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Local Health, Local Decisions

Proposals for the transfer of management responsibility for local health services in Portsmouth and South East Hampshire from Portsmouth HealthCare NHS Trust to local Primary Care Trusts and West Hampshire NHS Trust

Consultation Document

September 2001

Produced in partnership by the South East Regional Office of the NHS Executive; Isle of Wight, Portsmouth and South East Hampshire Health Authority and Southampton and South West Hampshire Health Authority

Purpose of this Consultation Document

This document provides information about, and invites comments on, proposals to transfer management responsibility for a range of local health services in Portsmouth and South East Hampshire from Portsmouth HealthCare NHS Trust to local Primary Care Trusts and the West Hampshire NHS Trust. As a consequence of this transfer of clinical services, the document also proposes the dissolution of Portsmouth HealthCare NHS Trust and the variation of the Establishment Orders of Portsmouth City Primary Care Trust and East Hampshire Primary Care Trust.

In undertaking such consultation, the South East Regional Office of the NHS Executive, the Isle of Wight, Portsmouth and South East Hampshire Health Authority and Southampton and South West Hampshire Health Authority are required to identify the impact of the proposals on local services. They are also required to consult the public, NHS bodies, representatives of local health professionals and staff, local authorities, and other appropriate persons or bodies.

Circulation of the Consultation Document

Copies of this consultation document are being circulated to:

- neighbouring health authorities (Dorset, North & Mid Hampshire, West Surrey, West Sussex, Wiltshire)
- local Primary Care Trusts and Groups (Chichester & Rural, East Hampshire, Eastleigh North, Fareham, Gosport, Isle of Wight, Mid Hampshire, New Forest, Portsmouth City, Southampton City, West Southampton & Test Valley South)
- local NHS Trusts (Hampshire Ambulance, Isle of Wight Healthcare, North Hampshire Hospitals, Portsmouth Hospitals, Portsmouth HealthCare, Royal Surrey County Hospital, Royal West Sussex, Salisbury Health Care, Southampton Community Health Services, Southampton University Hospitals, Sussex Weald & Downs, West Hampshire, Winchester & Eastleigh Healthcare)
- NHS Direct Hampshire & Isle of Wight
- local authorities (Eastleigh Borough, East Hampshire District, Fareham Borough, Gosport Borough, Hampshire County, Havant Borough, Isle of Wight, New Forest District, Portsmouth City, Southampton City, Test Valley Borough, Winchester City)
- Directors of Social Services (Hampshire County; Isle of Wight; Portsmouth City; Southampton City)
- Community Health Councils (Isle of Wight; Portsmouth and South East Hampshire; Southampton & South West Hampshire; Winchester)
- private hospitals (BUPA Hospital, Portsmouth; BUPA Hospital, Southampton; King Edward VII Hospital, Midhurst; Nuffield Hospital, Chichester; Wessex Nuffield Hospital, Chandlers Ford; Marchwood Priory, Southampton)
- family health services contractors (general practitioners, general dental practitioners, community pharmacists, optometrists)
- local representative committees (Local Medical Committee, Local Dental Committee, Local Pharmaceutical Committee, Local Optical Committee)
- councils of community service
- members of parliament

EXECUTIVE SUMMARY

Section 1 Background to the Proposals, and the Planned Benefits

The Isle of Wight, Portsmouth and South East Hampshire Health Authority and Southampton and South West Hampshire Health Authority are consulting, on behalf of the Secretary of State, on the transfer of management responsibility for a range of local health services from Portsmouth HealthCare NHS Trust to local Primary Care Trusts (PCTs) and to West Hampshire NHS Trust. This change is in the context of the Government's plans to modernise the NHS and to strengthen the role of PCTs.

Section 2 Current Organisational Arrangements

Responsibility for the provision of a range of community health services has already passed to local PCTs. The following clinical services continue to be provided by Portsmouth HealthCare NHS Trust: elderly medicine, elderly mental health, adult mental health, learning disabilities, substance misuse, clinical psychology, primary care counselling, community paediatrics and services for children with special needs, palliative care and specialist family planning.

Section 3 The Review undertaken by the Institute of Applied Health and Social Policy (IAHSP)

An independent review of possible options for the future management of clinical services was commissioned by the Isle of Wight, Portsmouth and South East Hampshire Health Authority earlier in 2001. The recommendations of the review form the basis of the proposals in the consultation document.

Section 4 Proposed Transfer Arrangements for Clinical Services

The proposals for clinical services are based on a number of specific principles - the safe and effective transfer of services, maintaining the development of services, corporate governance arrangements, service hosting and a review period. It is proposed that the following services should be hosted by one PCT on behalf of the whole area :

- elderly medicine, elderly mental health services and palliative care (hosted by East Hampshire PCT)
- community paediatrics, substance misuse, clinical psychology, primary care counselling and specialist family planning (hosted by Portsmouth City PCT)
- learning disabilities (hosted by the proposed Fareham & Gosport PCT)
- adult mental health services for Portsmouth City residents should be managed by Portsmouth City PCT; adult mental health services for residents of East Hampshire and Fareham and Gosport (including clinical psychology services) should be managed by West Hampshire NHS Trust.

