HERTFORDSHIRE COUNTY COUNCIL

CABINET
MONDAY 21 JULY 2003 AT 2.00 P.M.

Agenda Item No.

9

"INVESTING IN YOUR HEALTH" - RESPONSE TO THE STRATEGIC HEALTH AUTHORITY'S CONSULTATION PAPER

Report of the Director of Adult Care Services

Author: Caroline Tapster Tel: 01992 556300

Executive Member:- Jane Pitman

1. Purpose of report

To outline the issues surrounding possible options for the future disposition of hospitals in Hertfordshire put forward in the consultation paper "Investing in your Health" and to ask Cabinet if they wish to endorse the Adult Care and Health Scrutiny Committee's response.

2. Summary

"Investing in Your Health" sets out two options for the disposition of hospitals in Hertfordshire and Bedfordshire. HCC's Adult Care and Health Scrutiny Committee has considered the consultation document in great detail and has heard "evidence" from a range of stakeholders. Their conclusions are attached as Appendix A. In summary they have agreed with the Strategic Health Authority that no change was not an option but did not express a preference for either option. They laid out a list of criteria against which the SHA's decision should be judged in September.

Option 1 is an acute hospital and cancer centre at Hemel Hempstead, acute hospital at Stevenage, non-acute hospitals at Welwyn Garden City and Watford.

Option 2 is that there should be a new hospital and cancer centre at Hatfield, an acute hospital at Watford and non-acute hospitals at Hemel Hempstead and Stevenage.

In addition to the scrutiny committee conclusions the health panel considered additional information from the council's planners and a possible alternative proposal, option 2b, which is the same as option 2 except that Hemel Hempstead would become the acute hospital and Watford the non acute.

3. Conclusion

The Cabinet is asked to consider the response it wishes to make to the Strategic Health Authority including:

(i) Whether it wishes to express support for the response from the scrutiny committee
(ii) Whether it wishes to express a preference for Option 1 or 2
(iii) If it wishes to propose option 2b or any other alternative option
(iv) Any additional points that it may wish to make.

Background

The Consultation

Investing in Your Health sets out a vision for improving health services for the people in Hertfordshire and Bedfordshire. There is broad agreement that the current way in which services are arranged is not sustainable and that changes must be made

The Adult Care and Health Scrutiny Committee has the statutory responsibility to respond to the consultation on behalf of the County Council and its draft response is attached. The Cabinet is able to add its own comments if it wishes.
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The Options

Part, but by no means all, of the proposed change involves changing two of the current acute hospitals into non-acute hospitals. Investing in Your Health proposes two options for hospital care in Hertfordshire. These are:

Option 1 Acute hospital and cancer centre at Hemel Hempstead, acute hospital at Stevenage, non-acute hospitals with surgicentres at Welwyn Garden City and Watford.

Option 2 New acute hospital and cancer centre at Hatfield, acute hospital at Watford. Non-acute hospitals with surgicentres at Hemel Hempstead and Stevenage.

It has been suggested that the cabinet may wish to recommend to the Strategic Health Authority that it considers alternative options, in particular an

adaptation to Option 2, with the acute hospital at Hemel and non-acute hospital with surgicentre at Watford – Option 2a.

There are four main reasons why the Strategic Health Authority think it would be better to have the acute services at Watford rather than Hemel Hempstead. These are:

Geography and Catchment Populations:- To be clinically viable hospitals need catchment populations of about 400,000. Acute services at Luton, Hatfield and Hemel would be relatively close together causing overlaps and reducing the effective catchment.

Travel Times:- With an acute hospital at Hemel all of those needing acute services in Watford would face increased travel times. However if Watford were the acute site a significant number of St Albans residents who currently use Hemel Hempstead hospital would have a similar or reduced journey time to Hatfield.

Fit with Neighbouring Developments:- There are plans to develop Mount Vernon hospital to take more non emergency surgery. A surgicentre at Watford would potentially be competing to provide similar services to an overlapping population.

