Executive Summary

The West Sussex Health Overview and Scrutiny Committee (HOSC) set up a Task Force in May 2008 to scrutinise West Sussex Primary Care Trust’s (PCT) review of health services in the North East of West Sussex (North East Review). This review was initiated through the Fit for the Future process, when the option of a new acute hospital in the North East of the County was rejected. It was acknowledged that a review of services in the area was required, to address significant local concerns around access to services, and the capacity and capability of services to meet local demand. The PCT set up a North East Review (NER) Panel, chaired by Sir Graeme Catto (President of the General Medical Council) to carry out the review. A Stakeholder Forum was also established to provide an opportunity for interested parties to be kept updated on, and feed into, the review. The Panel review focused on two key areas – community health services (including primary and mental health) and acute (hospital) services. In addition, from June 2008, a review of children’s health services was carried out as part of the overall NER. A number of issues were specifically identified as being outside the scope of the review 1, including Maternity services as this formed part of the Joint Health Overview and Scrutiny Committee’s referral to the Secretary of State.

This is the final report of the Task Force, and focuses on the outcomes of the NER, updating the HOSC on progress since its interim report on 1st December 2008, which set out its key findings and recommendations on the NER process (see Appendix A).

Copies of the NER Panel Report and the Report on the NE Children’s Services Review will be circulated to HOSC Members with the agenda for the meeting on 24th February.

Recommendations

The HOSC is asked to note the contents of this report and agree the Task Force recommendations on the process and outcomes of the North East Review, as set out in paragraph 6.2.

1. Background

1.1 At its meeting on 1st December 2008, HOSC endorsed the Task Force’s progress report, which set out its key findings and interim recommendations focusing particularly on the review process to date. See Appendix A for the Task Force interim findings and recommendations. Following this progress report, there was one final NE Review Panel meeting, and two Stakeholder Forum meetings. The first draft of the Panel’s report and recommendations was produced by mid-December 2008, but since then it has been refined.

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1 NER Panel Report, page 8
following input from both the Panel and the Stakeholder Forum before being finalised in mid-January. The Task Force considered the Panel’s final recommendations at its last meeting on 19th January 2009.

1.2 The PCT Board supported “in principle” the Panel’s report and recommendations at its meeting on 29th January 2009, and requested a detailed response and proposed action plan from the PCT’s Director of Strategy and relevant Programme Directors. The Board did not consider the interim recommendations made by the HOSC at this meeting, but agreed that it would not make a final determination on the Panel recommendations until its next meeting on 25th February 2009. This will enable the Board to take into account any comments and conclusions agreed by the HOSC. The Task Force is concerned at the timing of the PCT Board meeting, and the fact that it does not appear to allow sufficient time for full consideration of the outcomes of the HOSC meeting. However, Members noted the PCT’s commitment to taking HOSC’s views into account.

1.3 This report sets out the HOSC Task Force’s overall assessment of the NE Review process and the Panel’s report and recommendations. The Panel’s Recommendations (and the Task Force comments on these) are listed in Appendix B.

2. Task Force Assessment of NE Review Process

2.1 In its progress report (December 2008), the Task Force set out its key findings and recommendations regarding the NE Review process (set out in Appendix A). Now that this process has finished, the Task Force is able to conclude that it endorses the approach taken in carrying out the NE Review. In particular, the Task Force welcomed the following:

a) Strong leadership and range of skills/experience provided by the NE Review Panel
b) Robust evidence/data collection, analysis and verification methods
c) The Panel’s ability to evaluate the different views, perceptions and evidence submitted, and to make recommendations that should lead to tangible improvements in the health service locally
d) High level of engagement with the local community
e) The role of the Stakeholder Forum in involving a large number of people/organisations in a two-way dialogue through which information and learning was exchanged
f) Good communications with the public and stakeholders (including staff), through local media, newsletters, e-mail, web-based information and meetings
g) The responsiveness of the PCT’s review team, and particularly the support it provided to the Task Force in carrying out its work

2.2 The Task Force does, however, reiterate the concerns it raised in its progress report, and particularly the need to ensure that all those wanting to take part in such engagement/consultation processes have the opportunity to do so. The Task Force urges the PCT to act on the recommendations it made (and which were agreed by HOSC) in December 2008, and particularly wishes to highlight its recommendation that consideration be given by all key partners (local authorities and health organisations) to establishing a shared central list of key consultees for future consultation and engagement. The Task
Force welcomes the positive response from the Leader of West Sussex County Council (WSCC) to this recommendation.

3. **Task Force Assessment of NE Review Panel Report**

3.1 The Task Force welcomes the NE Review Panel Report, which represents a significant amount of work on the part of all participants in the Review. A considerable amount of complex information has been gathered regarding health services and access to them for the people of the NE of West Sussex and the overriding aim has been to improve the health outcomes for patients. The Panel has identified key gaps in health services in the area, and has suggested ways of addressing these.