Section 5 Option Appraisal

The discussions to date also considered whether Portsmouth HealthCare NHS Trust should take on a different role within the local health community or whether it should be dissolved. The preferred option is to dissolve the Trust.

Section 6 Proposed Transfer Arrangements for Premises and Facilities Management Services

It is proposed that the ownership and facilities management of premises used for the provision of clinical services being transferred should pass from Portsmouth HealthCare NHS Trust to the new organisations.

Section 7 Proposed Transfer Arrangements for Non-Clinical Support Services

A separate project is being undertaken to identify arrangements for the future provision of non-clinical support services currently provided by Portsmouth HealthCare NHS Trust. These include finance, human resources, information and communication technology, estates management, capital planning, professional advice on facilities management, education and training, and communications and public relations. Proposals will be shared when this project has been completed.

Section 8 Arrangements for the Transfer of Services and Dissolution of Portsmouth HealthCare NHS Trust

The transfer of services and the dissolution process will be carefully managed through a project management structure to ensure the safe transfer of clinical services and minimise risks.

Section 9 The next steps

Following the consultation period, a report on the transfer of clinical services will be made to the NHS Executive in order that the Secretary of State may consider formal approval of these transfers, along with the dissolution of Portsmouth HealthCare NHS Trust, the changes to the Establishment Orders of the PCTs and the extended role of West Hampshire NHS Trust.

Section 10 Consultation arrangements and how to comment on the proposals

The consultation period will last twelve weeks from 10 September 2001 until 30 November 2001. During this period, four public meetings will be held at which there will be an opportunity to discuss the proposals.

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the local population, they are also able to provide directly a range of health services, creating new opportunities to integrate primary and community as well as health and social care provision for local people.

In April 2001, two new Primary Care Trusts (PCTs) were established in Portsmouth and South East Hampshire: Portsmouth City Primary Care Trust and East Hampshire Primary Care Trust. These PCTs have already successfully taken on the responsibility for delivering a number of clinical services, including district nursing, health visiting and a number of community based therapy services. The benefits of bringing the delivery of care closer to local people are already clear, with services able to be even more locally responsive and integration with primary and social care improved. A proposal for the establishment of a new Primary Care Trust to cover Fareham and Gosport is currently being consulted on, and it is hoped that this new Primary Care Trust will be established from April 2002. In the light of the proposed establishment of this new PCT, it is now appropriate to consider the transfer of a wider range of clinical services to the PCTs.

The role of PCTs nationally is also being strengthened by the likely implementation of "Shifting the Balance of Power within the NHS", a Department of Health document which proposes the replacement of Health Authorities with a smaller number of new strategic Health Authorities and the devolution of additional responsibility to PCTs. A parallel consultation process relating to the establishment of a new Strategic Health Authority for the whole of Hampshire and the Isle of Wight is currently being undertaken.

West Hampshire NHS Trust was also established in April 2001. The Trust was one of the first specialist mental health and learning disability Trusts in the country, established to support the implementation of national guidance such as the National Service Framework for Mental Health.

Portsmouth HealthCare NHS Trust

The current provider of a range of community health services, including mental health and learning disability services, is Portsmouth HealthCare NHS Trust. Since its establishment in 1994, the Trust has been a very successful provider of community health services and is proud of the many improvements it has made to the quality and range of services provided to people across Portsmouth and South East Hampshire. In recognition of the national trend to transfer community services to PCTs and the local vision of care, the Trust is now working with the whole local health and social care community to manage the safe transfer of services to new PCT and Trust providers to ensure that this momentum for service improvement is maintained.

This consultation document therefore seeks the views of the public and other stakeholders on the proposed transfer of a range of health services from Portsmouth HealthCare NHS Trust to the PCTs and to West Hampshire NHS Trust and the dissolution of Portsmouth HealthCare NHS Trust. The consultation therefore includes the proposal to vary the Establishment Orders of Portsmouth City PCT and East Hampshire PCT to allow them to provide the extended range of services and manage the facilities proposed within this consultation document.

In considering the dissolution of Portsmouth HealthCare NHS Trust, the document also makes reference to the future management of non-clinical support services across the whole of the Isle of Wight, Portsmouth and South East Hampshire health community.

SECTION 2

CURRENT ORGANISATIONAL ARRANGEMENTS

Clinical Services

Until recently, the responsibility for the provision of all NHS hospital and community health services has rested with NHS Trusts. NHS Trusts were first established nationally at the start of the 1990s, when the separation of "purchaser" and "provider" functions was introduced into the NHS. After this time, Health Authorities increasingly concentrated on the commissioning of hospital and community health services, rather than on the direct provision of these.

Within Portsmouth and South East Hampshire, two major NHS Trusts were established:

- Portsmouth Hospitals NHS Trust (established in 1993): responsible for the provision of all general acute and maternity services on the Queen Alexandra and St Mary's Hospital sites, and for some outreach outpatient, diagnostic and maternity services provided in local community hospitals.
- Portsmouth HealthCare NHS Trust (established in 1994): responsible for the provision of all community-based health services to local residents and the full range of older people's services, mental health services and substance misuse services (including hospital-based services); also responsible for health services for people with a learning disability.