Out County Treatment:- If Watford were to become a surgicentre a greater proportion patients in the present catchment area would seek their acute care from Barnet Hospital. There would be a similar effect with transfer to Stoke Mandeville if Hemel were to become a non-acute hospital but this is predicted to result in a smaller outflow. In addition Barnet hospital is already operating at beyond its optimum capacity.

Transport and Access

The scrutiny response to the consultation does make reference to the importance of careful planning for the transport and access issues which arise from the reconfiguration of services. The Cabinet may wish to amplify some of these from the position of the council as the highways and strategic planning authority.

Reduction in the number of acute sites will inevitably mean longer travel times on average for those who need to use them. It is hoped that more local provision of services through improved primary care services will mean that fewer patients need to visit acute hospitals but there is not yet a full analysis of this.

All of the possible sites for hospital development present some challenges but some have more than others. A letter from Dave Humby to the SHA is attached as Appendix B which sets out the case for each site. There are

particular problems with the Roehyde site where a proposed new access road from the A414 would be contrary to council policy.

The council has been consulted on the selection of possible sites for a new hospital but these would still be subject to the normal planning processes when an application is made. The proposal in Option 2 is to build a new hospital either at Roehyde or on the old BA site in Hatfield. Neither the Roehyde nor BA sites are completely without problems, BA because there are current plans for an alternative use and Roehyde because it is in the green belt.

Implications for Adult Care Services

The Health Panel also noted some additional concerns which the cabinet may wish to raise.

Any changes to Health Service configuration in Hertfordshire has major implications for social care, what we do, our resources, what we are responsible for. It is therefore important that the resource implications for ACS are brought into any budget planning for new NHS models of service.

The emphasis on and proposed development of primary care and intermediate care is welcomed, but in order to plan and manage the inevitable implications for our services we need to see the detail of the services, the investment levels, time-scales etc.

In Hertfordshire, in spite of our efforts, the number of delayed discharges is high. Following a recent visit the DOH Change Agent Team commented that Community hospitals were underused, and that we should be reviewing the use of these facilities. We know that this is to some extent due to staffing shortages. This whole issue needs to be addressed as part of the plan for change.

Health Panel Conclusions

The Health Panel's recommendation is that the Cabinet respond to the consultation including:

(i) Fully supporting the conclusions of the scrutiny committee
(ii) Whilst recognising that the benefits of the options are finely balanced expressing a preference for Option 2 because:

- Overall they believe that the people of Hertfordshire would be better served by a new hospital than the development of an existing site
- The possibility of a medical school – albeit in the longer term- is attractive and better supported by Option 2

- Building on a Greenfield, or Brownfield, site is likely to be less problematic and disruptive than converting a current one.

(iii) Ask the SHA to consider Option 2b as an alternative due to the better site and state of buildings in Hemel Hempstead and potentially better access

(iv) That the SHA should note in particular:

- These proposals have major implications for social care services and the council needs to be involved and informed at every stage
- That the knock on effects for the social care budget must form part of financial planning
- That the issue of effective use of community hospitals must be addressed
- That the access and transport issues need to be more fully analysed and taken account of in planning and implementation
- That the council will need to examine proposals for new sites once a proposal is made.

Financial Implications

None arising directly from this report but note (iv) above.

APPENDIX A

Extract from Minutes of Adult Care and Health Scrutiny Committee 12 June 2003

"The Committee approved the draft response but recommended that the final response submitted to the SHA should further amplify the following issues:

i. a more specific commitment to transport

ii. at appropriate time, details of locations for Diagnostic Treatment centres, for instance, would be required.

iii. Interim arrangements

iv. Mental health services

The Committee agreed to establish a short life Topic Group which would work with the Health Authority to monitor progress. The remit of the group would be:

i. To explore ways that evaluation can be made of the changes to the whole health economy in Hertfordshire not just individual services.

ii. To discuss and agree the nature and content of monitoring information which will enable the SHA and the committee to evaluate progress.

iii. To agree a programme of monitoring – this may include regular reports on activity, finances and outcomes and/or briefings/visits for the Committee.

iv. To consider other ways that members of the Committee can helpfully engage in monitoring progress – e.g., attendance at meetings and engagement with stakeholders."