3.2 However, the Task Force is concerned that residents and key stakeholders have very high expectations of this review, and that it will be important to provide a realistic and achievable implementation plan. People in the NE have felt disappointed by previous reviews, and there is a need to ensure that tangible outcomes are delivered this time. The Task Force accepts that it will be difficult to meet everyone’s expectations, but urges the PCT to act quickly to implement the Panel’s recommendations (subject to the Task Force comments), and to identify and prioritise those that will have the biggest, and quickest, impact. The Task Force suggests that the Implementation Plan should be shared with the HOSC.

3.3 The Task Force feels that the recommendations proposed by the Panel, and particularly the target dates set out in the report, will be very challenging. It will therefore be particularly important for the PCT to work in partnership (with other NHS Trusts, local authorities and the voluntary sector) to implement these proposals.

3.4 The Task Force examined the Panel’s final recommendations in detail, and its comments are set out in Appendix B.

4. **Task Force Assessment of Children’s Services Working Group**

4.1 The Task Force received regular updates on the review of children’s health services, carried out as part of the NE Review. Members welcomed the approach taken by the Children’s Services Working Group (CSWG) in carrying out this review. The Task Force endorsed the proposed model of care put forward by the CSWG, called “Integrated Children’s Health Services” (ICHS). The key recommendations made by the CSWG are included in the NE Review Panel Report², and specific comments made by the Task Force relating to these are set out in Appendix B.

5. **Task Force Key Findings**

5.1 Overall, the Task Force welcomed the Panel’s report and the majority of its findings. However, there were certain areas the Task Force suggests should be clarified and strengthened.

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² NER Panel Report, recommendations 19 to 23, pages 106-7
5.2 **Mental health and learning disability services**

a) The Task Force is not convinced that the Panel’s recommendations will address all the issues identified where further work is needed. Members suggested that there is a need to extend basic as well as specialist services, and to ensure that enough trained/experienced staff are available. Members expressed strong concerns regarding gaps identified by the Panel, including the lack of respite for people with mental health problems and for elderly carers, poor service provision for people with dementia and the lack of alcohol and substance misuse services.

b) The Panel identified a need to develop partnership working in the NE, although this need is not reflected in its recommendations. The Task Force therefore urges the PCT to work closely with Sussex Partnership NHS Foundation Trust and WSCC to build on partnership working in the provision and commissioning of mental health services.

5.3 **Social care for the North East**

a) It is important that WSCC (Adults’ and Children’s Services) supports any recommendations that impact on its responsibilities, and is fully involved in the implementation of relevant Panel recommendations.

b) The Task Force suggests that relevant WSCC Select Committees may wish to consider the Panel’s recommendations relating to social care services.

5.4 **Children’s and young people’s health services**

a) The Task Force was concerned that children and their families in the area may be facing unnecessary journeys to East Surrey Hospital in Redhill. Where possible, admissions to acute hospital should be avoided, and the Task Force concluded that there should be a focus on treating children (where possible) in the community/at home. It suggests that there should be an observation area made available at Crawley Hospital, within the Urgent Treatment Centre. This would provide GPs with an alternative to acute admission.

b) The Task Force suggested that there was confusion amongst local residents regarding which services are available for children at Crawley Hospital. It therefore supported Panel recommendation 45, and urges the PCT to focus its communication on such key areas of confusion.

c) The Task Force welcomes the collaborative approach taken by the CSWG, and hopes that the implementation of its proposals is carried out through continued partnership working. Members particularly stressed the importance of involving WSCC (Children’s Services) in implementation. It suggests that the West Sussex Children and Young People’s Services Select Committee may wish to scrutinise elements of the implementation programme.

5.5 **General Community Services**

a) The Task Force recognises that the PCT’s current commissioning strategy is based on realising a shift from acute to community-based health services (as
set out in “A Breath of Fresh Air”\(^3\). The Task Force therefore considers that it is essential for the PCT, over time, to assess whether new approaches, such as virtual wards and telemedicine have actually reduced the demand on hospitals. This may be an issue for HOSC to monitor, as it could have a significant impact on the future resourcing and provision of health services locally.