The establishment of the East Hampshire and Portsmouth City Primary Care Trusts in April 2001 led to the transfer of responsibility for the provision of a range of community-based health services from Portsmouth HealthCare NHS Trust to the two new Primary Care Trusts from this date.

The current split of responsibility for service provision in these areas is as follows:

- services currently provided by East Hampshire and Portsmouth City Primary Care Trusts:
 - district nursing
 - health visiting, including community services for children with special needs, child protection, child health promotion
 - school nursing
 - physiotherapy
 - occupational therapy
 - speech and language therapy (managed by Portsmouth City PCT across mainland area)
 - community/intermediate care and rehabilitation
 - podiatry
 - community dental services (managed by East Hampshire PCT across mainland area)
 - health promotion
 - child and adolescent mental health services (managed by East Hampshire PCT across mainland area)
 - home loans (managed by Portsmouth City PCT across mainland area)
 - gay men's health promotion service (managed by Portsmouth City PCT across mainland area)
 - certain additional services provided at community hospitals

Local Health, Local Decisions

- With the exception of those services managed by PCTs across the mainland area, Portsmouth HealthCare NHS Trust has continued to manage the provision of these services for the residents of Fareham and Gosport. It is proposed, however, that responsibility for these services would pass to the proposed new Fareham and Gosport Primary Care Trust if it was established in April 2002.
- services currently provided by Portsmouth HealthCare NHS Trust:
 - elderly medicine
 - elderly mental health
 - adult mental health
 - services for people with learning disabilities
 - substance misuse
 - clinical psychology
 - primary care counselling
 - community paediatrics and services for children with special needs
 - palliative care
 - specialist family planning

SECTION 3

THE REVIEW UNDERTAKEN BY THE INSTITUTE OF APPLIED HEALTH AND SOCIAL POLICY (IAHSP)

The proposals for the transfer of clinical services detailed in this consultation document have been developed through the involvement of key stakeholders, including service users and carers, over the past five months. In February 2001 the then Portsmouth and South East Hampshire Health Authority commissioned the Institute for Applied Health and Social Policy (IAHSP), King's College London, to review possible options for the management of services for older people, children, adult and elderly mental health services and, latterly, learning disability services.

The IAHSP review team was charged with identifying the national standards and guidelines pertinent to each client group or service area, identifying examples of best practice regarding organisational configuration and then working with all stakeholders to appraise rigorously the options for each service and make recommendations to the Health Authority as to the most appropriate management option for each service.

Each of the client groups within the review process was initially considered separately, with a reference group established to oversee the process for each and conferences held at which stakeholders' views were used to develop criteria against which the possible solutions could be considered.

Three of the reviews ran concurrently, but the review of services for people with learning disabilities was undertaken after the completion of the reviews of the other three client groups. This strand of work was delayed awaiting the publication of the anticipated White Paper on this client group ('Valuing People' was published in March 2001). As a consequence, the process for that review was similar to the process described here, but not identical as a consequence of the limited timescale. Views of stakeholders were widely sought, and they were brought together firstly on a client group basis, and then on a Health Authority wide basis, to consider the emerging issues and options. The recommendations of the Review report were, therefore, broadly consensual, if not always unanimous.

The recommendations of the IAHSP were considered and supported by the Isle of Wight, Portsmouth and South East Hampshire Health Authority on 26 June 2001 and subsequently by the Boards of each of the statutory health organisations in Portsmouth and South East Hampshire. Copies of the complete review are available from the Isle of Wight, Portsmouth and South East Hampshire Health Authority information line on Code A

SECTION 4

PROPOSED TRANSFER ARRANGEMENTS FOR CLINICAL SERVICES

Principles Underpinning the Transfer of Clinical Services

The proposed transfer arrangements for clinical services currently provided by Portsmouth HealthCare NHS Trust are set out below. They are based on the recommendations developed by stakeholders and drawn together by the IAHSP. In developing these proposals, a number of underpinning principles were identified.

- **Safe and Effective Transfer of Clinical Services**

The Health Authority will work with stakeholders, including service users and carers, to ensure that clinical services are transferred safely, with minimum interruption or impact on service delivery, minimum disruption to staff and maximum retention of existing staff. Contingency arrangements will be developed to ensure that the delivery of clinical services remains unaffected during the period of change.

- **Maintaining the Development of Services**

The proposals for the transfer of clinical services are based on the principle that successor organisations to Portsmouth HealthCare NHS Trust will continue to implement existing service strategies that have been developed by, and command the support of, service users, carers and staff.

- **Corporate Governance of Primary Care Trusts**

PCTs are statutory bodies and as such it is for each organisation to determine the balance of interests and backgrounds on its Board. However, the proposals for the transfer of clinical services are based on the principle that there will be designated responsibility at both Board and Executive Committee level for ensuring the interests of any service hosted by that PCT on behalf of other PCTs are represented.

- **Corporate Governance of West Hampshire NHS Trust**

The proposal to transfer the management responsibility of adult mental health services to West Hampshire NHS Trust is dependent on the Trust ensuring that the interests of service users, carers and residents of Portsmouth and South East Hampshire are articulated at a Board level and that the locality focus of service delivery is maintained.

