

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL		
<b>SUBJECT:</b>	HAMPSHIRE TOGETHER: MODERNISING OUR HOSPITALS AND HEALTH SERVICES		
<b>DATE OF DECISION:</b>	22 OCTOBER 2020		
<b>REPORT OF:</b>	HAMPSHIRE TOGETHER: MODERNISING OUR HOSPITALS AND HEALTH SERVICES PROGRAMME		
<b><u>CONTACT DETAILS</u></b>			
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<b>Director</b>	<b>Name:</b>	Ruth Colburn-Jackson Alex Whitfield	<b>Tel: 01256 852615</b>

#### **STATEMENT OF CONFIDENTIALITY**

Not Applicable

#### **BRIEF SUMMARY**

This report provides an overview of the *Hampshire Together: Modernising our Hospitals and Health Services* programme and the progress we are making as we prepare a business case and proposals for consultation in early 2021.

In addition to this report, a brief presentation will be provided for members of the committee as part of the meeting.

#### **RECOMMENDATIONS:**

	<b>(i)</b>	To note the report.
	<b>(ii)</b>	To consider and decide whether the proposed changes constitute a substantial change/variation in service.
	<b>(iii)</b>	If so, to recommend to full council that Southampton City Council takes part in a Joint Overview and Scrutiny Committee with neighbouring local authorities to consider and be consulted formally on the proposed changes.

#### **REASONS FOR REPORT RECOMMENDATIONS**

1.	To inform understanding of the Hampshire Together Programme.
2.	To ensure that Southampton City Council is consulted on the proposed changes they consider a substantial variation.
3.	To enable the formation of a Joint Overview and Scrutiny Committee, if required.

#### **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

4.	<ul style="list-style-type: none"> <li>Not to recommend to full council Southampton City Council takes part</li> </ul>
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	<p>in a Joint Overview and Scrutiny Committee to consider the matter. This option has been rejected on the grounds that other local authorities have indicated to the NHS in mid and north Hampshire that the outline proposals constitute substantial variation and therefore, if Southampton City Council agrees with regard to its own population, a Joint Overview and Scrutiny Committee would need to be established to consider and be formally consulted on the proposed changes.</p>
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**DETAIL (Including consultation carried out)**

5.	<p><b>Background</b></p> <p>Hampshire Together is a programme that involves all NHS and social care services across north and mid Hampshire (Alton, Andover, Basingstoke, Eastleigh, Winchester and the surrounding areas). It is being led by Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups and West Hampshire Clinical Commissioning Group, in partnership with Hampshire Hospitals NHS Foundation Trust. It involves all organisations providing health and social care across the Alton, Andover, Basingstoke, Eastleigh and Winchester area working together to develop a health, wellbeing and care service so that everyone in north and mid Hampshire can access high-quality, timely and sustainable health care as close to home as possible.</p> <p>The programme is looking at the best way to organise services to meet the population’s changing health needs and to adapt the way some services are delivered so they can continue to meet best practice and clinical quality guidelines, and are sustainable for the long-term. To meet these challenges the local NHS has been exploring the possibility of centralising some of the most specialist hospital services for the sickest people on one site, rather than spread across two main sites (Basingstoke and Winchester) as they currently are.</p> <p>Consolidating the most specialist services in one place would mean a better use of senior clinicians, who are currently spread too thinly across hospital sites. It would also mean clinical teams treat more patients with particular conditions and illnesses, helping to better maintain their specialist expertise.</p> <p>The programme also includes the potential for the construction of a brand new hospital as part of the Government’s Health Infrastructure Plan. Hampshire Hospitals was last year named as one of the trusts chosen to receive capital funding as part of this Department of Health and Social Care’s plan, which is designed to support 40 hospital building projects across the country between 2025 and 2030.</p> <p><b>Public Engagement</b></p> <p>Initial public engagement activity was held between 1 June and 7 August 2020, based on a listening document (see Appendix 1) that set out the challenges facing our health and care system, the opportunities provided by the Hampshire Together programme and the decisions that will need to be taken in order to maintain safe, high quality, sustainable services for the long-term.</p> <p>Feedback received during engagement was independently analysed and a summary, including a breakdown of the key themes identified, can be found at Appendix 2.</p> <p><b>Options Development</b></p> <p>A process of options development began in late August 2020. Doctors,</p>
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nurses and other clinicians from north and mid Hampshire held a series of conversations and virtual workshops to look at how health and care services could be designed for the future.

More than 100 people, including current patients with experience of using hospital services, clinicians from across the health and care system, and representatives of various groups from the community took part. They initially developed eight options, or clinical models, for the way services could be provided in the future.

The eight options (see Appendix 3) were then considered by doctors, nurses, and other clinicians and evaluated against pre-agreed criteria to decide whether they should be discounted or taken forward and investigated further. Two options were discounted during this process. One because it involved continuing to run services as they are currently set up (named Option A), and another because it involved moving all services to a new hospital, with no facilities elsewhere (Option H).

Further work is now being undertaken to review and evaluate each option in detail. Options will be assessed with regards to clinical quality, patient experience and outcomes as well as the impact on staffing levels, the amount each option would cost and affordability, accessibility and deliverability, to inform the development of a shortlist.

#### **Clinical options currently being explored**

Five of the six options currently being explored involve the construction of a new hospital. Four of the six options involve the development of a main satellite hospital and all options have some health care services provided elsewhere, working together as a network to serve the people of north and mid Hampshire. Work is ongoing to identify proposed locations for these services.

