
HALTON HEALTHCARE CAMPUS PROJECT

1. Summary Position - Stage 4

- (a) the Halton Health Campus project was set up in January 2008 following concerns from local stakeholders about the future of the hospital. The PCT gave specific commitments as follows:
- To lead a project: the “strategic vision and mission project” that would define the future vision for the Halton hospital site
 - To ensure that local people were engaged and contributed to the project.
 - To establish appropriate project management arrangements - A project delivery group and steering group to be established to take the project forward.
 - The project was set up in 5 phases:
 - Phase 1: Project Mobilisation Complete
 - Phase 2: The current site utilisation Complete
 - Phase 3: Strategic Principles for Change Complete
 - Phase 4: The Case for Change Complete
 - Phase 5: Outline Business Cases TBC
- (b) Since the project was set up, two key changes have taken place, namely that it was clear that the hospital is full and secondly that there has been a major economic down turn which causes the NHS to review major commitments.
- (c) It was agreed during the project group that its focus should be more on improving the health of Halton people and what services they need rather than on buildings and services which have to be on the hospital site.
- (d) The key themes of the case for change are as follows
- The hospital should actively promote the health of the population - the concept of the health improving hospital
 - The hospital site should develop itself as an early detection and screening centre potentially with on-site leisure and lifestyle services
 - The hospital site should further develop its position as a centre of excellence in planned care
 - The hospital site should expand its role to promote rehabilitation and re-ablement into the community
- (f) All developments are consistent with the PCT’s Commissioning Strategic Plan

2. Progress Update

The project delivery group has prioritised the first two recommendations from Phase 4:

- The hospital should actively promote the health of the population - the concept of the health improving hospital
- The hospital site should develop itself as an early detection and screening centre potentially with on-site leisure and lifestyle services

It is envisaged that developments on the Halton hospital site will form part of our overall approach to lifestyle management and the early detection of major illness. The development of the “Health Improving Hospital” will therefore constitute an important part of the PCTs Initiative in the early detection of major illness.

2.1 Halton and St Helens PCT Clinical Pathway Proposals – Health Checks +

A Five Tier System will be developed in conjunction with all stakeholders to facilitate a rapid patient journey.

This process will be preceded by a Social Marketing exercise targeting the adult population to engage in the NHS “Health Checks Plus” Scheme

- Health Checks Plus (HC+) will cover the NHS Health Checks Scheme (mandatory from 2011) and address the Health Inequalities agenda and the objectives of the Commissioning Strategic Plan.
- NHS Health Checks Plus will use various venues including GPs, **Health Improving Hospitals**, Pharmacies and Specialist Outreach Teams to Assess the Health and Life style of 20% of the population each year
- The most vulnerable will be targeted first to prevent the Health inequalities gap widening.
- Information Technology supported by data sharing agreements will facilitate the HC+ information being transferred to the GP clinical systems.

A HC+ Administration Team will also receive information to assist in the management of hard to reach members of the population. This team will co-ordinate outreach teams and analyse the data to re-inform the process on a regular basis and support targeted marketing and interventions.

Tier I

- A full Assessment including Early detection of Vascular disease, CKD, Diabetes, Depression, Cancer and cancer screening also measurement of Height Weight BMI, Blood Pressure and Pulse; if indicated, Additionally lifestyle assessment of Smoking, Alcohol consumption, Exercise and Sedentary behaviour are recorded.
- Tailored Information is to be delivered during the assessment as “red flag” answers are received.

Tier II

- Further diagnostic tests are carried out at this stage as indicated by the HC+ Assessment. In a significant development on a hospital site such as Halton this may include access to Pathology, Radiology and Physiological measurements and Cardio Pulmonary Assessments.