- **Service Hosting**

A number of the proposals for the future management of clinical services involve the concept of 'hosting'. The hosting of services is simply where one PCT or NHS Trust takes on the overall management of a service on behalf of other organisations. It does not mean that one PCT will commission services on behalf of another PCT. The responsibility for ensuring that the health needs of the population are defined, priorities determined and appropriate services purchased and evaluated will continue to rest with each individual PCT.

- **Review Period**

The proposed management arrangements for local health services will be subject to a stakeholder review in September 2003 or earlier if national policy dictates.

Proposed Transfer of Clinical Services

- **Elderly Medicine**

In the light of the unanimous view of stakeholders that the core elderly medicine service should be kept together, it is proposed that one Primary Care Trust should host elderly medicine services. Although any of the Primary Care Trusts (including the proposed Primary Care Trust for Fareham and Gosport) could have undertaken this role, the enthusiasm and commitment to elderly medicine shown by East Hampshire Primary Care Trust, allied to the need to develop interdependence between Primary Care Trusts, has meant that it is the preferred provider of this service.

- **Elderly Mental Health**

There were two distinct views emerging amongst stakeholders regarding the most appropriate organisation to manage the provision of elderly mental health services for the population of Portsmouth and South East Hampshire. Within the elderly mental health service itself, there was a view that services should be part of West Hampshire NHS Trust, primarily to ensure that a proper focus on the mental health needs of older people was maintained and to support continuing professional development and recruitment and retention of key staff. However, other key stakeholders, notably the two social services departments, the PCT/Gs and the Health Authority, supported the PCT "host" option, because the key relationship for elderly mental health services was seen as elderly medical services rather than adult mental health services in terms of creating a holistic approach to the care of older people.

The prevailing view, therefore, is for the elderly mental health services to transfer to the East Hampshire Primary Care Trust, to be hosted alongside elderly medicine services, with West Hampshire NHS Trust being commissioned to provide specialist support, for example the administration of the Mental Health Act and other similar functions.

- **Community Paediatrics and Services for Children with Special Needs**

There was a clear consensus that community paediatrics and services for children with special needs, currently managed by Portsmouth HealthCare NHS Trust, should be kept together and so should be hosted by one Primary Care Trust. This would enable the integration with education, social services and the independent sector to continue to grow, whilst maintaining existing relationships with acute children's services provided by Portsmouth Hospitals NHS Trust.

Although it was concluded that all the Primary Care Trusts had the potential to manage the service, the emerging consensus through the stakeholder process was that Portsmouth City Primary Care Trust would be the preferred host for community-based children's services, because of the PCT's clear understanding of and commitment to the service and its geographical proximity to acute paediatric services provided by Portsmouth Hospitals NHS Trust.

- **Adult Mental Health Services**

It is proposed that Portsmouth City Primary Care Trust manages the provision of adult mental health services for service users in Portsmouth City and a number of more specialised functions and services on behalf of the whole Portsmouth and South East Hampshire population.

It is also proposed that West Hampshire NHS Trust manages the provision of adult mental health services for the population served by East Hampshire PCT and the proposed Fareham and Gosport PCTs on a locality basis. It is recommended that West Hampshire NHS Trust also manages the provision of certain more specialised functions and services for the whole of the Portsmouth and South East Hampshire population.

- **Services for People with a Learning Disability**

The length of the review of management arrangements of services for people with learning disabilities was shorter than for other services. Service user and carer representatives in particular felt strongly that all services should transfer to Social Services management. However, due to envisaged problems with the recruitment and retention of specialist health care staff, this was not felt to be the best way forward at present.

It is therefore proposed that a host Primary Care Trust should provide all the learning disability services currently provided by Portsmouth HealthCare NHS Trust, with the exception of the respite care service at Tamarine House in Denmead, which would transfer to social services provision. In the light of the interest expressed by Fareham and Gosport PCGs and the desirability of interdependence between PCTs, it is proposed that the services should transfer to the proposed Fareham and Gosport Primary Care Trust. This host Primary Care Trust proposal should, however, be seen as an interim stage in the overall development of wholly integrated services for people with a learning disability, most probably delivered by one organisation for health and social care. Contingency arrangements would be developed in the event that the current proposal to establish Fareham and Gosport Primary Care Trust is not accepted by the Secretary of State.

Although the following services were not included within the IAHSR review (detailed in Section 3), stakeholders have been involved in determining the most appropriate option for their future management.

- **Substance Misuse**

It is proposed that Portsmouth City PCT hosts substance misuse services for the population of the whole of Portsmouth and South East Hampshire.

- **Clinical Psychology**

It is proposed that Portsmouth City Primary Care Trust manages the provision of clinical psychology services (with the exception of the adult mental health clinical psychology service for East Hampshire, Fareham and Gosport) for the population of the whole of Portsmouth and South East Hampshire.

It is also proposed that West Hampshire NHS Trust manages the provision of the adult mental health clinical psychology service for the population of East Hampshire, Fareham, and Gosport.

- **Primary Care Counselling**

It is proposed that Portsmouth City PCT hosts the primary care counselling service for the population of the whole of Portsmouth and South East Hampshire.

- **Specialist Family Planning**

It is proposed that Portsmouth City PCT host specialist family planning services for the population of the whole of Portsmouth and South East Hampshire.

