

## **Health Overview and Scrutiny Committee**

24<sup>th</sup> February 2009 – At a meeting of the Committee held at Crawley Town Hall.

Present: Mr Barrett-Miles (Chairman), Mrs Ball, Mr Mullins, Mr Waight, Dr Walsh, Mr Wilkinson (WSCC); Cllr Hotton (Adur District Council), Cllr Mrs Maconachie (Arun District Council), Cllr Weekes (Chichester District Council) left at 3.00pm, Cllr Dr Bloom (Crawley Borough Council), Cllr Mrs Landriani (Mid Sussex District Council), Cllr Dr Mercer (Worthing Borough Council) left at 1.00pm; Mr Kemp, Miss Smith (LINK Steering Group).

Apologies for absence were received from Mr Catchpole, Mr Chaplin, Mr M. N. Hall, Mr Mercer (West Sussex County Council); Cllr Arthur (Horsham District Council) and Mrs Oliver (LINK Steering Group).

### **Declarations of Interest**

217. In accordance with the code of conduct, members declared the following personal interests: -

- Dr Walsh is a self-employed part-time GP in West Sussex and Commander for Sussex, St John Ambulance (see point 232).
- Mr Wilkinson's daughter is a part-time employee of Harmoni (Out of Hours service provider) in West Sussex.
- Cllr Dr Bloom is a salaried GP in Crawley, Council Member for the Royal College of General Practitioners and his wife is an employee of West Sussex PCT.
- Cllr Hotton is a member of Keep Worthing & Southlands Hospitals Campaign.
- Cllr Mrs Landriani is an employee of Care UK.

### **Minutes**

218. Resolved – That the minutes of the meeting held on 19<sup>th</sup> January 2009 be approved as a correct record and that they be signed by the Chairman.

### **North East Review Panel Report and Recommendations**

219. The Committee considered the final report of the North East Review Panel (copy attached to the signed minutes). The Chairman welcomed Sir Graeme Catto, Chairman of the North East Review (NER) Panel and President of the General Medical Council, Brian Hughes, Assistant Chief Executive, West Sussex PCT, and NER Panel members to the meeting.

220. Sir Graeme gave a presentation to the Committee (copy attached to the signed minutes). His presentation included the following points: -

- World-wide trends – average life expectancy increased; important that Diagnosis & Treatment organised; working in partnership with patients (Ambulatory care centres); Long-term conditions (Care not cure, inpatient stays falling); Co-ordination key factor across Health and Social Care Teams.
- UK trends - European Working Time Directive; Changes in professional education; Centres of excellence v local access; Specialisation/sub-specialisation; Advances in medical technology; Personalisation of care.

- What the Panel did - Looked at gaps in service compared to rest of county (GP services and long term conditions, Community and Mental Health, Acute hospital); received evidence from stakeholders; covered wide range but not everything, particular attention given to question of new General Hospital
- What the Panel found - Good range of services, some excellent developments under way, but patchy; number of gaps which PCT needs to remedy; access to services a major concern; acute hospital system running at/near capacity – need to identify how to resolve (increase bed numbers at existing hospitals).
- Why no new hospital now – about services not buildings, scope for better use of existing hospitals (need to preserve not undermine); opportunities for better local access as part of modular approach for the longer term (PCT should consider acquiring new site e.g. for up to two Linear Accelerators (LINACs) and renal dialysis), extra capacity needed but nowhere near figures for general hospital; vast capital sums needed would divert from investing in services, but must be kept under regular review.
- What happens next - NER Report agreed in principle by PCT; detailed plans and advice on priorities/funding being drawn up; HOSC review of process; PCT to finalise Action Plan by end March taking into account HOSC views; cannot end here – must establish strong on-going process involving the community and develop momentum to improve services.