HERTFORDSHIRE COUNTY COUNCIL

Agenda item no.

ADULT CARE AND HEALTH SERVICES SCRUTINY COMMITTEE

THURSDAY 12 JUNE 2003 AT 10.00 A.M.

'INVESTING IN YOUR HEALTH' - CONSULTATION PAPER BEDFORDSHIRE AND HERTFORDSHIRE STRATEGIC HEALTH AUTHORITY (SHA)

Report of the Scrutiny Support Officer

Author: Keith Shephard tel: 01992 555368

1. Purpose of report

To reflect on the scrutiny of the SHA vision for the development of healthcare in the county, and to suggest criteria which the Scrutiny Committee may wish to use when considering whether to support the final decision of the SHA on options for change.

2. Summary

This report suggests that, having considered the document and taking account of representations and debate on 21/22 May, that the Adult Care and Health Scrutiny Committee wish to wholeheartedly endorse the vision that the Strategic Health Authority has put forward for a model of health services in Hertfordshire that:

- **Ensures the Safety and Improves the quality of Health Care in Hertfordshire**
  and
- **Shifts the balance of resources to Primary Care**

The Committee agree that 'no change' is not an acceptable option.

A range of specific strategic issues raised by the Committee, which will inform their assessment of the final SHA proposals, to be communicated to the SHA after this meeting, is set out.

This report also

- reminds the Committee of the background to the consideration of the 'Investing in your Health' consultation
- comments briefly on the process adopted for scrutiny
- summarises the key themes presented by Sian Flynn (independent consultant) on 22 May

3. Conclusion

The consideration of 'Investing in your Health' on 21 and 22 May presented the Committee with a major opportunity to contribute towards the debate on local health care, not only in relation to the direct implications for other public services, but also embodying the community leadership and 'well being' responsibilities.

4. Background

The Adult Care Services and Health Scrutiny Committee has a statutory power to scrutinise the operation and performance of health services in Hertfordshire, including the responsibility for responding to consultations on behalf of the county council. The committee also has the power to refer to the Secretary of State when it considers that changes to health services will not best meet the needs of Hertfordshire residents.

The committee chose to undertake a large-scale scrutiny exercise in pursuit of its statutory responsibilities in responding to the consultation document 'Investing in Your Health'. These proposals represent a wholesale change in the organisation and approach to health care provision in Hertfordshire, and will have far reaching implications for users and providers alike.

Consultation by the SHA is taking many forms, including work with the Hertfordshire Citizens' Panel.

5. Stakeholder process

On 21 May the committee heard the views of local residents, representatives of voluntary and local groups, Community Health Councils, and a wide range of health experts. The Committee were also able to hear from, and question, those involved in the strategic and financial planning of the proposals. Planning and transportation professionals from county and district councils also gave their perspective of the issues.

A list of those giving oral evidence on 21 May is attached as appendix A.

A complete catalogue of written representations considered as part of this process is available for inspection in the members' room at county hall, and at county hall main reception for public inspection.

6. Consideration of the proposals - emerging themes

During their deliberations the committee have focused on the implications of the proposals for all the people in the county, and the issues emerging from that consideration, rather than a specific analysis of the two options for the configuration of major hospital sites.

People in Hertfordshire rely upon the adequate provision of services through a variety of providers across sectors. The committee have drawn particular attention to the following issues:-

6.1 No change

It was very clear during the two-day process that there is strong support for the view that 'no change' to the existing means of delivering health services is not an option. Members accepted that the SHA consultation provided a framework for service development, but that the pace and dynamics of change would not permit a 'blueprint'. Nevertheless they would wish to see a clearer picture of likely service configurations in relation to primary care.

6.2 Flexibility and responsiveness

The vision set out by the SHA is compelling, and there is a wide consensus for the need to move towards delivering much more care for patients in locally accessible centres, taking advantage of the rapidly developing technological changes which will enable this shift.

Attachment to institutions is natural. However, good health care will depend upon responsive and flexible team working by highly trained professionals, and the committee heard many examples of how this whole health system approach is already making headway in Hertfordshire.