- **Palliative Care**

It is proposed that East Hampshire PCT hosts palliative care services for the population of the whole of Portsmouth and South East Hampshire

Chart showing the Proposed Management Arrangements for Clinical Services

	Portsmouth City PCT	East Hampshire Hampshire PCT	Proposed Fareham & Gosport PCT	West Hampshire NHS Trust
Elderly Medicine		●		
Elderly Mental Health		●		
Community Paediatrics	●			
Adult Mental Health Services	● for Portsmouth City patients			● for Hampshire patients
Learning Disability Services			●	
Substance Misuse	●			
Clinical Psychology	●			●
Primary Care Counselling	●			
Specialist Family Planning	●			
Palliative care		●		

Proposed Changes to PCT Establishment Orders

In order to enable the transfer of clinical services, it is proposed that Portsmouth City PCT and East Hampshire PCT seek the approval of the Secretary of State to vary their Establishment Orders.

Implications for West Hampshire NHS Trust

As West Hampshire NHS Trust is not taking on additional services, only extending its existing adult mental health services to the population of East Hampshire, Fareham and Gosport, it would not be required to seek the approval of the Secretary of State to vary its Establishment Order. However, members of the public currently in receipt of services provided by West Hampshire NHS Trust and key stakeholders have the opportunity, as part of this consultation process, to comment on the proposal and the way in which it would impact on the services already provided by West Hampshire NHS Trust.

SECTION 5

OPTION APPRAISAL

The proposed transfer of health services, including mental health and learning disability services, to the PCTs and West Hampshire NHS Trust would only leave Portsmouth HealthCare NHS Trust with the responsibility for the provision of non-clinical services. Taking this into account, the Isle of Wight, Portsmouth and South East Hampshire Health Authority carried out a review into the options for the future of the Trust. Two potential options emerged:

Option 1: Portsmouth HealthCare NHS Trust continues to manage non-clinical services, potentially for the wider local health community.

Option 2: Portsmouth HealthCare NHS Trust is dissolved and responsibility for the management of non-clinical services is transferred to alternative organisations.

The chart below shows why the local health and social care community considers Option 2, the dissolution of Portsmouth HealthCare NHS Trust, to be the preferred option. The local health and social care community concluded that once the clinical services provided by the Trust transfers, it would no longer be a viable provider of NHS services. This option is therefore the subject of this public consultation.

<p style="text-align: center;">OPTION 1</p> <p>Portsmouth HealthCare NHS Trust continues to manage non-clinical services, potentially for the wider local health community</p>	<ul style="list-style-type: none"> • Avoids the need for the dissolution of the Trust • The Trust has only limited potential roles - e.g. management of community health premises or shared non-clinical services • Does not maximise scarce management resources - management infrastructure costs would need to be retained, with minimal associated functional responsibilities • Does not fit with the strategic direction of the local health community
<p style="text-align: center;">OPTION 2</p> <p>Portsmouth HealthCare NHS Trust is dissolved and responsibility for the management of non-clinical services is transferred to alternative organisations.</p>	<ul style="list-style-type: none"> • Maximises the use of scarce management resources which would be redeployed into successor organisations (Primary Care Trusts and West Hampshire NHS Trust) • Is consistent with the strategic direction of the local health community

SECTION 6

PROPOSED TRANSFER ARRANGEMENTS FOR PREMISES AND FACILITIES MANAGEMENT SERVICES

Portsmouth HealthCare NHS Trust owns or leases substantial amounts of property in Portsmouth and South East Hampshire. The Trust also has the use of accommodation owned by other agencies under rental or user agreements. In the event that the Secretary of State approves the proposed dissolution of the Trust, all owned and leased property would be transferred to successor organisations on 1 April 2002 and all agreements for the use of property by the Trust would need to be amended.

A substantial amount of property assets formerly owned by the Trust has already been transferred to the established PCTs. The remaining principal properties owned or leased by Portsmouth HealthCare NHS Trust are identified below. On the basis that these properties would transfer to the organisations providing the greatest share of services from those locations, the following redistribution is proposed:

- Proposed transfers to the proposed Fareham & Gosport PCT :

Fareham Health Centre
 Gosport Health Centre
 Gosport War Memorial Hospital
 Lee on Solent Health Centre
 Portchester Health Centre
 Rowner Health Centre
 St Christopher's Hospital, Fareham
 some properties on the Coldeast site

- Proposed transfers to Portsmouth City PCT:

St James' Hospital, Portsmouth

- Proposed transfers to West Hampshire NHS Trust:

The Meadows
 Rivendale

In addition to these properties, there are over 60 clinics, houses and other properties from which the Trust provides its services and which would need to be transferred to a successor organisation. These are mostly accommodation and clinics for people with learning disabilities or mental illness.

Facilities management services to each of these properties are also provided by Portsmouth HealthCare NHS Trust. These include portering, catering and cleaning services. It is proposed that all such support services, including staff and contracts, would transfer to the organisation to which the property ownership or lease passes.

