

Public Document Pack

HEALTH AND ENVIRONMENT POLICY COMMITTEE

Wednesday, 31 January 2024

Attendance:

Councillors
Cramoysan (Chairperson)

Bolton
Brook
Brophy

Morris
Williams
Wise

Apologies for Absence:

Councillors Greenberg, Tippett Cooper and Warwick

Deputy Members:

Councillors Brook (as deputy for Councillor Warwick), Brophy (as deputy for Councillor Greenberg) and Williams (as deputy for Councillor Tippett-Cooper)

Others in attendance who addressed the meeting:

Councillors Becker (Cabinet Member for Community and Engagement), Horrill, Lee and Wallace

Others in attendance who did not address the meeting:

Councillor Cook and Councillor Porter (Cabinet Member for Place and Local Plan)

[Full Video Recording](#)

1. **APOLOGIES AND DEPUTY MEMBERS**

Apologies for the meeting were noted as above.

2. **APPOINTMENT OF VICE-CHAIRPERSON FOR THE MEETING**

RESOLVED:

That Councillor Morris be appointed Vice-Chairperson for this meeting of the committee.

3. **DECLARATIONS OF INTEREST**

There were no declarations made at the meeting.

4. **CHAIRPERSON'S ANNOUNCEMENTS**

The Chairperson advised that the purpose of the meeting was for councillors to be briefed on the proposals on hospital investment from the Hampshire & Isle of Wight Integrated Care Board (ICB) and the Hampshire Hospitals NHS Foundation Trust. The view and comments of the committee would help inform the consultation response made on behalf of the council by the Cabinet Member for Community and Engagement.

5. **PUBLIC PARTICIPATION**

Max Priesemann, Philip Glassborow, Danny Chambers, Chons Muller, Councillor Wallace, Councillor Horrill and Councillor Lee spoke raising questions and comments in respect of agenda Item 5 as summarised below.

6. **HAMPSHIRE TOGETHER: MODERNISING OUR HOSPITALS AND HEALTH SERVICES (CONSULTATION DOCUMENT ATTACHED) - PRESENTATION**

The Chairperson welcomed to the meeting Caroline Morison (Chief Strategy & Transformation Officer, Hampshire & Isle of Wight Integrated Care Board (HIOW ICB)), Alex Whitfield (Chief Executive, Hampshire Hospitals Foundation Trust), Dr Lara Alloway (Chief Medical Officer, HIOW ICB), Dr Nick Ward (Interim Chief Medical Officer and Consultant Paediatrician, Hampshire Hospitals Foundation Trust), Dr Charlotte Hutchings (GP and Clinical Director for North & Mid Hampshire, HIOW ICB) and Elizabeth Kerwood (Associate Director of Community Involvement, HIOW ICB).

A copy of the consultation documents and other information had been circulated with the [agenda pack](#).

Philip Glassborow, Max Priesemann, Danny Chambers, Chons Muller, Councillor Wallace, Councillor Horrill and Councillor Lee addressed the Committee and raised the following points and questions as summarised below:

a) **Philip Glassborow**

Thanked the NHS for their service, but there should continue to be an Accident & Emergency department in Winchester for two main reasons - access and resilience. If all emergencies needed go to a new hospital at Basingstoke, this would place a strain on the ambulance service. The recent critical incident declared at Basingstoke Accident and Emergency due to high levels of attendance indicated that two facilities were better than one.

b) **Max Priesemann**

Whilst supportive of proposals for a new hospital, questioned whether outcomes for the population would be improved and also the evidence that capacity was not achievable at the existing site. Increased travel to a new hospital may impact on patient waiting times and on the capacity of the ambulance service. Patients and visitors travelling to a new hospital would

require a public transport solution to be in place. Queried why Micheldever had been rejected as a potential site, despite this being central and with good transport links. There would be more carbon impact from increased travel and building a new hospital. There should be options to modernise and develop existing sites to match current demand.

c) Danny Chambers

Thanked NHS staff for their work and referred to the capacity of community health care that meant patients attended Winchester hospital more frequently. The proposals had created anxiety for these residents who may need to travel to Basingstoke for health services. Raised concerns at guarantees of Treasury funding for the project and expectations that a new hospital would be completed by 2032.