The committee heard pleas for proper account to be taken of the need to provide appropriate primary and community care facilities, before instituting change in acute services.

6.3 Ease of access

During the Hearing it was apparent that the accessibility of services is extremely important to residents of Hertfordshire, with three main areas of concern.

Firstly, the presumption that services will be delivered as locally as possible consistent with good quality of care in a safe environment is welcomed. The Committee would like to see more detailed proposals for Diagnostic and Treatment centres including the possible locations and (recognising that treatments develop) the needs that they are likely to be able to meet.

The committee noted the predicted implications of the European Working Time Directive on staffing the service, and that without changes in the way services are configured and delivered staffing pressures would be such that patient care could be jeopardised.

Examples of pilot schemes for imaginative local service delivery were given at the Hearing, and members look forward to these being delivered more widely as the vision becomes the reality for more people.

Secondly, the transportation of patients (notably for accident and emergency services, and those for other seriously ill patients) visitors and staff relies on local transport networks.

This is an area where local authorities and their transport partners have a significant role to play in planning and implementing the necessary infrastructure. In particular it was noted that the planning and transportation issues at the Roehyde site within option 2 looked challenging. Considerations include ambulance service capacity and expertise, road networks, public transport operators and adequacy of parking at sites identified for the provision of health services.

Thirdly, shortcomings in the current system result in unnecessary hospital visits. A reduction in the total number of patient movements should become a realistic target, including a reduction in the number of outpatient visits to acute hospitals.

6.4 Quality

The needs of patients are paramount within the service and this must remain above all else the primary focus of change.

It is essential that more collaborative working to prevent unnecessary admissions to hospitals is developed. Ensuring that local people spend the minimum amount of time compatible with recovery and rehabilitation in an acute hospital, and are rapidly transferred to a more appropriate care setting should be a high priority for all those responsible. This will require a commitment to joint working across primary and community care, the acute hospitals, adult care services and the voluntary sector to reduce delayed transfers of care. This will need increased capacity in intermediate care of all types and improved communication between agencies.

Quality can only be maintained if appropriate staff are in place, and there is some concern that current staff shortages may jeopardise service provision in the short term, and during transition to new arrangements. Recruitment, retention and training will be key issues in ensuring success of any proposed configuration. A medical school based in the SHA area could enhance the reputation of health services locally, and generate increased interest in working in this area. Members heard that this could serve as a boost not just to the recruitment of doctors, but would also be likely to attract many other key staff needed in the health service.

Partnership working with other public sector agencies experiencing similar problems could also help to address these issues.

6.5 Emergency Care

We know that members of the public understandably take great interest in the provision of accident and emergency services. Reconfiguring acute hospital services will help to ensure that the residents of Hertfordshire can be assured of the quality of emergency provision. There is however a need to communicate more effectively on the provision of A and E services, and what will be available at each site.

Beds and Herts Ambulance Trust have a major role to play in ensuring that A and E services are appropriately accessed. The Trust has expressed its support for the proposals in the SHA consultation document, and confidence in their ability to respond to the options under discussion and within the overall vision.

6.6 Cancer Treatment

Members noted that the consideration of the future of Mount Vernon Hospital ,which currently provided cancer services for Hertfordshire, would have an impact on the area. Whilst it was not ideal that this had resulted in a slight delay in progressing the proposals set out in the consultation document, it was accepted that the provision should be considered in a holistic way. It was noted that there would be no significant change to the provision of local outpatient services.

6.7 Maternity and Paediatric Services

It is proposed that birthing centres be established on two sites where there will not be special care services for babies. This will clearly require appropriate consideration of safety, risk and personal choice.

6.8 Resources

There is little reference in the main consultation paper to the overall context in which these service changes are being proposed, although more detail has been supplied in supporting papers. In common with many of the counties around London, Hertfordshire has encountered significant difficulties in operating within resources made available. With 75% of NHS funding now resting with Primary Care Trusts the Committee will want to be reassured that these relatively new bodies are able to exercise their powers and responsibilities to ensure that the substantial shift of resources from secondary to primary care set out in the consultation document can be successfully achieved.

