

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	10 December 2020
Title:	Hampshire Together: Modernising our Hospitals and Health Services – Impact on Population Health
Report From:	James Lawrence-Parr, Population Health Lead – north and mid Hampshire, Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups

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Purpose of this Report

1. The purpose of this report is to provide a summary of the impact on population health in relation to the Hampshire Together: Modernising our Hospitals and Health Services programme.

Recommendation(s)

That the Hampshire Health and Wellbeing Board:

2. Confirms how they would like to be kept involved in the consultation process
- 2.1. Suggests any areas they feel require additional focus or input relating to population health impacts

Executive Summary

3. This report seeks to set out the background to the Hampshire Together: Modernising our Hospitals and Health Service programme and consider the potential benefits and impacts for the population of Hampshire.

Contextual Information

4. 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.

5. 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.
6. 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.
7. A process of options development began in August 2020. Doctors, 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 in a variety of sessions throughout the autumn.
8. After a comprehensive search for sites across Alton, Andover, Basingstoke, Eastleigh, Winchester and the surrounding areas was carried out, two locations have been identified as potential sites for a proposed new acute centralised hospital. The first is located between Basingstoke and Winchester, near to junction seven of the M3, with the other being based on the current site of Basingstoke and North Hampshire Hospital. If an acute centralised hospital was to be built at either of these locations, significant investment would also be made at Royal Hampshire County Hospital with a view to it becoming a main local hospital.

Integrated Impact Assessment

9. Mott MacDonald has been commissioned by Hampshire Hospitals NHS Foundation Trust to undertake an Integrated Impact Assessment (IIA) to support the Modernising our Hospitals and Health Services programme. The IIA aims to analyse the consequences of clinical service change and/or reconfiguration option (s); and produce evidence-based recommendations to maximise positive impacts, and minimise the negative impacts of an option(s). The IIA is an iterative process with the most recent interim IIA report received on 20th November 2020.

10. The geographical study area for the IIA covers a population of 924,000 people and is based on historical activity to Hampshire Hospitals NHS Foundation Trust

11. A summary of the key impacts are detailed below. It is important to note that the impact analysis recommends mitigating actions where needed, but does not factor the impact of mitigations into the analysis at this stage:

11.1. Patient outcomes - significant beneficial impact

- Improved evidence based clinical model with increased consultant staff cover to improve patient outcomes
- The achievement of workforce standards that promote consultant-delivered care and remove variation.
- A model that allows for a critical mass of cases to be undertaken and provides opportunities for sub-specialisation
- Separation of low complexity planned surgery into a planned surgery centre

11.2. Journey time impacts for patients, visitors and staff - marginal adverse

- Centralising acute hospital services into a single hub will create additional journey time impacts for some patients and visitors - services provided locally at Royal Hampshire County Hospital will help to minimise impact

11.3. Transportation cost and accessibility - Marginal adverse

- Increases for a proportion of the population travelling to access the centralised hub.

11.4. Health inequalities - Minor beneficial

- Potential for positive impacts experienced through local care model and local developments

11.5. Impact on service delivery - Significant beneficial

- Potential to improve patient pathways through revised clinical models
- The impact of consultant delivered care which has been demonstrated to facilitate the efficient and effective use of resources.
- The separation of low complexity planned surgery and emergency surgery has been evidenced to reduce length of stay. This ensures that hospital resources are utilised in the most effective way as well as avoiding the complications for patients which are associated with long lengths of stay in hospital.
- If more services are delivered across two sites, this will lead to less opportunity for development of new models of care.
- Service delivery across main acute hospital and local hospital sites will provide a model of care which allows patients to receive a level of care which is proportionate to their need.