d) Chons Muller

As the current petition holder against removal of the Accident & Emergency department and other acute services from Winchester, queried whether proposed new facilities at Junction 7 of the M3 would have sufficient capacity. The NHS and the council could work together to revisit land options in the district such as at St John Moore Barracks, Barton Farm and land owned by Winchester College in the north of Winchester.

e) Councillor Wallace

Thanked the NHS team for their work in helping residents understand the proposals under consideration. Pointed out that all three options presented the same outcome for Winchester residents. Asked for examples of other hospitals that only dealt with planned surgeries. Referred to commitments that the proposals would improve waiting times and services to patients, and asked how the council would remain engaged throughout the project to ensure these were delivered. Stated that residents in the Meon Valley were likely to have their nearest specialist and emergency care centres at Queen Alexandra Hospital in Portsmouth – had there been any analysis of increased patient numbers here? Regarding net carbon zero, what work had been undertaken to quantify the emissions related to the new hospital and how was net zero to be achieved, especially from increased travel to the new facility.

f) Councillor Horrill

Welcomed the government's investment in local NHS services and reiterated that it was important that residents take up the opportunities to be engaged in the consultation process. Regarding concerns of residents, could it be explained what exactly was a 24:7 doctor led urgent treatment centre when compared to the existing Accident and Emergency facilities at Winchester? What criteria would be used to decide where patients would be referred, and by whom? Pointed out that Southampton General Hospital remained geographically closer for some residents of the district. Was there a back-up

plan should the proposals not take place and what could stop the undertaking for investment? Had NHS staff been engaged in the consultation processes?

g) Councillor Lee

Welcomed proposals that delivered improved sustainable health services and value for money efficiencies along with improved net zero and environmental credentials. Raised concerns of increased transport and travel times to Basingstoke. There was increased travel costs and car parking charges for patients and visitors and for those without private transport, public transport was inadequate. The Hampshire County Council local transport plan would not address travel arrangements regarding a new Basingstoke hospital and to neighbouring facilities such as Queen Alexandra. Had local development plans across the NHS Trust's catchment area fed into the options presented, so to help with future proofing capacity and providing assurances that services were adequate? Was NHS illness prevention initiatives and primary and social care sufficient, especially having regard to residential developments such as at Welbourne?

The representatives of Hampshire Hospitals Foundation Trust (HHFT) and Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) then gave their presentation to the committee. The presentation was made available on the [council's website here](#) following the meeting. Where available, responses to matters raised during the public and visiting councillor deputations were provided during their presentation or the ensuing discussion.

Following conclusion of the presentation, the committee proceeded to ask questions and comment on the proposals which were responded to in detail and can be referred to in the [recording of the meeting](#). In summary the following matters were raised and responded to:

Urgent Treatment Centre

- a) What was the percentage of patients attending Accident & Emergency at Winchester and who would still be able to be treated at the new Urgent Treatment Centre?
- b) How would a patient be managed (or a parent with an unwell child) who attended the Urgent Treatment Centre who then needed to then be dealt with at Specialist Acute Hospital?
- c) Which NHS professionals were to manage the Urgent Treatment Centre workload, and could be it confirmed that they have all the necessary skills and experience?
- d) Would the proposals regarding an Urgent Treatment Centre at Winchester result in cardiac trauma treatment times being longer?

Staffing

- e) Would there be an impact on the retention of specialist NHS staff if services are to be re-located – especially for those without their own transport?
- f) Was there any indication of the number of staff currently located at Winchester, compared to that proposed in the future?
- g) What more could be done to ensure that NHS hospital staff had opportunities to take part in the consultation? Could there be assurances that all residents were given opportunities to be fully engaged as some communities were more affected than others?

Funding

- h) Was the capital funding of £700 – 900 million proposed by the Treasury guaranteed and was delivery of the project assured (including construction) within the time scales proposed?
- i) Were there any outstanding conditions from the Department of Health and Social Care to be met regarding the funding from the new hospital programme – for example regarding the proposed Urgent Treatment Centre at Winchester?

Model of Care

- j) What was the logic of relocating the existing centre of excellence for stroke care away from Winchester?
- k) What sort of NHS services were now to be more prioritised in community and local care?
- l) How would the proposals impact on antenatal and neonatal care?
- m) How would the proposals positively impact on ‘step down services’ and enhance getting patients through the system, so not bed-blocking? How would it relate to patients being transferred to care homes in some instances?
- n) Was there assurance that the Royal Hampshire County Hospital buildings would remain safe and fully maintained until no longer used? Were existing services adequate and safe without investment?
- o) Had the National Hospital Programme taken into consideration advances in technology and science?