Calculations of the cost of changes to the acute sector have been set out in some detail. The picture for primary care seems less clear, and although it is understood that the circumstances are fluid and dynamic, there is sufficient certainty within the proposals to inform a broad calculation now.

The Committee would wish that some account of mental health services be made in the proposals, including possible ring-fencing of resources.

Much of the change being predicated requires substantial investment in new technology and better integration of systems in support of patient care. Members would like to be reassured that this has been adequately costed in the proposals.

While the development of either of the two options will require the purchase of land, it is likely to be possible to release some land currently used for health service provision for alternative uses. This should provide opportunities for ensuring that receipts for released land are re invested in the local health economy for the benefit of the communities in Bedfordshire and Hertfordshire.

6.9 Deliverability

The Committee heard about the challenges of sites identified in the proposed options and in particular noted the planning and transportation issues for any development at Roehyde. They also noted that neither option would preclude a Medical School opportunity.

6.10 Communications

Communities and their residents have to become familiar with services available and their location. It is apparent that the current level of awareness is open to improvement. As the new configuration is implemented it is critical that public awareness campaigns are an integral element of the planning process.

7. Rural issues

In considering the overall strategy proposed by the SHA the Committee have welcomed the principle that services should be local, except where the quality of care can best be enhanced by centralisation/specialisation. Local services for most health needs is supported. In reshaping the services it is important that those patients in rural areas with specialist health needs are assured that any moves to centralise services are taken because of the need to guarantee or improve the quality of care.

It is also worth recording here that the Committee have taken a particular interest in transport and access issues, which include emergency and non-emergency transport services for patients, as well as issues such as public transport and car parking to provide for staff and visitors.

Detailed operational planning will be a matter for case by case consideration. Inevitably there will be great interest in the precise configuration of local services. In any event the committee welcomes the recognition that successful transition will require attention to the quality and range of local provision.

8. Assessing the final proposals

The Committee recognise that service provision is constantly evolving and that any workable proposal will involve some compromises from the optimum.

In considering whether or not to support the final proposals put forward by the SHA this Committee will be looking at the extent to which the proposal meets the following criteria.

Quality of Care

The Committee will be looking at the extent to which the chosen option:

- Will enhance the quality of care received by the people of Hertfordshire
- Will enable the development of a centre of excellence in Hertfordshire
- Will address the recruitment difficulties experienced locally
- Recognises the need to plan , and provide wherever possible alternative community facilities before relocating services from acute to primary care

Affordability

The Committee would wish to be assured that the financial calculations on which the option is based are robust and in particular:

- That the commitment to shifting resources to primary care will be maintained and that unforeseen financial pressures in the acute sector should not jeopardise developments in the primary sector
- That the funds needed for transition have been fully accounted for including the need for a period where there may be duplicate provision in some areas
- That the “knock on” financial implications for other services – in particular homecare, therapy and residential care – have been taken into account and that plans in place are being developed with partners to address them
- That the resources needed to address the current backlog in maintenance of existing facilities have been taken into account
- That full account has been taken of the costs to the Beds and Herts Ambulance Service of the transport requirements of the different options and of the changing way that people are cared for

Development of Primary Care

The Committee will be looking at the extent to which the final proposals:

- Demonstrate a commitment to the development of primary care both in terms of resource allocation and shift of focus
- Contain plans and targets for building on the good practise which already exists
- Will result in improved quality and equity of primary care provision

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Access

The Committee will be looking at the extent to which the final proposals take due account of:

- Congestion on key routes
- Plans for Public Transport Links
- The accessibility of chosen sites
- Car parking
- The capacity of ambulance services

A key driver for change is the accessibility of services. The Committee will wish to confirm that the issues of equality are adequately balanced.

Deliverability/Timescale

The Committee will be looking at the extent to which the final proposals minimise the risks of the chosen sites being unable to gain the necessary planning consents.