Tier III

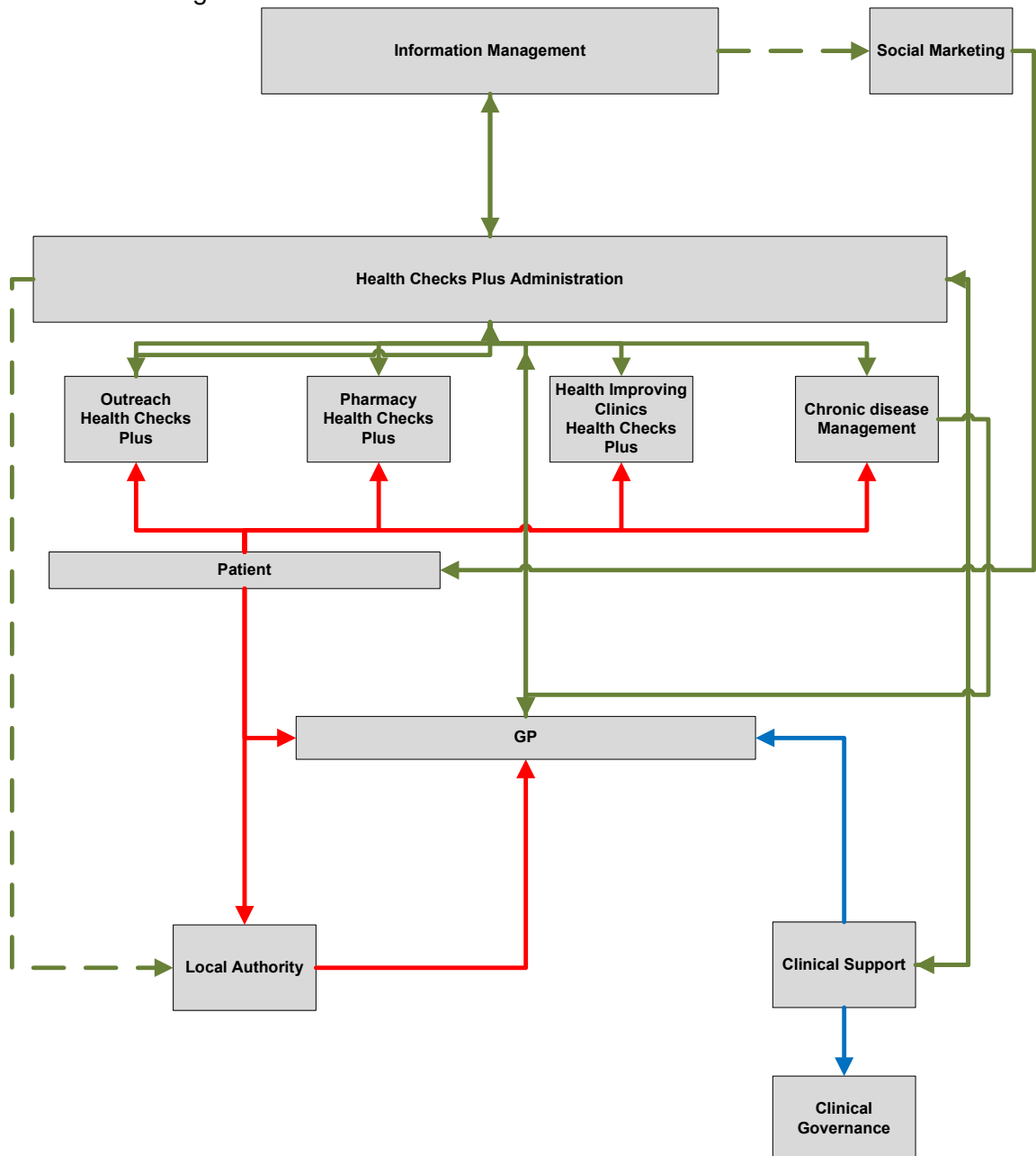
- Staffed by Advanced Practitioner or Specialist Nurse this Tier where appropriate would give a provisional diagnosis and advice. If required the patient would be referred to a Tier IV pathway for Support or Treatment

Tier IV

- Within Tier IV Health Services would be commissioned to provide immediate support. These services are yet to be specified but could include Smoking Cessation, Weight Management, Physiotherapy etc