221. The Committee discussed the report and presentation. Members asked questions and made comments, including those that follow: -

- Questioned the thinking behind recommending a modular approach of providing services in a new location as opposed to just providing more beds at existing hospitals. *Sir Graeme said the campus/modular approach was distinct from the need for more beds, and there is no need to duplicate acute facilities. He said generalist beds were needed in the short term i.e. a step down approach at existing hospitals, but in isolation, this was not the answer.*
- Asked what percentage variance was built in to inform the bed capacity shortfall. *Mr Hughes advised that the PCT had relied upon the County Council and district and borough councils' projections and that each had a slightly different view. For this reason the PCT had used an external statistician, however they were also unable to come up with a definite figure as 10–20 year projections were inherently imprecise. The conclusion of the NER Panel was to establish a Partnership for Health Board, involving the NHS, local authorities and Third sector, which would meet annually to review capacity issues.*
- Raised the issue of difficulty of access to services, particularly for the blind, partially sighted and disabled. *Sir Graeme said access to services was critically important and that the NER Panel had concentrated a lot of time on how to get people to hospitals, but there was also a need to get services closer to home and to keep travel to a minimum.*
- Asked for the definition of a Local General Hospital (LGH) and whether this would apply to Crawley Hospital (CH). *Sir Graeme advised that an LGH+ included an Accident and Emergency department. In respect of CH he confirmed that it fell slightly short of an LGH+, although there was a lot of scope to provide further services there.*

- Referred to the shortfall of beds in the north east of the county and asked how soon wards at CH and Horsham Hospital (HH) would be reopened. *Sir Graeme confirmed that the difference of 200 beds between the coastal and north east area of the county did not necessarily represent a 200-bed shortage. He said the intention was to move as many services as possible out of hospital settings and closer to people's homes which would relieve some of the pressure on acute beds. A solution was needed quickly and the PCT's capacity mapping would determine whether the best solution was to re-open wards at CH and HH. Mr Wilderspin added that focus should also be given to end of life care and a refreshing of the PCT's 'Breath of Fresh Air' strategy for primary and community health services. Sir Graeme added it would be useful for HOSC to maintain pressure on the PCT in terms of addressing bed capacity issues.*
- Asked whether Sir Graeme was confident that the social care network needed to underpin health services existed. *Sir Graeme said he was optimistic that it did and that focus on patients' needs locally was key. He added that the fragmentation of social care was more obvious across the country than in the NHS. Sue Cart, Head of Localities (Adults) for the County Council, confirmed that joint working and integration of health and social care services with the voluntary and private sector was key, as well as community engagement and achieving the aspirations of the personalisation agenda. Mr Wilderspin added that integration of health and social care was already showing results in the county.*
- Suggested that the exclusion of maternity services from the review was a fundamental flaw and sought assurance that access to services was being addressed. *Sir Graeme confirmed that the PCT was forced to exclude maternity services at the outset of the review as they formed part of the referral by the Joint HOSC to the Secretary of State, on the PCT's Fit for the Future (FFF) decisions as well as a potential judicial review. With regard to access he agreed that it needed to be addressed and suggested that Midwife Led Units may help to bridge the gap between consultant led services and home births.*
- Asked which recommendations would be given priority and the timescale for implementation. *Sir Graeme said some improvements could already be identified, especially hospital performance. He said that in future the county would benefit from outreach services from Brighton and Sussex University Hospitals and Surrey and Sussex Healthcare NHS Trusts. He said the need to integrate services in the north east was key as they had been lacking cohesion and co-ordination. He emphasised the need for the PCT to get this right. He said beds were part of the solution but not the answer, which was improving the quality and range of services provided. He hoped the PCT would begin to address the issues in the next four weeks. Mr Wilderspin confirmed that the PCT would carry out a capacity mapping exercise to establish a clear picture of services/facilities in the north east, but said it would not be realistic to complete this within four weeks. He confirmed that all key players had worked together and it was now the PCT's role to co-ordinate the delivery, continuing with the integration of services, their location and how it would be afforded.*

- Asked about the composition and remit of the Partnership for Health Board and whether it would play a role in public engagement. *Sir Graeme said it would not be the sole responsibility of the PCT, however it should facilitate the Board's establishment. Mr Wilderspin said it was important to keep the momentum, but there was a danger that regular meetings would be set up in addition to other existing bodies. He suggested there was a need to build on the existing Stakeholder Forum. Mr Henderson, Chairman of the Stakeholder Forum, considered that the issue of stakeholder engagement needed to be looked at very carefully, taking into consideration the role of the new West Sussex Local Involvement Network (LINK). Mr Wilderspin added that there was an overview role for the HOSC on this.*

222. The Chairman thanked Sir Graeme Catto for his presentation and contribution to the meeting. He also thanked the other speakers for their contributions.