Whilst the development of a Medical School is supported as a long-term vision, the Committee would wish to confirm that the chosen option would be sustainable and achieve the stated objectives, even if the Medical School aspiration were not realised in the foreseeable future.

Communication

The Committee will be looking at how public awareness of change is Maximised for Hertfordshire residents.

9. Proposals

As we hope is clear from our response, the Committee are very supportive of the overall vision for improved health services in Hertfordshire and commends the Health Authority's commitment to making them happen. The Committee also feel that there are areas where it can help to make the proposals a reality and therefore wishes to propose the following:

9.1 Recruitment and Retention

Many of the issues affecting recruitment and retention difficulties are common across the public sector. The Committee would suggest that work to improve recruitment and retention should be done jointly, building on the work that has already started on key worker housing across all of the health, local authority and police organisations in Hertfordshire.

9.2 Transport

Transport issues which the proposals highlight are common across sectors. The committee would urge a joint approach building on the work that has been started by the Hertfordshire Integrated transport Partnership – Herts Transport Direct.

9.3 Monitoring Progress

Monitoring progress in achieving the vision behind Investing in your Health will be a key role for the scrutiny committee. The Committee suggest that a short life topic group be set up to work with the Health Authority to agree how this should be undertaken. The remit of the group would be:

1. To explore ways that evaluation can be made of the changes to the whole health economy in Hertfordshire not just individual services.
2. To discuss and agree the nature and content of monitoring information which will enable the SHA and the committee to evaluate progress
3. To agree a programme of monitoring – this may include regular reports on activity, finances and outcomes and/or briefings/visits for the committee
4. To consider other ways that members of the Committee can helpfully engage in monitoring progress – e.g. attendance at meetings and engagement with stakeholders

10. Summary

There is overwhelming support for the vision set out in 'Investing in your health' and the points raised above should be considered in that context.

Many people working in the health service are now going to have to make substantial changes to the way they work. Those appearing before this committee were very positive about the direction of the proposals and believe that morale will be lifted by reaching agreement on the way forward.

The challenges are immense, and will require strong leadership, determination and good will. This will involve working closely with, and getting support from, a wide range of partners. The Committee wish to convey that they, and their constituent bodies, will seek to work towards the vision, and look forward, in due course to reviewing the SHA's final decision on the option to pursue.

As implementation of the vision unfolds the Committee will wish to consider the SHA's arrangements for measuring success, and in particular, how the shift towards localised care is progressing.

Appendix A

List of witnesses/ speakers - 21 May 2003

Barrie Taylor	South West Herts CHC
Zena Bullmore	Dacorum Hospital Action Group
Pauline Dye	Director of 02H Campaign and CHC Chief Officer
Mrs Brereton	Service user Bishop's Stortford
Norman Gurney	Chairman, Breath Easy
Toni Horn	Chief Executive, Primary Care Trust.
Wendy Mahaffey	District Nurse, Chorleywood
Dr Mike Edwards	GP –Professional Executive Chair of Hertsmere PCT
Nicola Jones	Physiotherapist, Welwyn Hatfield PCT
Caroline Tapster	Director, Adult Care Services, HCC
Simon Wood	Director of Strategy, Beds & Herts Strategic Health Authority
Dr Steve Laitner	Consultant in Public Health St Albans & Harpenden PCT
Miss Jane McCue	Medical Director - E & N Herts Trust
Mr John Pickles	Medical Director - Luton & Dunstable Trust
Dr Danny Boxer	Associate Medical Director - West Herts Hospitals Trust
Dr Jane Halpin	Cancer Lead, Mount Vernon Cancer network
Prof. Mike Pittilo	Pro. Vice Chancellor, University of Hertfordshire
Anne Walker	C.E. Beds and Herts Ambulance and Paramedic Trust.
Dave Humby/Jon Tiley	Head of Transport Planning and Policy HCC – Strategic planning
Graham Winwright	Dacorum Borough Council
Chris Conway	Welwyn Hatfield District Council
Alan Warren	Director of Finance, Beds & Herts Strategic Health Authority
Ian White	Chairman Beds & Herts Strategic Health Authority