5.6 **Community Hospitals**

a) The Task Force was encouraged by the range of services provided at both Crawley and Horsham Hospitals, but felt that there was a lack of awareness of this locally. The PCT should try to ensure that local residents (and staff) are aware of the full range of services available at these facilities. Members were concerned at the number of different service providers, particularly at Horsham Hospital, and suggested that the impact of this should be monitored to ensure that this does not cause any unnecessary confusion or duplication.

b) The Task Force would like to see more services provided at Crawley Hospital, and is particularly keen to see the development of the Urgent Treatment Centre (UTC). Members particularly welcomed the co-location of the new Crawley Health Centre with the UTC, and hope that this will lead to improvements in access to services. Members welcomed the approach of Surrey and Sussex Healthcare NHS Trust (SaSH) in looking creatively at opportunities to extend the range of services it offers at Crawley. The Task Force suggests that with more day surgery at Crawley, anaesthetists/registrars would be on site during the daytime, and could therefore give back-up to the UTC. Members understand that the PCT must consider patient safety and cost-effectiveness, but urges it to consider such approaches in conjunction with SaSH.

c) The Task Force considered that staff at the UTC should have the highest skill levels possible (e.g. in resuscitation) and receive relevant training. This would ensure that staff are able to deal with serious cases when they occur, and avoid admissions (and potentially difficult journeys) to East Surrey Hospital (Redhill). Members welcomed the commitment of the PCT to increasing the skill levels available at Crawley Hospital.

d) The Task Force suggests that accommodation currently used as administrative/office space at Crawley Hospital should be returned to use as rehabilitation wards. This would enable the transfer of patients from East Surrey Hospital to Crawley for rehabilitation/observation, freeing up acute beds and improving patient throughput. This would also help to address the urgent need to reduce occupancy levels at East Surrey Hospital.

e) The Task Force was concerned by what it felt was a lack of clarity regarding the definitions used to describe hospitals, and particularly Crawley Hospital. Whilst the Task Force understands that rigid definitions may sometimes be unhelpful, Members were interested in the Panel’s suggestion\(^4\) that Crawley Hospital should be developed as a “vibrant Local General Hospital”. The Task Force hopes that further details of how Crawley Hospital will be developed

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\(^3\) A Breath of Fresh Air, The redesign and development of Primary and Community Health Services across West Sussex PCT, September 2007

\(^4\) NER Panel Report, page 64
from a Community to a Local General Hospital will be included in the PCT’s implementation planning.

f) The Task Force was interested to read a recent report by the NHS Confederation, “Local Hospitals: Lessons for the NHS” (January 2009). This suggests that it may be possible to run a relatively small general hospital, offering a wide range of emergency and other services, where it is part of a wider network with other hospitals and where it is working closely with primary care. The Task Force urges the PCT, in conjunction with the Acute Trusts (particularly Surrey and Sussex Healthcare NHS Trust) to take the findings of this report into account when planning the future of services at Crawley Hospital. This may also be of relevance across West Sussex, and to the review of the Fit for the Future decisions.

5.7 Secondary Care Services (Acute Hospitals)

a) The Task Force shares the Panel’s concerns that East Surrey Hospital and the community hospitals in the NE are operating at the upper limit of bed capacity. Members noted comments made by a Stakeholder Forum member that Crawley was unusual in comparison with other large urban areas/New Towns in that it does not have a general hospital. The Task Force is also aware that many people in the Crawley and Horsham area feel that they are suffering a shortfall in acute beds. Whilst Members agreed with the Panel that capacity should be reviewed\(^5\), they were concerned that more detailed and specific measures were required. The Task Force feels that capacity problems would worsen over the next few years, particularly in the light of predicted population growth. Current facilities and services should therefore be enhanced, and Members welcomed the identification of a “health campus”, possibly in Faygate or Pease Pottage. The Task Force suggests that more detailed plans for the potential provision of additional health services (acute and community) at such a campus should be developed, and that these should be shared with the HOSC and the new North East Partnership for Health Board\(^6\).

b) The Task Force was concerned at the increase in emergency admissions being reported by acute hospitals in the region. It is not clear whether this is a long-term trend, and whether it is a local or national problem. However, it is suggested that this should be monitored by the HOSC.

c) The Task Force did not find conclusive evidence in support of a new acute hospital for the NE area. However, Members were very concerned at the pressures facing the area, particularly the ageing and growing population, high bed occupancy rates, and stretched acute capacity. The Task Force welcomes the Panel’s recommendations that mitigate against these problems, and urges the PCT to consider its own suggestions regarding the enhancement and extension of services at Crawley Hospital. However, the Task Force is not persuaded that further developments in terms of additional acute health provision in the NE should be ruled out for the future.

d) There are many unknowns in terms of the future impact of demographic and economic change, as well as the impact of innovations to the delivery of health services and the explicit strategy of the PCT to shift services from the

\(^5\) NER Panel Report, Recommendation 34, page109
\(^6\) Ibid
acute to community sector\(^7\). The Task Force welcomes the Panel’s recommendation\(^8\) to keep capacity, capability and access to secondary care services under regular active review, and suggests that this should include consideration of potential future developments to meet demand.