223. Resolved – That the Committee notes the report and presentation.

### **Children's Services Working Group**

224. The Committee considered the report by the Children's Services Working Group (CSWG) (copy attached to the signed minutes). Dr. Amit Bhargava, CSWG Chairman, and Liz Costigan, Programme Manager, West Sussex PCT, attended the meeting.

225. Dr. Bhargava introduced the presentation which covered the role of the CSWG, the process, who was involved, the main recommendations and next steps (copy attached to the signed minutes). Key points included: -

- Involved clinicians (GPs, paediatricians, specialist nurses, child/adolescent mental health services (CAMHS), social care, parents, Stakeholder Forum, HOSC Task Force and other stakeholders.
- Looked at range of existing services and identified the need for integration.
- Issues of concern: safeguarding issues need to underpin work in all areas; better information on services, better transport/parking facilities, single point of contact and support for whole family required; voluntary sector needs to be involved and the assessment process needs to be improved
- Recommendations/ Priorities for Action: Need to ensure accommodation meets statutory requirements and provides safe, high quality environment. Should be physically co-located at a 'hub' in Crawley with 'mini hubs' in East Grinstead and Horsham; increased paediatric nurse cover at Urgent Treatment Centre (UTC); need to ensure gaps in staffing addressed; need for review of current transitional arrangements (childhood to adulthood); need to agree plan for information sharing systems, including management of notes.
- Future of Jumbo Ward (CH): consultant outpatient clinics and specialist paediatric support for UTC to remain at CH, paediatric surgery to be retained at East Surrey Hospital (ESH) in Redhill.
- Next steps: Comprehensive plan for children's services being developed by new Programme Director for Children, Young People and Maternity, supported by CSWG; improvements for children's services in north east will be prioritised and timeline agreed in overall commissioning plan for West Sussex.

226. The Committee discussed the report and presentation. Members: -

- Were pleased that access to CAMHS was being addressed and considered it should be a priority for the PCT. *Liz Costigan confirmed that the PCT aimed to complete a CAMHS needs assessment by the end of March. Sara Weech, Director of Operations (Health) for the County Council, advised that a joint piece of work looking at health and social care was underway and updates would be brought to HOSC. She added that CAMHS had improved significantly over the last 18 months with no waiting lists for some specialist services. She confirmed that an action plan would be developed to deliver improvements. Mr Wilderspin agreed to come back to the HOSC with an update on the actions taken on CAMHS.*
- Emphasised the importance of the integration of health and social care. *Mrs Weech confirmed that the CSWG report had been taken to the Children's Trust Strategic Group. She said the integration of existing services was key and that the model needed to be widened. Mr Wilderspin suggested that the HOSC should invite him and the Director of Adults and Children Services for the County Council, to a future meeting to provide an update on the joint work.*
- Were disappointed that paediatric surgery would not be reinstated at CH and that the observational area had been lost. *Mrs Wannell advised that there was now full week cover of consultant led clinics. She said she hoped to work with the PCT on the issue of specialist and paediatric nurse cover and suggested that there may be a way of looking at rotational posts. She hoped that an observational area linked to the UTC at CH would be a key point that was embraced.*
- Suggested that links did not seem to be made for specialist services such as speech therapists. *Dr. Bhargava said an integrated service would help with a single portal helping to signpost people to the right service. He said more staff were needed and information provision was vitally important. Mr Hughes added that a key task was to ensure that a robust action plan was presented to the PCT Board in March. He confirmed that HOSC would be advised in good time of proposed actions.*
- Asked whether any of the issues identified in the NER were similar for central and south Mid Sussex. *Mr Hughes acknowledged the need to look at the south east of the north east of the county and advised that discussions were needed with the Brighton and Sussex University Hospitals NHS Trust.*

227. The Chairman thanked Dr. Bhargava for his presentation and said he hoped that local councils would be involved in further work.