11.6. Impact on workforce - Marginal beneficial

- Workforce benefits from improvements in the clinical model
- Workforce challenges from adjusting to working at alternative site
- The Programme's proposals have the potential to positively impact the workforce through:
 - The creation of sustainable rotas and working patterns
 - Increased or different training opportunities will also be beneficial for some staff
 - Staff may also feel increased motivation through working in hospital facilities

11.7. Deliverability – Neutral

- Assumes that implementation is well planned
- The potential location of the centralised hub will bring different risks to deliverability.
- Should the centralised hub be located at BNHH existing facilities at BNHH will require some refurbishment. The arrangements for temporarily moving (or “decanting”) services to allow for refurbishment, whilst maintaining safe services and the required co-dependencies between services, are likely to be complex. If this is not appropriately planned and undertaken, there is a risk that the sustainability of existing patient services could be negatively impacted during this transitional period.
- A new build facility where clinicians will be able to influence the specification of the hospital, including its' clinical adjacencies, has the potential to deliver benefits in terms of improved patient flow and efficiencies in the delivery of care, improved accessibility of facilities for patients, improved patient experience, as well as a reduction in the risk of hospital-acquired infections as a result of improved healthcare facilities which are practically easier to maintain and clean.

11.8. Impact on other providers

- The impact of change on neighbouring providers is in the process of being determined.

11.9. Wider sustainability (air quality) - Minor beneficial

- Reduction in traffic around Winchester. Relevant if Basingstoke Hospital is selected as the site of the acute centralised hospital.
- Reduction in traffic around Winchester and Basingstoke. Relevant if J7 M3 selected as the site of the acute centralised hospital.
- Minor adverse impact on increased reduction in air quality at neighbouring providers, particularly Southampton
- Green House Gases (GHG): Marginal adverse – increase in GHGs because of longer travel to central site
- The entrance to the Royal Hampshire County Hospital is located on Romsey Road in Winchester, within the Winchester Town Centre Air Quality Management Area (AQMA). The nitrogen dioxide (NO₂) annual mean objective has been exceeded on Romsey Road for several years, and there are several residential properties on this road.

- Basingstoke and North Hampshire Hospital is not located near an AQMA. The main route to access the hospital by car and ambulance is from the A339, where national modelling (Pollution Climate Mapping) predicts average NO₂ roadside concentrations for the year 2020 near the annual mean objective.
- The Junction 7 South site is located in a rural area to the south west of Basingstoke, where existing air quality is good and there are few sensitive receptors (residential properties) nearby. The net effect of the transfer of services from the Basingstoke and North Hampshire Hospital to the new Junction 7 South site is likely to be beneficial because the hospital traffic would be moved to an area with lower sensitivity to air quality impacts.

Consultation and Equalities

12. Initial public engagement activity was held between 1 June and 7 August 2020, based on a [listening document](#) 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. Feedback received during engagement was independently analysed and a summary, including a breakdown of the key themes identified, can be [found here](#).

Co-Production

13. Hampshire Together is the name associated with a number of projects that involve NHS and social care organisations working in partnership. The key partners are:
 - Hampshire Hospitals NHS Foundation Trust, which provides acute hospital services at Andover War Memorial Hospital, Basingstoke and North Hampshire Hospital and Royal Hampshire County Hospital, as well as some services either at or close to patients' homes.
 - The Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups and West Hampshire Clinical Commissioning Group, who are responsible for planning and commissioning NHS services across north and mid Hampshire. This involves assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers.
 - Southern Health NHS Foundation Trust and Solent NHS Trust, who provide community and mental health services for the population of north and mid Hampshire.
 - South Central Ambulance Service, who not only provide ambulance services, but run the 111 provision and co-ordinate urgent care for the county.

- The 10 Primary Care Networks and GP practices who provide primary care services to our population.
- Hampshire County Council, the borough and district councils as well as Parish and Town councils across the county
- Voluntary and community sector organisations
- The University of Winchester and other educational providers in the area.
- The Local Enterprise Partnership.

14. The programme governance structure can be found [here](#)

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	Yes
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	No

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

A full equalities impact statement was not completed at this stage as the purpose of this report is to provide details of the work currently being undertaken.