

Joint Health Overview and Scrutiny Committee on NHS West Sussex and NHS Brighton & Hove's Consultation on Fit for the Future

2nd December 2009 - twentieth meeting of the Committee held at County Hall, Chichester.

Present: Mrs. Field (Chairman), Dr. Bloom, Mr. Coleman, Mr. A.R.H. Smith, Dr. Walsh (West Sussex County Council); Cllr. Allen (Brighton & Hove City Council); Cllr. Rogers (East Sussex County Council); Cllr. Buckley, Cllr. Fairhurst (Hampshire County Council); Cllr. Adair (Portsmouth City Council); Cllr. Hickman, Cllr. Munro (Surrey County Council).

Apologies for absence were received from Cllr. Harmer-Strange, Cllr. Rufus (Brighton & Hove City Council); Cllr. Mrs Phillips, Cllr. Mrs Tidy (East Sussex County Council), Cllr. Horne (Portsmouth City Council).

Election of Chairman

725. Mrs. Field (West Sussex County Council) was appointed as Chairman. Details of Committee membership (attached to the signed minutes).

Declarations of Interest

726. In accordance with the Code of Conduct, members declared the following personal interests: -

- Dr. Walsh as a part-time GP in West Sussex.
- Dr. Bloom as a part-time GP in West Sussex and his wife is employed by NHS West Sussex.
- Mr. A.R.H. Smith as a member of Chichester District Council.

Update on Fit for the Future Proposals and Committee Conclusion

(a) Role of the Committee and Grounds for Referral to the Secretary of State for Health

727. Members had before them a background report setting out the role and purpose of the Joint Health Overview and Scrutiny Committee (HOSC) and the grounds for its referral to the Secretary of State for Health, in 2008 (copy attached to the signed minutes).

728. The Chairman introduced the report and advised that it also outlined what had been happening since the suspension of the Fit for the Future (FFF) decisions in October 2008 and the role of the Joint HOSC following NHS West Sussex Board's decision to set aside its previous FFF decisions on 26th November 2009. She advised that the Committee would need to decide whether or not the basis of its referral to the Secretary of State for Health still stood, and therefore whether it wished to withdraw, amend or maintain the referral. She advised that the Committee would also need to consider whether it had any further role.

729. The Chairman confirmed that in arriving at its conclusions the Committee would need to take a view on:

- Whether all the concerns raised in its referral to the Secretary of State for Health had been adequately addressed;
- Whether any proposals for substantial service change remained as a direct response to the original FFF proposals;
- Whether the Committee had fulfilled its terms of reference.

730. She also reminded members that any new or future areas of substantial change that NHS West Sussex intended to consult on were outside the remit of the Joint HOSC and that these would need to be brought to the attention of relevant HOSCs for consideration in accordance with health scrutiny guidance.

(b) Update from NHS West Sussex

731. Members considered a report by NHS West Sussex (copy attached to the signed minutes). John Wilderspin, Chief Executive, NHS West Sussex, highlighted key points from the report, including the merger of the Royal West Sussex and Worthing and Southlands Hospitals NHS Trusts, which led to the suspension of the FFF decisions. He also outlined the work that had been undertaken by NHS West Sussex, following the merger, on commissioning intentions for Emergency Surgery, Inpatient Maternity and Inpatient Paediatrics. The provider Trusts had been invited to review the provision of services in light of the commissioning intentions and the responses were subject to evaluations, by NHS West Sussex; three external clinical advisers and the Clinical Reference Panel.

732. Mr. Wilderspin confirmed that the NHS West Sussex Board met on 26th November 2009 to formally review its original FFF decisions. The Board resolved that there was now sufficient evidence to set aside the original FFF decisions on the basis of the information received and the assurance process (as set out below): -

- New approaches by both Western Sussex Hospitals NHS Trust (WSHT) and Brighton and Sussex University Hospitals NHS Trust (BSUH) to the delivery of these services.
- The opportunities that the WSHT merger has produced around integrated workforce solutions.
- Updated Royal College guidance on models of delivery in small obstetric units
- The approach taken by the Independent Reconfiguration Panel, particularly emphasising the importance of access.
- That the key FFF Criteria are met especially clinical and financial sustainability, accessibility and deliverability.

733. Mr. Wilderspin advised that the most difficult area to resolve was inpatient paediatrics. The outcomes of the review were:

- A high number of admissions to inpatient paediatrics compared to similar PCT areas.
- Assurance needed that clinical standards and capacity can be met and fully addressed.
- Commitment by all trusts to look at inpatient paediatrics to achieve the right model of community based and tertiary care across the whole county.

734. Mr. Wilderspin advised that sufficient assurances were in place and that WSHT and NHS West Sussex had agreed a structured approach to resolving this difference and were committed to working with NHS colleagues.

