

REPORT TO: Health Policy and Performance Board
DATE: 5 March 2013
REPORTING OFFICER: Strategic Director, Communities
PORTFOLIO: Health & Adults
SUBJECT: Halton Hospital Elective Care Visioning Event
WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform the Board of the output from the Halton hospital elective care visioning event.

2.0 **RECOMMENDATION: That the Board note the output of the event.**

3.0 **SUPPORTING INFORMATION**

3.1 Halton hospital elective care visioning event invitation (appendix A).

3.2 **Halton hospital elective care visioning event discussion summary**

An elective care visioning event took place at Halton hospital on 22 January looking at the next stage of Warrington and Halton Hospitals NHS Foundation Trust's elective care reform programme.

Over 60 people were in attendance including a range of trust staff from various staff groups and clinicians together with partners including Halton CCG, Halton Borough Council and Bridgewater Community Services. The event was very positive with a plethora of ideas for the services that could possibly be delivered in the future from the Halton campus.

The event was hosted by Chief Executive, Melanie Pickup and consisted of a mixture of presentations from both external and internal speakers. This included a presentation from Dr Cliff Richards about the commissioning intentions for Halton CCG. This then led into table discussions about what a Centre of Excellence at Halton could look like and what opportunities there are to develop other services on the Halton campus.

3.2.1 **Halton CCG Presentation**

Dr Cliff Richards, Chair of Halton CCG gave a presentation titled 'Shaping the future of elective care in Halton'. In it he outlined the vision, purpose and values of the CCG. He also gave delegates ten things they needed to know about Halton as follows:

1. Older people (+65) are projected to grow by 33% by 2021
2. Halton's population is 97.5% white
3. Unemployment and worklessness are key challenges
4. The average household income is £33,800
5. GCSE attainment is slightly lower than the national average
6. House prices are low
7. House rental is twice as high as regional and national figures
8. Deprivation is a major issue with 1/4 of children living in poverty
9. Life expectancy is low with female expectancy the 4th lowest in the country
10. Halton is the 8th worst local authority for alcohol-related harm and the 50th worst for binge drinking

Dr Richards outlined the five priority areas identified in the Joint Health and Wellbeing Strategy (JHWS) as:

1. Prevention and early detection of cancer
2. Improved child development
3. Reduction in the number of falls in adults
4. Reduction in the harm from alcohol
5. Prevention and early detection of mental health conditions

Dr Richards then went on to discuss the 'long list' of Halton CCG commissioning intentions and the desire to work collaboratively with partners.

3.2.2 **Table Discussions – Centre of Excellence and Services that Potentially Could be Delivered from the Halton Campus**

There were two table discussions, comprising of eight tables. The first related to what a '**Centre of Excellence**' would look like in relation to four key areas, namely; staff, public/patients, service and buildings. The summary output from these table discussions concluded the following:

Staff should follow the 6 C's model regardless of whether they are nurses, administrative staff, doctors or other health professionals. The 6 C's articulated cover care, compassion, courage, communication, competence and commitment. Delivering high quality care should be the overriding principle. Tables felt that this could best be delivered through highly competent staff who are skilled and demonstrate excellent leadership. They should be committed, flexible and go the extra mile for patients.

With regards to the **public and patients**, the overwhelming view was that services should be provided to suit patient needs. These should be patient focused, joined up services, accessible 24/7 with short waiting times and no cancellations. However the quality of care patients receive together with how we communicate with them was rated as highly important. Care should be delivered in a low infection and clean hospital.

Discussions surrounding **service** were similar to that of patients, with a desire to provide community based, local, integrated and 24/7 services. However more specific services in relation to health promotion, children's services and women's health services were thought to be required.

Buildings should have easy access for all, with good parking availability. They should be clean and well-maintained with multi-purpose facilities for a wide range of health services not necessarily just acute care.

The second table discussion centred on **what services potentially could be delivered from the Halton campus**. Services were considered in relation to the requirement for minor governance changes, major governance changes and where services would require high dependency unit (HDU) or intensive care unit (ICU) support. The summary of these table discussions is as follows:

The overwhelming view from the table discussions was that a women's health service covering breast surgery, gynaecological procedures and termination of pregnancy could be established with **minor governance changes**. Also frequently suggested in this category were ophthalmology services, maxillofacial services and an alcohol detox/rehabilitation unit.