SECTION 7

PROPOSED TRANSFER ARRANGEMENTS FOR NON-CLINICAL SUPPORT SERVICES

Portsmouth HealthCare NHS Trust provides a number of non-clinical support services, including:

- finance
- human resources
- information and communication technology
- estates management, capital planning and professional advice on facilities management
- education and training
- communications and public relations

If the proposed transfer of clinical services and proposed dissolution of Portsmouth HealthCare NHS Trust are to be approved by the Secretary of State, the future management of these non-clinical support services would need to be resolved.

A project is therefore underway to identify how the services currently provided by Portsmouth HealthCare NHS Trust, the Isle of Wight, Portsmouth and South East Hampshire Health Authority, Portsmouth Hospitals NHS Trust, the Isle of Wight Health Care NHS Trust and the PCTs could best be managed together to support the delivery of clinical services and the changed configuration of organisations. It is anticipated that a preferred solution will be agreed by the end of September 2001. This solution would then be implemented over the six months prior to the dissolution of Portsmouth HealthCare NHS Trust.

SECTION 8

ARRANGEMENTS FOR THE TRANSFER OF CLINICAL SERVICES AND THE DISSOLUTION OF PORTSMOUTH HEALTHCARE NHS TRUST

Introduction

In April 2001 over twenty per cent of Portsmouth HealthCare NHS Trust's staff and services were transferred to the newly established Portsmouth City and East Hampshire PCTs. The proposals within this consultation document would lead to the transfer of most the remaining eighty per cent to PCTs and West Hampshire NHS Trust in April 2002. The Trust has been involved throughout the development of these proposals and has concluded that the organisation in its present role cannot continue once those service transfers have been completed.

Transfer and Dissolution Process

The transfer of services and the dissolution of Portsmouth HealthCare NHS Trust would involve several organisations and would be implemented at the same time as the establishment of Strategic Health Authorities. The process would be complex and would involve a significant transfer of staff to new employers. It is therefore proposed that the dissolution and transfer process is carefully project managed to ensure that services continue to be safely delivered throughout this period and that transfers only occur when successor organisations are confident that they have adequate arrangements in place.

The Trust has appointed a project manager and established project management arrangements to oversee the transfer out of all services it currently manages. These arrangements will focus on the closedown of the existing Trust and the hand-over of all clinical and non-clinical responsibilities to an identified successor organisation.

Successor organisations too will establish project management arrangements to oversee the transfer in of services and would work closely with Portsmouth HealthCare NHS Trust to ensure a smooth transition from one organisation to another. Chief Executives of each of the successor organisations will monitor progress with service transfers and will deal with any district-wide issues that arise.

Risk management

Most of the proposed successor organisations would be existing PCTs or NHS Trusts and so would be taking on established services with an experienced team of staff. However they would need to demonstrate that they have the management capacity, skills and experience to take over the operation of those services from the appointed date.

Portsmouth HealthCare NHS Trust managers are already meeting with each of the successor organisations to agree arrangements for the transfer of management responsibilities and there is a clear understanding that transfers would only take place if the Health Authority is satisfied that it is safe to do so. The proposed successor organisations are reviewing their present management structures to identify how these would need to be changed and strengthened to take on the additional responsibilities arising from the service transfers.

Although the legal transfers would take place on 31 March 2002, it is envisaged that there would be a period of shadow running where the successor organisations would begin to carry out many of the day to day management functions in the operation of the services to be transferred. This would provide an extended hand-over period that would help the new organisation gain experience and information about the services it would inherit prior to the dissolution of the Trust. The Trust would retain full responsibility for services during this shadow running period. Both the Trust and successor organisations would agree an accountability framework to govern the way in which the shadow running arrangements operate.

Although services should transfer to their new, permanent organisations on 1 April 2002, fall-back arrangements would be agreed in the unlikely event that the Trust is dissolved before services can be safely transferred to their new permanent hosts. Similar arrangements would be agreed in case the proposal to establish the new Fareham and Gosport PCT is not approved by the Secretary of State. In such cases, any residual Trust services would be temporarily hosted by a local PCT and members of the existing Trust executive team, who would also transfer to the host PCT, would continue to oversee all aspects of the management of these temporary arrangements. Services would then transfer to the permanent host once all organisations are satisfied that it is safe to do so.

Human resources

While the new arrangements would bring benefits in terms of patient services, these changes may understandably create uncertainty and anxiety amongst the affected staff. About 4,000 staff are currently employed by Portsmouth HealthCare NHS Trust and the vast majority would transfer to a successor organisation. For most people the only change would be the transfer of their employment contract to a new employer with their day to day work continuing much as before. However a small number of posts would no longer be needed and staff in these posts would be at risk. Wherever possible staff at risk would be redeployed into alternative posts.

All organisations, with their staff representatives, will work together to establish policies and procedures to ensure that staff are given clear and timely information about their futures. Where staff are identified as being at risk they will be given support to help them in securing continued employment. All organisations will ensure that staff are treated equally and fairly throughout the dissolution and transfer process.

Timetable

Subject to the outcome of consultation, Portsmouth HealthCare NHS Trust would dissolve on 31 March 2002.