5.8 **Cross-cutting Issues: Recruitment and Retention**

a) The Panel made four different recommendations relating to staffing issues for different service areas\(^9\), including social care, children’s and general community services. The Task Force felt this was an over-arching recruitment and retention issue, experienced by both health and social care services. This affects a range of professions, including specialist clinicians (e.g. paediatricians), health visitors, home care staff and social workers. Whilst the Panel’s recommendations address a range of current recruitment and retention problems, the Task Force felt that problems caused by the NE area’s close proximity to London, where higher salaries are available for health and social care jobs, need to be taken into account.

b) The Task Force concluded that there is a need to consider the resilience of recruiting and retaining staff in key shortage areas, and how this might be mitigated. The Task Force is aware that a WSCC Cabinet Member Task Force is being set up to deal with the serious shortage of social workers in the county, and suggests that links should be made between this and the related work proposed by the Panel. The PCT and WSCC may wish to consider carrying out a joint review to avoid duplication.

6. **Recommendations**

6.1 **Task Force Recommendations agreed in December 2008**

6.1.1 The Committee is asked to note the recommendations it agreed at its meeting in December:

a) That the PCT should give longer lead-in times to all such reviews and engagement exercises, to enable input into the planning process by the Health Overview and Scrutiny Committee and other key organisations (such as district and borough councils and County Local Committees)

b) That consideration be given by all key partners (local authorities and health organisations) to establishing a shared central list of key consultees for future consultation and engagement. This might be an issue for the West Sussex Local Strategic Partnership to consider

c) Noted that the PCT has confirmed that the Health Overview and Scrutiny Committee will be consulted at the earliest possible opportunity on any substantial variations or developments of services proposed as a result of the North East Review

6.2 **Task Force Final Recommendations**

6.2.1 The Committee is asked to agree that:

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\(^7\) A Breath of Fresh Air, September 2007  
\(^8\) NER Panel Report, Recommendation 34, page109  
\(^9\) NER Panel Recommendations 18, 21, 24 and 25, pages 106-107
a) It endorses the NE Review process, and urges the PCT to apply learning from this process to future projects across West Sussex, particularly:

- The usefulness of the Stakeholder Forum as a way of involving key groups and individuals in a two-way dialogue
- The need to inform local councillors (county, district and borough) of its consultation and engagement exercises, as they have good local networks and are able to help inform and advise the public
- To build on the high level of public and stakeholder engagement, and ensure the ongoing involvement of local residents and organisations.

b) It endorses the Task Force’s comments on the specific recommendations made by the North East Review Panel, as set out in Appendix B.

c) The PCT be asked to act quickly to implement the North East Review Panel recommendations (subject to the comments of the Task Force), to prioritise those which are likely to have the most significant impact, and to ensure that key partners are involved in implementation.

d) The PCT be asked to share with the HOSC its implementation/action plans as soon as possible, to assist in the identification of any potential substantial variations or developments to services.

e) The PCT be asked to work closely with Sussex Partnership NHS Foundation Trust and West Sussex County Council to build on partnership working in the provision and commissioning of mental health services in the north east of West Sussex.

f) The PCT be asked to consider the Task Force’s suggestions for the enhancement and extension of services at Crawley Hospital, through:

- The provision of an observation area for children within the Urgent Treatment Centre
- Setting out a detailed plan for how the Hospital will be developed from a Community to a Local General Hospital
- Taking into account the report by the NHS Confederation, “Local Hospitals: Lessons for the NHS”
- Improved communications regarding services available at the Hospital

g) The PCT be asked to provide to both the HOSC and the new North East Partnership Board for Health with more detailed plans for the provision of additional services at the proposed health campus.

h) The PCT be asked to provide assurance that it has the support of West Sussex County Council for any recommendations that impact on its responsibilities, and to fully involve it in the implementation of relevant Panel recommendations.

i) The PCT and West Sussex County Council should be asked to consider carrying out a joint review of recruitment and retention issues affecting key health and social care staff in the North East of the county.
j) The PCT should include consideration of the potential to develop additional acute health services and facilities as part of its regular review of capacity, capability and access to secondary care services in the North East of West Sussex.

k) The Adults’ and Children and Young People’s Services Select Committees be forwarded copies of the reports of the Task Force, North East Review Panel and Children’s Services Working Group for possible future consideration.

l) The HOSC Business Planning Group should consider the following issues as part of the Committee’s future work programme planning process:

- The implementation of the North East Review Panel Recommendations
- The impact of the PCT’s approach to shifting services from the acute to the community sector
- The review of capacity, capability and access to secondary care services and beds in the North East
- The level of emergency admissions to Acute Trusts serving West Sussex residents
- The implementation of North East Review Panel recommendations 19, 20, 34, 36, 38 and 45 (the standard of accommodation for children’s health services; the development of an Equitable Access Strategy; the implementation of Crawley Urgent Treatment Centre Report; improved communications with the public)

m) It urges the PCT Board to take these recommendations, together with those agreed by the HOSC in December 2008, into account in its final determination of the North East Review Panel’s recommendations.