Services that could be delivered but where there would be a requirement for **major governance changes**, included paediatric surgery and care, cystectomies and nephrectomies.

Those services that could only be delivered with the introduction of **HDU or ICU** services includes those patients who have high risk factors resulting from co-morbidities such as diabetes, heart disease or respiratory disease. Such patients would require closer post anaesthesia care and monitoring and potentially HDU or ICU.

4.0 **POLICY IMPLICATIONS**

- 4.1 This event was designed to capture delegate's thoughts and ideas with regards to what services could be developed on the Halton hospital campus. The outputs of the event will be written up and summarised to allow further discussions, decisions and development of services to take place. As a consequence, no

decisions have been made and therefore policy implications are unknown at this stage. This will need to be considered as part of the decision making process.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 This event was designed to capture delegate's thoughts and ideas with regards to what services could be developed on the Halton hospital campus. The outputs of the event will be written up and summarised to allow further discussions, decisions and development of services to take place. As a consequence, no decisions have been made and therefore financial or other policy implications are unknown at this stage. This will need to be considered as part of the decision making process.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The potential development and delivery of additional services on the Halton hospital campus would positively support children and young people in Halton. This could either be in support of carers of children or young people for instance in accessing services more locally or the delivery of specific children and young people services. It is important to note that no decisions have yet been made about what these services may be.

6.2 Employment, Learning & Skills in Halton

Should additional services be delivered from the Halton hospital campus, this could in turn have a positive local impact with regards to employment as well as enhanced third sector and local business opportunities. It is important to note that no decisions have yet been made about what these services may be.

6.3 A Healthy Halton

The potential development and delivery of additional services on the Halton hospital campus would positively support a healthy Halton. Discussion took place at the event about the specific demographic needs of the area that are incorporated within the Joint Health and Wellbeing Strategy (JHWS). This included discussion regarding the needs of an increasingly ageing population, lower than average female life expectancy rates and where alcohol harm and binge drinking is above the national average. It is important to note that no decisions have yet been made about what these services may be.

6.4 A Safer Halton

Services that potentially reduce alcohol harm and binge drinking are likely to have a positive impact on the safety of Halton. It is

important to note that no decisions have yet been made about what these services may be.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 This event was designed to capture delegate's thoughts and ideas with regards to what services could be developed on the Halton hospital campus. The outputs of the event will be written up and summarised to allow further discussions, decisions and development of services to take place. As a consequence, no decisions have been made and therefore risks cannot be effectively considered. This will need to be undertaken as part of the decision making process.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 It is not anticipated that the development of services on the Halton hospital campus will raise equality and diversity issues. The visioning event asked delegates to consider services that potentially could be delivered with minor governance issues that could be easily addressed, major governance issues and those services that would require a high dependency or intensive care service. However, as no decisions have been made with regards to these services, equality and diversity issues cannot be effectively considered. This will need to be undertaken as part of the decision making process.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None under the meaning of the Act.

Elective Care Visioning Event

Exciting times are on the horizon.....come and help us shape the future of elective care in Halton

Tuesday 22 January 5.00-8.00pm, Post Graduate Centre, Halton



With the move of our Orthopaedic Surgery service to the Cheshire and Merseyside Treatment Centre from 2 January, we embark on an exciting new chapter for the Trust.

A brand new facility at Halton with four state-of-the-art operating theatres, a 44 bed ward, day unit, full diagnostic, outpatients and physio suites provide us with a perfect opportunity to expand our orthopaedic services in the future. But are there more opportunities for us to deliver high quality patient care in the Halton Campus other than just orthopaedics?

We'd like to hear your thoughts and ideas, so come and join us to shape the future.

This event which will be hosted by Mel Pickup will consist of a mixture of presentations from both external and internal speakers who will provide you with some background information. This will then lead into your table discussions about what a Centre of Excellence could look like and what opportunities we have to develop other services in Halton.

A hot supper will be provided at the start of the event and I look forward to seeing you all there.