228. Resolved – That the Committee notes the report and presentation.

### **Views of NHS Trusts**

229. The Committee considered a joint presentation by the NHS Trusts in north east area. The following representatives attended the meeting: Amanda Philpott (Brighton and Sussex University Hospitals NHS Trust (BSUH)), Dr. Adrian Bull, Chief Executive, and Sally Flint, Director of Finance, (Queen Victoria Hospital NHS Foundation Trust (QVH)), Gail Wannell, Chief Executive (Surrey and Sussex

Healthcare NHS Trust (SaSH)) and Geraint Davies, Director of Corporate Affairs and Development (South East Coast Ambulance Service NHS Trust (SECAMB)).

230. Mrs Wannell introduced the presentation on behalf of the Trusts. Key points included: -

- NER Process: the positives - Trusts worked much closer together; Stakeholder Forum enabled wide range of people to contribute; comprehensive process; trusts able to present co-ordinated strategies, welcomed opportunity to comment on draft recommendations; pleased that mostly taken on board.
- NER Process: things we can improve on - focus on clinical pathways (rather than organisations) through integration and more co-ordinated approach.
- Report and recommendations - pleased report acknowledged significant performance improvements; highlights service gaps and describes positive role of community hospitals in preventing admissions to acute beds, welcomed suggestion of Health Partnership Board; stressed that ambulance service critical in easing access to services.
- Outstanding issues - would like to see recommendations built into PCT commissioning plan; review of ambulatory paediatrics for Princess Royal Hospital; full recognition of role of QVH as a provider of local services; more detailed review of mental health services, particularly elderly mentally ill provision to support acute care; assurance that any future decisions on 'FFF' fully take into account NER recommendations.
- Role of NHS Trusts - fully engage in Health Partnership Board; further develop clinical/academic partnership agreements; improve access to healthcare (including transport); and focus on improving performance/patient experience.
- Success of acute sector depends on successful community health services.

231. The Committee discussed the presentation.

232. Dr Walsh declared a personal interest as Commander for Sussex, St John Ambulance.

233. Members commented and asked questions including those that follow: -

- Referred to the suggestion of a possible new health campus in the north east of the county and asked whether there was spare capacity on existing sites. *Ms Philpott confirmed that the Princess Royal Hospital (PRH) site had capacity for new development and that the Trust would work with the PCT to determine the best location for services in terms of access. Mr Wilderspin added that services served the whole of the north east area and suggested there was a need to put together a business case for the proposed health campus for linear accelerators with Surrey PCT.*
- Asked about planned improvements to stroke services. *Mr Wilderspin confirmed that work was already underway on a thrombolysis service which would be up and running this year. Mr Davies confirmed that SECAMB was working to develop an extension to its role and would be rolling out a new service, working with the PCT around a centre of excellence.*
- Asked whether an increase of beds at CH and HH would be beneficial to the management of patient care at ESH. *Mrs Wannell said that the existing beds*

*at CH and HH were valuable and advised that the Trust was working closely with the PCT. She said SaSH wanted to be seen as a very acute provider and its aim was to get to a situation where as soon as patients were past the critical stage they would be moved back to their local hospital.*

