Neurosurgeon's group which was part of the Society of British Neurological Surgeons. Details were given of the current centres and the need for change. Currently only three centres out of fifteen could provide a separate paediatric neurosurgical on-call rota and some children are seen in an adult setting. A steering group had been established. To date a national stakeholder event has been held in November 2009, a draft quality framework has been developed, a working group had been established to identify potential models of care and a patient/user group had been established. An Information gathering exercise will take place in March – May 2010, the models of care group would report in May 2010, assessment of centres would take place November – December 2010 and recommendations delivered for consultation during 2011.

The Joint Committee resolved that, following the formal consultation, an update on the proposals for Children's Neurosurgery be presented to the Joint Committee. The Committee will be kept updated on the deliberations of the Joint Committee.

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ANNA McNAIR SCOTT
Chairman.