7. **Resource Implications**

There are likely to be resource implications resulting from the implementation of any recommendations approved by the PCT Board. There may be resource implications for the following:

a) NHS organisations that both commission and provide services in the area.
b) Local authorities in the area, where any proposals impact on the provision of services such as social care, transport and planning.
c) Other health providers (e.g. voluntary and commercial sectors).

8. **Risk Management Implications**

At this stage in the review process, identifiable risks are:

a) The capacity of the PCT and its partners (NHS organisations, local authorities and other health providers) to make necessary investment, and to ensure that any recommendations made by the NE Review Panel are implemented effectively.
b) Failure to address demographic changes in the North East, particularly the increasing number of older people, who will inevitably need greater levels of care and support.
c) Failure to meet the expectations of local residents for improvements to local health services, leading to loss of confidence in these services.
9. **Crime and Disorder Act Implications**

Not applicable.

10. **Human Rights Act Implications**

All issues relating to access to health services are likely to have Human Rights Act implications. As public bodies, the PCT, the Acute NHS Trusts and other service providers will have to have regard to various human rights obligations, particularly the rights to life (article 2) and to freedom from inhuman or degrading treatment (article 3).

**Task Force Members** (*N.B. All members of the HOSC*)

Mr. Andrew Barrett-Miles (WSCC), since December 2008  
Mrs. Margaret Ball (WSCC)  
Mr. Alan Chaplin (WSCC)  
Mr. Chris Mullins (WSCC)  
Councillor Roger Arthur (Horsham District Council)  
Councillor Dr. Howard Bloom (Crawley Borough Council)  
Councillor Mrs. Jacqui Landriani (Mid Sussex District Council)

**Appendices**

- A: Task Force – Interim Key Findings, 1st December 2008  
- B: Task Force Comments on NER Panel Recommendations

**Background Papers**

- Local hospitals: lessons for the NHS, Central Middlesex Hospital case study, The NHS Confederation, January 2009  
- Review of Crawley Urgent Treatment Centre, West Sussex PCT, September 2008  
- Review of Health Services for People in the North East of West Sussex, HOSC 12th May 2008  
- A Breath of Fresh Air, The redesign and development of Primary and Community Health Services across West Sussex PCT, September 2007

Contact: Helen Kenny, Scrutiny Officer, tel: 01243-777454 or e-mail: helen.Kenny@westsussex.gov.uk
1. NER Panel:
   a) The Panel membership represents a good range of expertise
   b) The Panel has provided strong and credible leadership to the NER
   c) The Chairmanship of Sir Graeme Catto has lent strength to the NER process
   d) The Panel has shown that it is able to challenge the evidence and views it has been presented with
   e) The Panel is aware of the need to evaluate the wide range of differing opinions and evidence it has received
   f) The Task Force in its next phase will want to evaluate the effectiveness of the Panel, taking into account its final report and recommendations, and the outcomes of the NER process.

2. Engagement and Communications:
   a) The NER has been carried out within a difficult context, particularly given the recent FFF consultation and the potential this creates for public confusion. Ideally, consultations/engagements should not be overlapping in this way.
   b) Overall, the NER process to date appears to have been a good approach, although perhaps longer-lead in time should be allowed in the planning of the review. This would have enabled local councils and the HOSC to input at the initial planning stage and help identify key people/groups to involve. This might also have helped to avoid some early concerns around timetabling.
   c) The Task Force would recommend that key partners (i.e. local authorities and the PCT) should give consideration to setting up a key consultees list/database. This might help avoid confusion and consultation fatigue.
   d) Whilst the Stakeholder Forum was a good approach in itself, it does not guarantee engagement with minority groups. Forum membership has been transparent but the Task Force feels that it could have been more representative from the start of the process. However, Members acknowledge the difficulties of ensuring the full involvement of all key groups and individuals in any such complex engagement exercises.
   e) It is suggested that caution should be taken when using “umbrella organisations” to reach specific user/interest groups as they may not always have the resources to do this, and may not be fully representative.
   f) There is a need for closer liaison at the local level, particularly between health organisations (e.g. PCT, other NHS Trusts and district and borough councils). It would be helpful for the PCT to hold regular area meetings with district/borough councils, and involve appropriate County Local Committee Members in these.