- Sought assurance that the Sussex Partnership NHS Trust (SPT) had been involved in the NER and would have a place on the Health Partnership Board. *M Hughes confirmed that SPT were on the Stakeholder Forum and that the NER Panel had reviewed gaps in mental health services with the Trust.*
- Questioned why the decision was taken by SaSH to hand over the management of Crawley Hospital to the PCT as local residents preferred to be treated at CH as opposed to travelling to the ESH in Redhill. *Mrs Wannell said that where appropriate she completely supported the concept of care closer to home. She said she understood the frustrations with car parking and access issues at ESH and confirmed that the Trust would be undertaking a full access review in 2009/10. Mr Wilderspin said the PCT firmly believed that CH should be part of the PCT in providing community services which were a key part of the equation in the north east of the county. He confirmed that there were still some acute services at the hospital run by SaSH and the priority should be which services were provided as opposed to who provided them.*
- Supported the recommendation for at least one Linear Accelerator in the north east of the county.
- Asked how the annual reduction in the overall grant to the PCT would affect forecasts and ability to implement the NER Panel recommendations. *Mr Wilderspin said maximum efficiency was key and there was a need to work in partnership with providers to achieve this.*
- Asked what specific measures and timescales had been agreed to improve ambulance response times. *Mr Davies confirmed that an action plan had been agreed with the PCT and a report would be taken to the Board meeting in March, focussing on three key areas: actively reviewing the position regarding staffing; enhancing and supporting community responder schemes and how to would work with the PCT if additional resources were required.*
- Asked about the timescale for the review of ambulatory paediatrics. *Mr Hughes confirmed that this would input into the new stage of the 'FFF' process, between now and the end of June. This will also address ambulatory paediatrics at PRH.*
- Dr Bull suggested that the NER's main focus had been on the Crawley area and the services provided by the SaSH NHS Trust and had not fully taken into account the role of QVH in the very north east of the county.
- Commented that a number of the recommendations were based on partnerships and networking and asked how, when all trusts were working towards Foundation Trust status, the recommendations would be taken forward. *Mr Wilderspin said the PCT would encourage partnership working between all providers across West Sussex. He suggested there were some benefits to competition and said he hoped that the Health Partnership Board would build upon and help to maintain the partnership approach.*

234. The Chairman thanked Mrs Wannell for her presentation and all NHS Trust representatives for their contributions to the meeting.

235. Resolved – That the Committee notes the presentation.

### **Stakeholder Views**

236. The Committee considered verbal presentations from key stakeholders. Some stakeholders also provided written submissions to support their presentations (copies attached to the signed minutes).

#### **Mrs Laura Moffatt, MP (Crawley)**

237. Mrs Moffatt addressed the Committee (a copy of her written submission is attached to the signed minutes). Mrs Moffatt thanked Sir Graeme Catto and congratulated the Stakeholder Forum for its work. She said she felt there was an over reliance on access to acute hospitals and believed that many of the recommendations would address the problems of ensuring that people could access the best services. She firmly believed that the withdrawal of the shuttle bus service was a mistake. She said she considered that services were improving, but that more community beds were desperately needed in Crawley. With regard to Children's services she said robust, sensible provisions were needed, including more health visitors, which were vital. With regard to a new hospital, she said it was about getting services where they were needed which was the main aim of the NER.

#### **Cllr Ash-Edwards, Mid Sussex District Council (on behalf of The Hon. Nicholas Soames, MP (Mid Sussex))**

238. Cllr Ash-Edwards addressed the Committee on behalf of Mr Soames. (A copy of Mr Soames' written submission is attached to the signed minutes). Cllr Ash-Edwards said there were three key areas of concern: the continued uncertainty about maternity services at the PRH and the need to retain consultant-led obstetric services; the need to acknowledge PRH as an essential acute LGH+ hospital in partnership with the Royal Sussex County Hospital (RSCH) in Brighton; and the need to foster and build upon partnership arrangements between BSUH and QVH. He welcomed the NER Panel report but considered that many of the target dates appeared optimistic. He said there was a need for detailed implementation plans.

239. With regard to maternity services he believed that not including them in the scope of the review was misconceived as they were inextricably linked to the delivery of other acute services. He added that since the findings of 'FFF' BSUH had announced that it proposed to strengthen the arrangements between PRH and RSCH principally by reconfiguring rotas so that doctors could work as a single team across two sites. He believed that the north east of the county continued to require the retention of the PRH maternity function together with the provision of a new stand-alone midwife-led unit, probably at CH. He said the NER and 'FFF' must be considered in tandem.