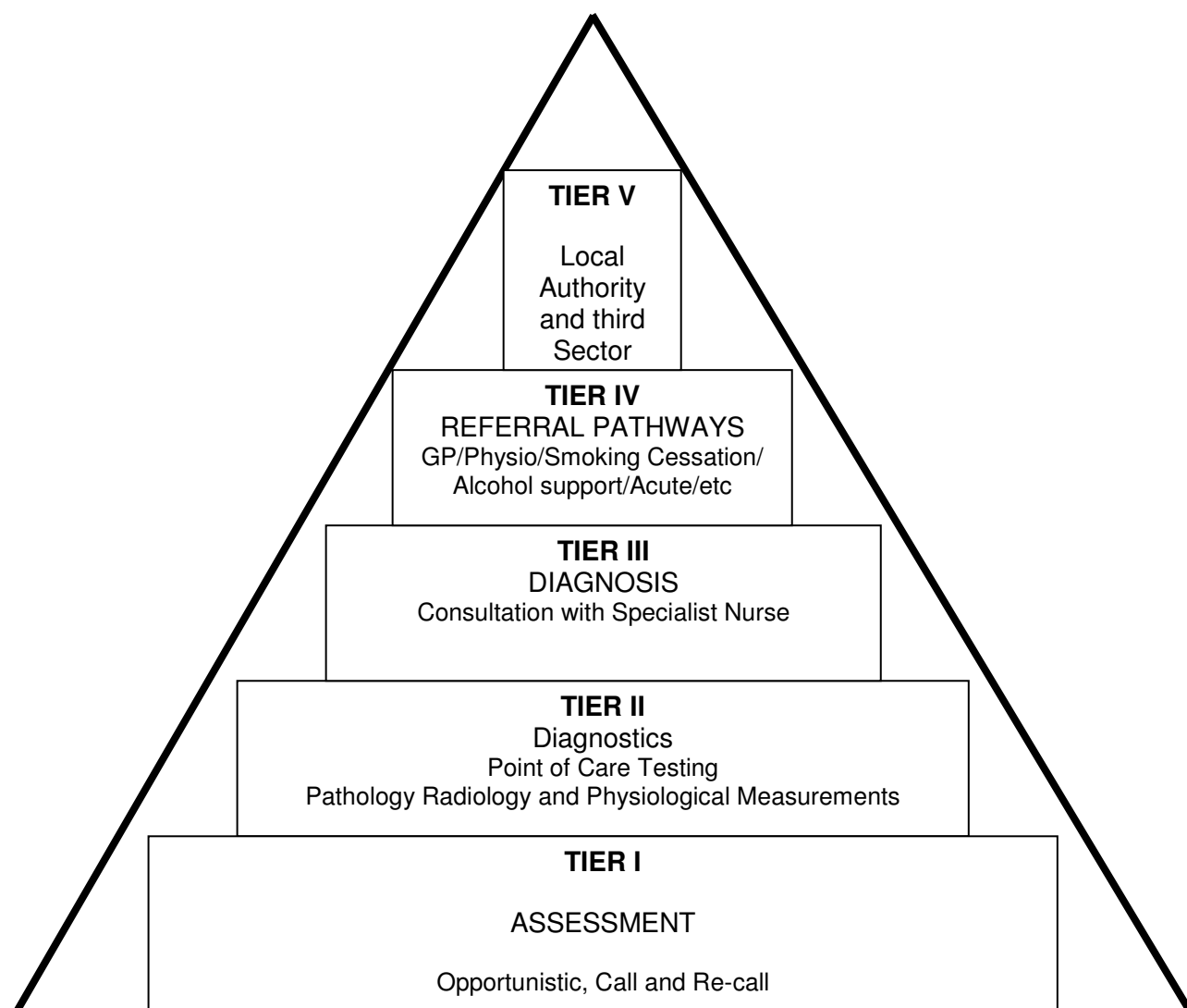
Tier V

- A Tier V referral would complete the patient journey and Local Authority and third sector initiatives for the long term support and management of lifestyle and self directed management of chronic illness



5 TIER SYSTEM

The modular nature of this system would allow it to be partially implemented and then developed over time into a system which provides a single point of access to commonly required services. This will enable the patient to move through the 5 tiers in a single visit.



2.2 Developing Health and Well-Being Services

To support the above, consideration has been given to the provision of services that include the promotion of healthy lifestyles, and leisure and sports facilities. The target audience is:

- Current users of Halton hospital.
- Referrals from health care practitioners (in its widest sense).
- Those directed following early intervention screening activities.
- Those with general lifestyle issues (e.g. obesity).
- Groups targeted by PCT or other social practitioners.
- Those who would subscribe to structured general fitness programmes.

The intention is not to provide a 'pay as you play' facility for casual users. There has to be a reason for being there, although some outdoor facilities offer the potential for casual use.