3. General:
   a) There has been a detailed evidence gathering process – although the Task Force’s full evaluation of this will be included in its final report.
   b) The Task Force is unable to fully assure the process until the NER is completed and the Panel findings and recommendations are made.
   c) It is unfortunate that maternity services were not included in the review.
   d) The Task Force welcomes the work being carried out by the Children’s Services Working Group in reviewing children’s health services in the north east.
   e) The Task Force would like to see development of stronger partnership working by the PCT and other NHS organisations with local councils
   f) It is critical that there are tangible outcomes as a result of the NER, that can be seen to make a difference to health services in the north east of West Sussex.
Recommendations agreed by the HOSC:

(1) Endorse the PCT’s North East Review process to date, whilst noting the Task Force key findings

(2) Recommend that the PCT gives longer lead-in times to all such reviews and engagement exercises, to enable input into the planning process by the Health Overview and Scrutiny Committee and other key organisations (such as district and borough councils and County Local Committees)

(3) Recommend that consideration be given by all key partners (local authorities and health organisations) to establishing a shared central list of key consultees for future consultation and engagement. This might be an issue for the West Sussex Local Strategic Partnership to consider

(4) Provide the Task Force with any specific comments or questions to be pursued further during its final phase of work

(5) Agree that the Task Force should make its final report to the Committee at a meeting to be arranged in February 2009

(6) Note that the PCT has confirmed that any decisions taken at the PCT Board meeting on 29th January 2009 regarding the recommendations of the North East Review Panel will be subject to any comments and concerns expressed by the Health Overview and Scrutiny Committee at its meeting on 24th February 2009. Furthermore, the PCT has confirmed that, if necessary, the PCT Board will re-consider the recommendations of the North East Review Panel in the light of comments from the Health Overview and Scrutiny Committee at the Public Board meeting on the 26th February 2009

(7) Note that the PCT has confirmed that the Health Overview and Scrutiny Committee will be consulted at the earliest possible opportunity on any substantial variations or developments of services proposed as a result of the North East Review
**Task Force Comments on NER Panel Recommendations**

*N.B. * = Identified by the Task Force as an issue for possible future consideration or monitoring by West Sussex HOSC.

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<th>No.</th>
<th>NER Panel Recommendation</th>
<th>Task Force Comment</th>
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<tr>
<td></td>
<td><strong>Universal health and well-being</strong></td>
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<tr>
<td>1</td>
<td>Establish a BME (black and minority ethnic) Health Steering Group for Crawley as a sub-group of the Health &amp; Well-being Partnership</td>
<td>Recommendation welcomed by Task Force</td>
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<td>2</td>
<td>Ensure active commitment to the Health and Well-being Partnerships, particularly in Horsham where joint arrangements appear to have lapsed.</td>
<td>Recommendation welcomed by Task Force</td>
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<td>3</td>
<td>Strengthen plans to target resources on disease prevention and health improvement in areas of greatest need (Local Neighbourhood Improvement Area)</td>
<td>Recommendation welcomed by Task Force</td>
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<td>4</td>
<td>Commission a comprehensive health and social care needs assessment for the travelling community</td>
<td>Recommendation welcomed by Task Force</td>
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<td></td>
<td><strong>GP Services</strong></td>
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<td>5</td>
<td>Involve the wider community in long-term planning for new/extended GP practices via Health and Well-being Partnerships or the Local Strategic Partnerships.</td>
<td>Recommendation welcomed by Task Force</td>
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<td>6</td>
<td>Work with GP practices to resolve the disparity in telephone access provided by GP practices across the NE.</td>
<td>Recommendation welcomed by Task Force</td>
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<td>7</td>
<td>Agree a consistent policy with regard to high cost telephone numbers and publish explanatory information.</td>
<td>Recommendation welcomed by Task Force</td>
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<td>8</td>
<td>Provide more female GPs for BME communities in Crawley.</td>
<td>What is the current shortfall? The Task Force questions whether it is for the PCT to provide more female GPs, and suggested that it might be more appropriate for the PCT to ask GP practices to review provision and ensure an adequate number of female GPs is provided.</td>
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<td>9</td>
<td>Review the commissioning of care pathways from GP surgeries to secondary care for maternity services.</td>
<td>There should be a specific mention of how this links to Fit for the Future. It was suggested that the PCT commissions maternity and therefore GPs don’t currently have a choice in terms of the care pathway. Members felt there should be an earlier target date than Spring 2010 for completion</td>
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<td>No.</td>
<td>NER Panel Recommendation</td>
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<td>10</td>
<td>Commission improved timely access to, and support from, specialist child and adult mental health services in the NE.</td>
<td>The Task Force felt there is a need to improve access to basic services (i.e. not just “specialist”).</td>
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<td>11</td>
<td>Develop services for early intervention and diagnosis of dementia. Services providing breaks for carers will also be very important for this group.</td>
<td>Concern that there is no detail as to how breaks will be provided. Suggest PCT should take into account/refer to West Sussex Adults’ Services Select Committee Task Force report on Services for Older People with Dementia (and work currently under way in the Task Force’s second phase of work).</td>
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<td>12</td>
<td>Provide early intervention services in primary care for people with mental health problems and prompt access to cognitive behavioural therapy.</td>
<td>There is also a need for less specialist services – for example, counselling services for common disorders (e.g. stress, anxiety). Suggest rewording as follows: “...prompt access to counselling services and cognitive behavioural therapy”</td>
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<td>13</td>
<td>Ensure consistent implementation of Health Action Plans in all GP practices in the county.</td>
<td>Recommendation welcomed by Task Force</td>
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<td>14</td>
<td>Ensure that there are rapid assessment Mental Health services in A&amp;E and Urgent Treatment Centres (UTC).</td>
<td>Recommendation welcomed by Task Force</td>
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### Mental health and learning disabilities