Location

- p) Were hospital catchment areas to move or were they to merge? Had neighbouring hospital trusts input to the proposals, for example whether they may add additional pressures?
- q) What would happen if the preferred new site identified at J7 M3 was not able to be obtained?

- r) Has there been modelling or study of ambulance response times from across the Winchester district to the new hospital site, including for time critical medical matters such as strokes? Would there be additional budget to help with increased transport transfers between sites?
- s) There were a number of potential sites assessed based on several criteria, including for ambulance response times for category one incidents.
- t) Would there be an impact on patient survival rates of major trauma being in Winchester being referred to J7 M3?
- u) Was it possible to commit that no services from Winchester would be moved until the new hospital at J7 M3 was built, given the time frame currently referred to?
- v) What was the usage of carbon at the new site versus the existing sites and in terms of the invested carbon in building a new hospital, what analysis had been done and what was the return on investment?

Engagement

- w) Regarding the process undertaken regarding the options presented and the feedback being gathered and ensuing decision making processes; can there be assurances that there had been no undue political influence?

The committee then proceeded to debate the proposals. In summary the following matters were raised:

Urgent Treatment Centre

- a) Regarding concerns at the closure of Accident & Emergency facilities, there should be comparison to what services existing Urgent Treatment Centres actually provide.

Staffing

- b) Staffing and travel to a new hospital was a concern. Social care budgets and the increasing demands on social care was also a concern due to deficits in the Hampshire County Council budget.
- c) Any concerns regarding staffing was more an issue for the future due to the project's timescales.

Funding

- d) There was concern that the funding for the project may not be forthcoming when it was so far into the future and confirmation of the Treasury's commitment was necessary.

Model of care

- e) The case presented by HIOW ICB and NHS Hospitals regarding the Hampshire Together project was convincing, however retaining access to Accident & Emergency services at Winchester was crucial for some residents. There were issues about social inclusion regarding travel and associated costs.
- f) The Queen Alexandra Hospital and Southampton General who combined had experienced three critical incidents due to capacity since the consultation on the proposals had launched.
- g) Moving elective surgery and specialist services to one location was encouraging.
- h) It was disappointing that retaining Accident & Emergency (along with paediatrics and maternity services at Winchester) was not one of the options presented by the Hampshire Together consultation.
- i) Although there was some support for a new hospital at J7 M3, it must be recognised that for residents of Winchester there was opposition to the apparent downgrading of services located at the existing site and whether this may impact negatively on medical emergency outcomes.
- j) There was logic of consolidating expert and specialist resources and that this would lead to efficiencies. However, this would inevitably mean changing locations that patients need to travel to, and that this would impact more on some residents. The proposals did not encompass a commitment to a transport strategy, including the establishment of useable travel connections between several places in Winchester district to the new hospital.
- k) The community needed excellent maternity services accessible to them here and now. Could delays to the project have a detrimental impact on this?

Location

- l) Had there been any preliminary discussions with the planning authority regarding planning matters related to the new site?
- m) More expensive travel for Winchester residents to a new hospital at J7 M3 would be much less for residents from the north of Hampshire.
- n) Residents of the Upper Meon Valley ward of the Winchester district were concerned about speed of access and quality of service, and if were travelling by ambulance from this area, they would arrive at a new hospital at J3 M3 at around the similar time that they would at Winchester.
- o) An impact assessment of the proposals should have explored any effect on the ambulance service and response times.

Engagement

p) Residents should refer to the details presented by the Hampshire Together project to appreciate the facts about the decision that was being made and to fully understand the issues.

q) Consultation on the proposals must reach all sectors of the community and utilise appropriate methods of forum as appropriate.

In conclusion, the Chairperson thanked members of the public for participating in the meeting and representatives from Hampshire Hospitals Foundation Trust (HHFT) and Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) for their attendance and informative presentation.

RESOLVED:

That the views and comments of the committee be noted as summarised above, to inform the response of the Cabinet Member for Community and Engagement to the consultation.

The meeting commenced at 6.30 pm and concluded at 10.05 pm

Chairperson