SECTION 9

THE NEXT STEPS

Health Authority report

Following the end of the consultation period on Friday 30 November 2001, a report will be considered by the Isle of Wight, Portsmouth and South East Hampshire Health Authority. This will detail the responses to the proposed transfer of management responsibility for clinical services, the proposed dissolution of Portsmouth HealthCare NHS Trust and the proposed variation in PCT Establishment Orders. A report on the outcome of consultation, in particular on the proposed expansion of the role of West Hampshire NHS Trust, will also be considered by the Southampton and South West Hampshire Health Authority. These reports will be sent to the Secretary of State for Health, through the South East Regional Office of the NHS Executive.

Regional Office assessment

In the light of the outcome of the consultation process, the Regional Office of the NHS Executive will consider the proposals and make a recommendation to the Secretary of State on whether to approve the proposals and to agree changes to the Establishment Orders of the Primary Care Trusts.

Operational date

The proposed operational date for the new arrangements will be 1 April 2002.

SECTION 10

CONSULTATION ARRANGEMENTS AND HOW TO COMMENT ON THE PROPOSALS

Consultation period

The public consultation commences on Monday 10 September 2001 and runs for twelve weeks until Friday 30 November 2001. All comments received by the end of the consultation period will be logged and recorded, and will be reported to the South East Regional Office of the NHS Executive.

Public Meetings

Four public meetings will be held to discuss the proposals - three in Portsmouth and South East Hampshire, and one in Southampton and South West Hampshire. These meetings will be attended by representatives of the NHS Executive Regional Office, the Health Authority, Portsmouth HealthCare NHS Trust, West Hampshire NHS Trust and the local Primary Care Trusts and Groups. The meetings will provide an opportunity to hear about the proposals and to put questions.

Details of the meetings are as follows:

- Monday 15 October 2001 at 7pm
The Curzon Rooms, Curzon House, 310 London Road, Waterlooville
- Thursday, 18 October 2001 at 2pm
Portsmouth Library, Guildhall Square, Portsmouth
- Thursday, 18 October 2001 at 7pm
Ferneham Hall, Osborn Road, Fareham
- Details of the meeting to be held in the West Hampshire NHS Trust area to be confirmed

Further details of the meetings may be obtained from the:

- Portsmouth and South East Hampshire Community Health Council
Second Floor
Admiral House
High Street
Cosham, PO6 3BZ

Code A

or:

- Southampton and South West Hampshire Community Health Council
Third Floor
Queens Keep
1/4 Cumberland Place
Southampton, SO15 2BH

Code A

How to comment on the proposals

Comments can be made as follows:

- by post to:

Penny Humphris
Chief Executive
Isle of Wight, Portsmouth and South East Hampshire Health Authority
Finchdean House
Milton Road
Portsmouth, PO3 6DP

or:

Les Judd
Acting Chief Executive
Southampton and South West Hampshire Health Authority
Oakley Road
Southampton, SO16 4GX

- **Code A**
(Isle of Wight, Portsmouth and South East Hampshire HA)

or: **Code A**
(Southampton and South West Hampshire HA)

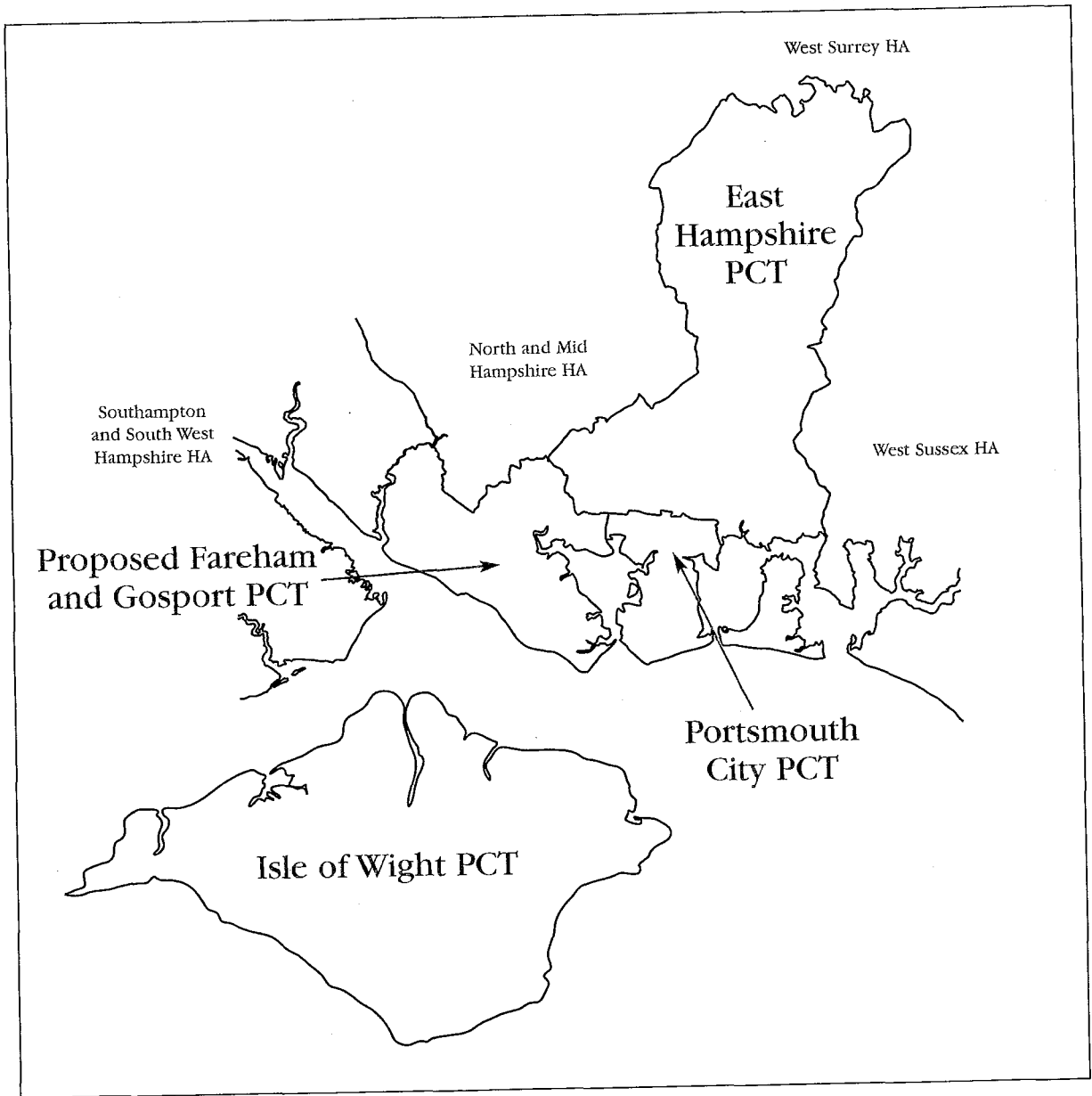
- by e-mail to: public.enquiries@portsha.swest.nhs.uk