The proposal is informed by:

- Public engagement activity that has been undertaken as part of the case for change.
- An understanding of the current distribution of facilities. There is no point in replicating services already available either in the public or private sector.
- Nationally accepted standards prescribed by Sport England on that availability, generally based on a 15 minute walk time.
- Good practice elsewhere.

PROPOSED FACILITIES

The following are very broad proposals, details are not provided as general consensus need to be agreed in the first instance. Proposed Facilities to be included in scheme.

Diagnostics Clinic

A range of diagnostics could be undertaken from low level e.g. blood pressure, cholesterol checks, blood/urine sampling, to more sophisticated health checks, for example, ear or eye testing.

Consulting Facilities

This would include a physio facility, a sports injury clinic and a number of consultation rooms. To be determined would be the element of diagnostic facilities associated with this scheme. These could be included elsewhere on the campus.

Gym/Fitness Room

On a relatively small scale (there is a private sector facility across the road). The suggestion would be 30 c/v stations, which would focus on cardio-rehab, but would have a general fitness/obesity application. Included in this would be a weights room, again for rehabilitation purposes.

A Flexible Activity Space

To accommodate 60 people, but capable of partitioning for meetings or smaller activities. Equipped with sprung floor for dance, aerobics, spinning etc. Facility for bocca, table tennis, bowls etc. Would require built in storage for equipment.

Library/Information suite

A relatively small provision that would offer advice and guidance on fitness/medical issues. IT facilities would be included on an individual basis, but also for group training sessions.

Social Break-out area

The opportunity for people to relax, access vending facilities, socialise. Could include 'Wii' facilities or other opportunities to still participate in an informal setting.

Central Reception Area.

Customers need to be welcomed, valued and guided. This would be the front desk of the well-being centre.

Outdoor opportunities

On-site there are possibilities of establishing a green gym/fitness trail that could be accessed by anybody. Similarly a perimeter cycle path. These are low cost activities that require minimal maintenance.

2.2.1 Design Principles

To be successful, most of the above facilities need to be suited together. Users need to feel they are entering a dedicated space, where everything is there. Shared areas such as the changing facilities, reception, social area, library, consultation rooms will enhance this feel.

The facility has to have the ambience of a Leisure Club, not a hospital. There would be a need for soft furnishings, music, a/v in gym etc.

The facility should ideally be situated close to the main entrance, and not 'tucked away'. For a lot of users it will be a big step to use the facilities. Every possible barrier needs to be removed.

The facilities don't just need to be fully DDA compliant, they need to conform to best practice for disability sport. There are a number of good examples nationally.

2.2.2 Issues

Access to the site is crucial. Close-by residential areas are limited, and the site is bounded by major roads. Parking, safer walk-ways, cycle-ways and accessible transport from parts of the borough is essential.

Views on charging need to be considered. Free usage increases footfall, particularly for the 'hard to reach' groups. Cost can be a major barrier to undertaking regular structured exercise.

There are significant costs associated with the proposal. The capital scheme would be estimated at £4million. There would be revenue consequences; facilities require qualified lifeguard and fitness instructors etc, a swimming pool has a high utility and maintenance cost.

As noted above, progress on implementing Tiers 1 to 4 of the patient pathway is not contingent upon having Tier 5 in place. Indeed, the development of Tier 5 services can be made once Tier 1-4 is live and we have a more detailed understanding of the level of need and demand generated.

The scheme could develop further, for example cooking facilities for healthy eating classes, sensory gardens, music relaxation rooms.

2.2.3 Outcomes

The main outcomes would be:

- Low-level interventions that prevent future costly clinical alternatives.
- Increased participation in sport and physical activity to reduce disease, disability, and increase quality of life, self-esteem and self-efficacy.
- Increase the knowledge of the public re: the benefits and opportunities for sport and physical activity.
- Breakdown barriers towards participation in sport and physical activity and achieve sustained participation.
- Rehabilitation programmes.
- Community cohesion.
- A statement that, in its widest sense, that Health is Halton's most important priority.

2.3 Project Management Arrangements

The PDG agreed to establish a multi-agency project group to take forward the "Health Improving Hospital Project". This will incorporate recommendations 1 and 2 of the phase 4 report. A progress report will be submitted to the next Steering group to include outline project plan, key milestones and outline costs.