The six options currently being explored are:

- Option B – Investment would be made to sustain hospital services at the Basingstoke and Winchester sites for the long-term. Services including emergency care, consultant-led maternity care and intensive care would be centralised at one of the hospitals. Centralisation will help to ensure delivery of the clinical quality standards required for these services, so they can continue to be provided in north and mid Hampshire.
- Option C – Emergency care, consultant-led maternity care and intensive care would be centralised in a new hospital, as would a new outpatient centre which would enable patients to undergo scans, have tests carried out and have an appointment with their consultant in the same visit. A centre for surgery planned in advance would be provided from a main satellite hospital, which would also benefit from additional investment. Outpatient consultations and a range of other hospital services would be provided at additional satellite locations across north and mid Hampshire.
- Option D - Emergency care, consultant-led maternity care and intensive care would be centralised in a new hospital, as would a centre for surgery planned in advance and a new outpatient centre which would enable patients to undergo scans, have tests carried out and have an appointment with their consultant in the same visit. Outpatient consultations and a range of other hospital services would be provided at satellite locations across north and mid Hampshire,

with some additional investment.

- Option E – Emergency care, consultant-led maternity care and intensive care would be centralised in a new hospital, as would a centre for surgery planned in advance and a new outpatient centre which would enable patients to undergo scans, have tests carried out and have an appointment with their consultant in the same visit. An outpatient centre, offering the same services described above, would also be provided from a main satellite hospital, which would also benefit from additional investment. In addition, outpatient consultations and a range of other hospital services would be provided at additional satellite locations across north and mid Hampshire.
- Option F – Emergency care, consultant-led maternity care and intensive care would be centralised in a new hospital, as would a new outpatient centre, which would enable patients to undergo scans, have tests carried out and have an appointment with their consultant in the same visit. A centre for surgery planned in advance and an outpatient centre offering the same services described above would be provided from a main satellite hospital, which would also benefit from additional investment. In addition, outpatient consultations and a range of other hospital services would be provided at additional satellite locations across north and mid Hampshire.
- Option G – Emergency care, consultant-led maternity care and intensive care would be centralised in a new hospital, as would a centre for surgery planned in advance. An outpatient centre which would enable patients to undergo scans, have tests carried out and have an appointment with their consultant in the same visit would be provided from a main satellite hospital, which would also benefit from additional investment. In addition, outpatient consultations and a range of other hospital services would be provided at additional satellite locations across north and mid Hampshire.

The main satellite hospital would contain, as a minimum, an urgent treatment centre, step down inpatient care for patients requiring services such as physiotherapy, midwife-led maternity care, and diagnostic tests such as MRI scans and blood tests.

### **Next steps**

An options development group, including clinicians and patients is currently meeting on a weekly basis to discuss the clinical options and, through a clear process of evaluation against a set of agreed criteria, finalise which of them should be carried through for inclusion in a Pre-Consultation Business Case (PCBC).

The PCBC will go through Stage Two assurance with our regulator, NHS England/Improvement, towards the end of the year (date tbc), before being finalised and published.

Public consultation is currently planned for early 2021. A consultation plan will be shared with the committee for comment at a later date.

### **Impact of the proposals**

As an indicator of the possible impact on the public and health services that Southampton City Council is responsible for, patient flow data is detailed in Appendix 4 (flow of patients from north and mid Hampshire to acute providers over the last three years) and Appendix 5 (patients who have

	accessed Hampshire Hospitals services over the last three years by local authority area).
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## RESOURCE IMPLICATIONS

### Capital/Revenue

6.	There are no financial implications for Southampton City Council from the report, which is an information report only.
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### Property/Other

7.	This report is an information report only.
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## LEGAL IMPLICATIONS

### Statutory power to undertake proposals in the report:

8.	The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require NHS commissioners to consult local authorities on proposed substantial variations to health services; requiring each CCG to notify its local authority partners when it has such proposals under consideration.
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9.	<p>Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires local authorities to appoint “mandatory” joint committees where a relevant NHS body or health service provider consults more than one local authority’s health scrutiny function about “substantial reconfiguration” proposals. In such circumstances, Regulation 30 sets out the following requirements:</p> <ul style="list-style-type: none"> <li>• Only the joint committee may respond to the consultation (i.e. rather than each individual local authority responding separately)</li> <li>• Only the joint committee may exercise the power to require the provision of information by the relevant NHS body or health service provider about the proposal</li> <li>• Only the joint committee may exercise the power to require members or employees of the relevant NHS body or health service.</li> </ul>
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### Other Legal Implications:

10.	No significant legal implications to bring to the committee’s attention at this point
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## RISK MANAGEMENT IMPLICATIONS

11.	Not Applicable
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## POLICY FRAMEWORK IMPLICATIONS

12.	Not Applicable to any Southampton City Council policy frameworks, but the Hampshire Together programme and the proposals being developed by the NHS in north and mid Hampshire are within the context and policy framework of the <i>NHS Long Term Plan</i> and the government’s <i>Health Infrastructure Plan</i> .
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<b>KEY DECISION?</b>	<b>YES</b>
<b>WARDS/COMMUNITIES AFFECTED:</b>	All wards and communities have the potential to be affected if service change impacts University Hospitals

	Southampton NHS Foundation Trust
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<b><u>SUPPORTING DOCUMENTATION</u></b>
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<b>Appendices</b>
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1.	Hampshire Together: Modernising our Hospitals and Health Services Listening Document
2.	Engagement Report Summary
3.	Clinical Options Chart
4.	Flow of patients from north and mid Hampshire to acute providers 2017-2020
5.	Patients who have accessed Hampshire Hospitals services by local authority area 2017-2020

<b>Documents In Members' Rooms</b>
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1.	None
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<b>Equality Impact Assessment</b>
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Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	<b>Yes</b>
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<b>Data Protection Impact Assessment</b>
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Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	<b>No</b>
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<b>Other Background Documents</b>
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**Other Background documents available for inspection at:**

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1. N/A	

1.	N/A	
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