Additional copies and further information

Additional copies of the document, and further information, may be obtained from the above addresses or by telephoning the information line on **Code A** or e-mailing public.enquiries@portsha.swest.nhs.uk.

Annex 1

**MAP SHOWING AREAS COVERED BY
LOCAL PRIMARY CARE ORGANISATIONS**



HA : Health Authority

PCT : Primary Care Trust

GLOSSARY OF TERMS USED IN THIS DOCUMENT**Definition**

Accountability framework	The management structure and process through which organisations and their Chief Executives are accountable for the carrying out of their functions and for their performance
Acute Services	Medical and surgical interventions, both emergency and non-emergency, undertaken in hospitals rather than in a community setting
Commissioning	The process of reviewing, planning and purchasing of health and social services
Community Health Services	Health services that are provided in a range of community settings, including GP practices, health centres, nursing and residential homes, patients' homes, schools and day hospitals
Corporate Governance	The system by which an organisation is directed and controlled, at its most senior levels, in order to achieve its objectives and meet the necessary standards of accountability and probity
Establishment Orders (for Primary Care Trusts)	Statutory orders made by the Secretary of State which specify : <ul style="list-style-type: none"> • the name of the PCT • its establishment and operational dates • the area for which it is responsible for improving health and commissioning health services • limitations on the functions it will exercise from the operational date • limitations on the functions it will discharge during the preparatory period • whether any alternative governance arrangements have been approved
Health Authority	The statutory NHS organisation which provides strategic leadership in improving health and monitors the performance of health services locally to ensure that these are developed in the best possible way
Hosting	An arrangement where one NHS organisation has responsibility for the management of a service which serves more than one NHS organisation

NHS Executive	The executive arm of the Department of Health, responsible for the management of the NHS in England, in particular to : <ul style="list-style-type: none"> • set the strategic framework for the NHS in accordance with Ministerial policy • improve the knowledge base of the service by disseminating information and good practice • manage the NHS to ensure that the policy is implemented throughout the service;
NHS Trust	Statutory NHS organisations with responsibility for providing health services such as hospital and community services to NHS patients
National Service Framework	Publications which set out national standards and define service models for a specific service or care group; set up programmes to support the implementation of those standards and models; and to establish performance measures against which progress within an agreed time-scale is measured
Primary Care	The part of the NHS where GPs, community nurses and other clinicians work to provide a first point of contact for patients
Primary Care Group (PCG)	A sub-committee of a Health Authority, comprising family doctors, primary care teams and community nurses, working together to improve the health of local people, to develop primary care and to commission hospital and community services for their patients
Primary Care Trust (PCT)	A statutory, locally managed, free-standing NHS organisation, responsible for improving health, commissioning and delivering health care for local residents
Regional Office of the NHS Executive	One of eight regional offices of the NHS Executive in England (part of the Department of Health), responsible for the strategic management of the NHS and monitoring the performance of health authorities, NHS trusts and primary care trusts. (As part of the changes highlighted in <i>Shifting the Balance of Power</i> , Regional Offices in their current form will cease to exist from April 2003 when many of the functions they perform will be transferred to Strategic Health Authorities.)
Strategic Health Authority	A new statutory organisation in the NHS, proposed to be the bridge between the Department of Health and local NHS services, to manage the performance of NHS Trusts and Primary Care Trusts, and to provide strategic leadership to ensure the delivery of improvements in health, well being and health services locally
Transfer Order	An order made by the Secretary of State to effect the formal transfer of statutory and staff employment responsibilities between NHS organisations