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<th>No.</th>
<th>NER Panel Recommendation</th>
<th>Task Force Comment</th>
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<tbody>
<tr>
<td>15</td>
<td>Develop joint posts and initiatives for home support with WSCC social care.</td>
<td>Is WSCC signed up to this approach? Adults’ Services Select Committee (ASSC) may wish to consider/monitor this recommendation.</td>
</tr>
<tr>
<td>16</td>
<td>WSCC to review current social care resources in the north of the county.</td>
<td>As above. Is there a need to review resources across the county?</td>
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<tr>
<td>17</td>
<td>Undertake a joint review with WSCC of the scope for pilots in telecare in line with national best practice.</td>
<td>Recommendation welcomed by Task Force</td>
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<td>18</td>
<td>Agree an initiative with WSCC Social Care to tackle the problems of recruiting generic support staff in view of the competition from employers in the Gatwick area.</td>
<td>The Task Force asked for clarification of the term ‘generic support staff’ (e.g. are these joint PCTWSCC appointments?). ASSC may wish to consider/monitor this recommendation. (See recommendations 21)</td>
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### Social care for the north-east

### Children’s and young people’s health services

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<tr>
<td>19</td>
<td>Ensure that accommodation for children’s health services meets all statutory requirements and provides a safe and high quality environment for children, their families and</td>
<td>Recommendation welcomed by Task Force *</td>
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<td>carers. In particular, the ICHS (integrated children’s health services) model services should be physically co-located at a “hub” in Crawley with “mini-hubs” at East Grinstead and Horsham.</td>
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<tr>
<td>20</td>
<td>Implement the recommendations of the recent UTC report for paediatric nursing support to Crawley UTC.</td>
<td>Recommendation welcomed by Task Force</td>
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<td>21</td>
<td>Ensure that the gaps in staffing, including therapy and nursing staff are addressed to efficiently meet the demand.</td>
<td>The need for competitive salaries should be mentioned here, and the wider issue of recruitment and retention in the Crawley area. There may be potential for a joint review by the PCT and WSCC into this issue, to avoid duplication. (See also recommendations 18, 24 and 25)</td>
</tr>
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<td>22</td>
<td>Carry out a review of current arrangements for the transition from childhood into adulthood.</td>
<td>It was suggested that this relates purely to chronic long-term conditions (and that this should be made explicit). The proposed review should make reference to the work of the joint ASSC and Children &amp; Young People’s Services Select Committee Task Force on Transitions.</td>
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<td>23</td>
<td>Agree a plan for information sharing systems that includes the management of notes across services.</td>
<td>The timescale and achievability of this recommendation were questioned. It was pointed out that there is no consistent and compatible IT system for GPs, and therefore this recommendation would be very challenging.</td>
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**General community services**

| 24  | Agree a plan to bring therapy staffing levels in key services up to required levels across the whole of the NE. | See comments for 21. |
| 25  | Ensure that West Sussex Health has a plan to address the current shortage of health visitors in Crawley. | See comments for 21. |