240. He welcomed the recognition by the NER Panel that PRH was an integral provider of acute hospital services for central Sussex. He said PRH was one of the 'pivotal points' within the network of acute and community hospital providers and 'should be fundamental' to the PCT's strategy of bringing care closer to home. He

suggested that the PRH site should be used to provide some of the facilities which the NER report identified as missing, including at least one of the LINACs for the north east. He also welcomed the report's recommendation that more services should be provided at PRH and QVH and suggested that the issue of access to services needed a response by the PCT.

### **Crawley Borough Council - Cllr Quirk, Cabinet Member for Community Engagement**

241. Cllr Quirk addressed the Committee. He declared a personal interest as his wife and son both work for the health service. He thanked Sir Graeme Catto and the NER Panel members for their work and agreed that capacity of acute beds should be addressed immediately. He said that Crawley Borough Council could not accept the lack of any recommendation for a new hospital in the area. The Council was also disappointed that there was no recognition in NER report of the Service Estate Capacity Enhancement Programme launched by Crawley PCT and urged West Sussex PCT to continue this work. He expressed concern at the capacity of local health services to implement the full range of recommendations within the target timescales and hoped that the PCT would properly resource the activities required. He agreed with the NER's findings that the issue of pressure on acute bed capacity should be addressed urgently. He said the Council did not consider increasing bed numbers at CH and HH a strategic response to the needs of a growing area. The commitment to review annually, while welcomed, was not a substitute for action. Crawley Borough Council welcomed a number of the recommendations and were committed to lending support to the NHS wherever they could, to improve the health and wellbeing of its residents. He said that he and his colleagues remained committed to the campaign for a modern health facility that properly served the needs of Crawley and Horsham.

### **Horsham District Council - Nigel Haverson, Head of Public Health and Licensing**

242. Mr Haverson addressed the Committee. (A copy of Horsham District Council's written submission is attached to the signed minutes). Mr Haverson highlighted key points in addition to the written submission. He stressed that East Surrey Hospital in Redhill was remote from residents in Horsham and that the NER Panel had come up with a good set of recommendations, but they needed to go further. Horsham District Council considered that access for rural communities needed to be addressed and was particularly concerned about access for the disabled. There were also concerns about the capacity of acute and community hospitals. The Council did not agree with the Panel's recommendation regarding a new hospital and was concerned that an annual review would just push the issue aside. He confirmed Cllr Arthur's view that there was a need to model the impact of changing demands on services.

### **Mid Sussex District Council - Cllr Snowling, Cabinet Member for Health & Community**

243. Cllr Snowling addressed the Committee. (A copy of the Mid Sussex District Council's written submission is attached to the signed minutes). Cllr Snowling questioned why the final NER report only recommended one Linear Accelerator when at the draft stage it was believed two would be recommended in the north east of the county. He expressed some concern about the ability to deliver the NER Panel's recommendations and suggested that it would be the role of the local councils to assist the HOSC in monitoring implementation.

### **North East Review Stakeholder Forum - Stuart Henderson, Chairman**

244. Mr Henderson was accompanied by John Gooderham, Forum Member Janet Brown, Forum Member and Manager, Horsham Area Council for Voluntary Service. Mr Henderson addressed the Committee. (A copy of the Stakeholder Forum's report is attached to the signed minutes). Mr Henderson confirmed that the report was a consensual view but it had not been possible to reach a unanimous view. He said there was, however, a great deal of agreement that care closer to home was an essential feature with telemedicine and telecare also very important. The Stakeholder Forum was instrumental in asking for an acute workshop. He emphasised the importance of an annual review and monitoring of all the recommendations. He agreed with the arguments on bed capacity and the stepping down of acute beds. Regarding access he said the voluntary sector needed to be used in a more constructive way. He thanked the PCT staff for their hard work and support to the Forum and said he believed the model had been a success.