**Long term conditions**

<p>| 26  | Establish a community stroke rehabilitation team for the NE | Recommendation welcomed by Task Force |
| 27  | Review the need for additional stroke rehabilitation beds at Horsham Hospital. | Recommendation welcomed by Task Force |
| 28  | Establish End of Life Care Coordinator for the NE | Recommendation welcomed by Task Force |</p>
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<td></td>
<td><strong>Community Hospitals</strong></td>
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<tr>
<td>29</td>
<td>Develop, in partnership with local NHS providers, a Community Hospital Strategy for the NE.</td>
<td>Recommendation welcomed by Task Force</td>
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<tr>
<td>30</td>
<td>Extend the opening hours of Horsham Minor Injuries Unit (MIU) on a six month pilot basis to 10 hours every day in the first instance.</td>
<td>Recommendation welcomed by Task Force</td>
</tr>
<tr>
<td>31</td>
<td>Ensure that access audits are carried out at Crawley and Horsham Hospitals as soon as possible.</td>
<td>The Task Force supported the comments circulated by a member of the Stakeholder Forum representing people with disabilities, that access audits should be carried out as soon as possible. Members were concerned that this had not already been carried out.</td>
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<td><strong>Secondary care services</strong></td>
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<tr>
<td>32</td>
<td>Ensure that acute and community services provide integrated healthcare. A shortfall in in-patient capacity should be met by improved pathways: improving productivity at Crawley and Horsham hospitals, improving community services and therapy services and reviewing bed capacity. In the longer term, the PCT should consider providing appropriate accommodation on the site described in recommendation number 33 in accordance with clinical need.</td>
<td>The Task Force suggests that lack of bed capacity is a critical issue for the NE, and is concerned that this will only get worse with the predicted population growth for the area.</td>
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<td>33</td>
<td>Commission more outpatients, day surgery, and diagnostic facilities including endoscopy to be delivered in the community hospitals in the NE over the next two years.</td>
<td>Recommendation welcomed by Task Force</td>
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<tr>
<td>34</td>
<td>Give a commitment to the people of the NE and to the three local authorities that the capacity, capability and access to secondary care services &amp; beds will remain under regular active review by:- a) agreeing a service planning model and publishing the available data in an accessible format on the PCT website with evidence of “all party” support. b) setting up an NE Partnership for Health Board (NHS, Local Authorities (all tiers), Third sector) to meet on an annual basis</td>
<td>The Task Force supports a) and b), but is concerned that there may be an assumption that the current capacity, capability and access to secondary care services are adequate. Members suggested that there need to be significant improvements in this area. *</td>
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<td>basis to review the evidence and determine any action needed.</td>
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<td>35</td>
<td>Provide at least one LINAC (Linear accelerator - radiotherapy services) and extra renal dialysis capacity in the NE. This could be at existing hospital sites or on a new, more accessible location. Faygate and Pease Pottage are possible sites for such a Health Campus and these sites should be included in an option appraisal.</td>
<td>The site of the proposed health campus is very important, as it could become a key facility in the future. Sufficient land should be available/identified to enable development to meet future demand.</td>
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<td>36</td>
<td>Implement the recommendations of the UTC report regarding patient safety, transfer and staffing.</td>
<td>Recommendation welcomed by Task Force.</td>
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<td>37</td>
<td>Actively support the developing clinical and academic network between Queen Victoria Hospital NHS Foundation Trust (QVH), Surrey &amp; Sussex Healthcare NHS Trust (SaSH) and Brighton &amp; Sussex University Hospitals NHS Trust (BSUH).</td>
<td>Exactly what is meant by “active support” and what specific outcomes are envisaged as a result?</td>
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<td><strong>Access, transport and rurality</strong></td>
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<td>38</td>
<td>Develop an Equitable Access Strategy in conjunction with local authorities, the third sector and private contractors.</td>
<td>Recommendation welcomed by Task Force.</td>
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<td>39</td>
<td>Establish a short-term project (Partnership for Transport) with the WSCC, Surrey County Council, District and Borough councils and relevant community and commercial transport providers.</td>
<td>Recommendation welcomed by Task Force</td>
</tr>
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<td>40</td>
<td>Invest additional resource into working across the range of NHS providers on a strategy to cover location and timing of outpatient/diagnostic services, and to provide better travel information for patients.</td>
<td>This recommendation should be split into two, as Members felt providing better travel information for patients is a separate issue.</td>
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<td>41</td>
<td>Include access as a specific and well-evidenced consideration when planning health services.</td>
<td>Recommendation welcomed by Task Force.</td>
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<td></td>
<td><strong>General Issues</strong></td>
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<td>42</td>
<td>Develop a renewed Carers Strategy in conjunction with WSCC as part of the 2009 review of Carers Services.</td>
<td>Carers’ Liaison Groups across West Sussex should be involved in this. See also comments at recommendation 11.</td>
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<td>43</td>
<td>Undertake a review of the capacity and opportunity provided by third sector organisations to support NHS care or to act as providers of NHS care in conjunction with the Change-Up Project.</td>
<td>Recommendation welcomed by Task Force</td>
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<td>44</td>
<td>Work with patients and partners to develop joint outcome measures with social care.</td>
<td>Recommendation welcomed by Task Force</td>
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<tr>
<td>45</td>
<td>Improve communication with the public about availability and access to local health services.</td>
<td>Recommendation welcomed by Task Force. *</td>
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