245. Mr Gooderham added that everyone genuinely wanted to see an improvement in acute and other healthcare services but that he was disappointed that there were no immediate plans for a new hospital.

### **Mr Henry Smith, Leader, West Sussex County Council**

246. Mr Smith addressed the Committee. (A copy of County Council's written submission is attached to the signed minutes). Mr Smith said the County Council welcomed the NER as the north east of the county had been excluded from the 'FFF' programme. He said the County Council also welcomed the fact that the NER had reviewed population statistics and was pleased with the importance given to the multi-agency view and increased joint working. It also welcomed the suggestion of much greater delivery of healthcare. It was, however, disappointed that consideration had not been given to a new acute hospital, particularly with the north east of the county seeing an increasing population and health needs, along with the major transport interchanges located there. Mr Smith said that not to consider a new hospital in this area was a mistake and consequently a great concern. He said that the County Council as the Highways authority needed to work in partnership with the NHS, but its ability to influence transport links to ESH in Redhill was limited to lobbying Surrey County Council. He said the direction of travel was important and noted the performance improvements by the SaSH NHS Trust, however he was concerned at the ability of the Trust to deliver the NER recommendations and sought a definite commitment from them.

247. In addition, written submissions were also provided by the following stakeholders (copies attached to the signed minutes): -

- Chanctonbury County Local Committee
- North Horsham County Local Committee
- North Mid Sussex County Local Committee
- East Sussex Health Overview and Scrutiny Committee

248. The Committee discussed the submissions. Members: -

- Asked about the proposed location of the new LINAC(s). *Mr Wilderspin said a business plan was required before decisions could be made.*

- Asked whether Mr Smith supported the recommendations for co-operation and joint working between the County Council and PCT. *Mr Smith said there was a significant difference of opinion between the County Council and PCT on the future of acute services in the county, however in majority of areas the Council was working closely with the PCT and the focus should be on the ability to jointly deliver improved services.*

249. It was suggested that scrutiny of the implementation of the NER Panel recommendations could be delegated to the district and borough councils. Some members were concerned that this would not enable a strategic overview, which is the HOSC's role. Mr Wilderspin commented that multiple layers of scrutiny could impact on the PCT's ability to deliver.

250. Resolved – That the Committee notes the verbal and written presentations.

### **West Sussex PCT Response to North East Review Panel and Children's Services Working Group Reports and Recommendations**

251. The Committee considered a report by the West Sussex PCT (copy attached to the signed minutes). Mr Wilderspin thanked the HOSC for scrutinising the review and said it had been the first opportunity to start planning from the bottom up and to influence the direction of travel. He said the biggest issue was addressing long term conditions, but that there was a need to look at phasing, affordability, deliverability and issues of equity. He said the PCT needed to look at how to apply the lessons learned across the south of the county and that the PCT needed to focus on three key issues:

- Continue to deliver developments in primary care and community services.
- Build partnership with County Council around social care.
- Capacity mapping

252. Members discussed the PCT's response. Members: -

- Considered that there was a real need for renal dialysis across the whole of county.
- Considered there was a need to keep the pressure up on ambulance services to ensure they delivered on key targets.
- Emphasised the need for the PCT to work in partnership with County Council on social care but also intermediate step down care.
- Considered that health service planning in West Sussex was very hospital centric and that there was a need to change this view and to try to help people receive treatment closer to home.

253. Resolved – That the Committee notes the response.

### **HOSC Task Force Report and HOSC Conclusions**

254. The Committee considered the Task Force final report (copy attached to the signed minutes). Cllr Dr Bloom introduced the report. He advised that the Task

Force first met in June 2008 and had been inputting into and monitoring the NER process and outcomes. The Task Force held seven meetings and visited several health facilities in the NE area. Members attended many of the NER events, including Public meetings, Stakeholder Forum and Panel meetings. The Task Force progress report, made to the Committee in December, set out the Task Force's (largely positive) views on the NE Review process. Task Force members were clear that many of the issues raised affected the whole of the county.

255. Overall, the Task Force welcomed the NER report and the majority of its recommendations. The Task Force key findings were set out in the report. Key points included: -

- The Task Force was aware of the significant pressures facing the NE area, particularly, the growing and ageing population; high bed occupancy rates; and stretched acute capacity. There was also a high expectation that health services, and access to them, needed to improve.
- Key, overarching issues were identified around the need to work in partnership; to improve communications and to ensure that people knew what services were where; and the importance of engaging people in the planning and delivery of services.
- Considered that the recruitment and retention of staff, particularly social workers, health visitors and specialist clinicians (e.g. paediatricians) was a critical issue.
- Concerned at the gaps in mental health services identified in the NE, particularly the lack of respite, poor service provision for people with dementia, and the lack of alcohol and substance misuse services and urged the PCT to work closely with the Sussex Partnership NHS Foundation Trust and the County Council to build on partnership working in the provision and commissioning of mental health services.
- Supported the proposed model for children's health services and concluded that there should be a focus on treating children (where possible) in the community or at home. It was particularly keen to see an observation area made available at Crawley Hospital, within the Urgent Treatment Centre, to help avoid the need to admit children to the acute hospital at Redhill.
- Concerned by the long and difficult journey faced by many in the NE area (particularly Crawley and Horsham residents) to get to Redhill. To help avoid the need to make this journey, the Task Force urged the PCT and SaSH to work together to look at innovative ways increasing the range of services available at Crawley Hospital.
- Concerned at the bed capacity issues facing the NE area, and agreed with the Panel's recommendation to review this. However, members would have liked to have seen some more immediate plans to address this problem, particularly as there was no real evidence yet to show that demand on acute services was reducing.

- Whilst the Task Force did not find conclusive evidence in support of a new acute hospital at the present time, it felt that there may be a need for future developments in terms of additional acute services or facilities.
- Welcomed the identification of a "health campus" which may be in Faygate and Pease Pottage, and said it would like to see more detailed plans.

256. The Committee discussed the report. Members considered that maternity services could have been included in the NER but understood that they were excluded due to the referral of the 'FFF' decisions by the Joint HOSC and the possible Judicial Review.

257. The Chairman referred members to the recommendations of the Task Force and proposed two additional recommendations following the discussion at the meeting.

258. Resolved –

- (1) That the Committee notes the following North East Review Task Force recommendations agreed in December 2008: -
  - (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
- (2) That the Committee agrees the following final recommendations of the Task Force: -
  - (a) It endorses the NE Review process, and urges the PCT to apply learning from this process to future projects across West Sussex, particularly:
    - (i) The usefulness of the Stakeholder Forum as a way of involving key groups and individuals in a two-way dialogue
    - (ii) 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
    - (iii) 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:
  - (i) The provision of an observation area for children within the Urgent Treatment Centre
  - (ii) Setting out a detailed plan for how the Hospital will be developed from a Community to a Local General Hospital
  - (iii) Taking into account the report by the NHS Confederation, "Local Hospitals: Lessons for the NHS"
  - (iv) 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:
    - (i) The implementation of the North East Review Panel Recommendations
    - (ii) The impact of the PCT's approach to shifting services from the acute to the community sector
    - (iii) The review of capacity, capability and access to secondary care services and beds in the North East
    - (iv) The level of emergency admissions to Acute Trusts serving West Sussex residents
    - (v) 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.
- (3) That the Committee agrees the following additional recommendations: -
- (a) That the Committee should include in its work programme for 2009/10, the integration of health and social care services for children.
  - (b) That this Committee should be kept informed of the outcomes of the review of ambulatory paediatrics across the county, encompassed by the West Sussex PCT's review of its Fit for the Future decisions (and as such, will be scrutinised by the Joint HOSC).

### **Date of Next Meeting**

259. It was noted that the next scheduled meeting of the Committee was due to be held at 10.00 a.m. on Monday 16<sup>th</sup> March at County Hall, Chichester.

The meeting ended at 3.28 p.m.

Chairman