735. He confirmed that the NHS West Sussex Board had, therefore, agreed the following: -

- That the three clinical specialties (emergency surgery, inpatient consultant-led maternity and inpatient paediatrics) should continue on both the Worthing and Chichester sites, but noting the concerns regarding inpatient paediatrics and the proposed way forward.
- Accepted the current arrangements for inpatient maternity at Princess Royal Hospital in Haywards Heath.

736. Members discussed the report and asked questions and made comments, including those that follow: -

- Welcomed the conclusions by the NHS West Sussex Board, but raised concerns about the financial cost of the exercise and suggested that the NHS should be made democratically accountable in future.
- Suggested that a key lesson from the FFF process was the need to engage with clinicians, staff and patients at an early stage.
- Questioned to what degree the imperative of Foundation Trust (FT) status had impacted on the FFF decisions and why this had not been a factor earlier in the process. *Dave Morgan, Interim Director of Commissioning and System Development, South East Coast Strategic Health Authority (SHA), said the SHA recognised that it was important for NHS West Sussex as the commissioner to seek to understand services and how best to deliver them and then to look at the impact on providers. He said the imperative for trusts to achieve FT status had not been ignored but organisational form should not have been the driving force at an earlier stage in the process. Marianne Griffiths, Chief Executive, Western Sussex Hospitals NHS Trust, added that it was important to note that the timescale for FT applications had not been clear at the beginning of the process and had been tightened at a later stage. Mr. Wilderspin added that the viability of each of the previous Royal West Sussex and Worthing and Southlands Hospitals NHS Trusts had been considered at the beginning of the process and he would be happy to circulate this information.*

- Asked what progress had been made with the development of stand-alone Midwife-Led Units (sMLUs) particularly regarding the need to locate these where health deprivation and disadvantage were greatest. *Mr. Wilderspin said there was a need to re-look at the proposals for sMLUs in light of the new decisions i.e. in the context of maintaining consultant-led maternity on three sites in the county and two sites outside of West Sussex. He said that although deprivation was a key issue in determining the location of centralised maternity services in the PCT's original decision it was less of a factor in respect of SMLUs; here the issue of choice had been the key consideration.*
- Emphasised the need to consider maternity services alongside the countywide review of children's services.
- Sought assurance that maternity services would be maintained at Princess Royal Hospital (PRH) in Haywards Heath. *Mr. Wilderspin confirmed that maternity services would be maintained at PRH.*
- Sought assurance that the NHS would now be able to concentrate on care outside of hospitals. *Mr. Wilderspin said there remained a focus on the development of primary and community services and that this was particularly important in a largely rural county such as West Sussex. He said NHS West Sussex was also working with acute providers on where their services could be provided outside of hospitals.*
- Asked Mr Wilderspin for his view on the clinical sustainability of a two-site model, particularly with regard to WSHT in light of the recent Care Quality Commission (CQC) and Dr. Foster reports. *Mr. Wilderspin said that operating on multi-sites was not an impediment to providing high quality services and could provide significant benefits, including Governance and quality, but emphasised that services needed to be fully integrated to achieve this. Ms. Griffiths added that the CQC and Dr. Foster judgments were based on the two pre-existing trusts, but that it was important to learn from the results. She added that the merger would not have happened without the challenge of FFF and gave assurances that the criteria would be met.*
- Asked for a short summary to be provided by NHS West Sussex on the costs and benefits of the FFF process so that local authorities could report back and use the information as a basis for learning. It was also requested that definitions of unscheduled care services be included in the response. *Mr. Wilderspin responded that a great deal of cost and time had been devoted to a challenging and intensive process. He said the drivers for change were real with some still very much key whilst others had returned. He added that the NHS had exhaustively gone into the detail of what acute services in the county looked like, had considered Royal College guidance and as a result was now much clearer about the issues to address. He said a lot of effort had been invested in patient engagement and taking views into account to shape proposals and that it had been one of the biggest NHS consultations. He said that there were also strengthened relationships between trusts as a result of the process and that lots of lessons had been learned. He thanked members of the Joint HOSC who*

he said had contributed hugely to the degree of analysis and confirmed that a summary report would be provided early in the New Year.

- Complimented the officer support and work of the Committee and suggested that a beneficial outcome of the process had been the way in which the local authorities had worked together. Asked that the previous Chairman of the Committee, Peter Griffiths, be thanked for his work with the Committee.

(c) **Recommendations**

737. The Chairman referred to the recommendations in the report. The Committee unanimously agreed the following: -

738. Resolved: -

- (1) That there are no longer any proposals constituting a substantial change or variation to service for the Committee's consideration;
- (2) That the bases for the Committee's referral to the Secretary of State for Health no longer apply, and therefore, the referral is withdrawn;
- (3) That as there are no proposals for service change which fall within the terms of reference of this joint Committee at this stage, there is no further role for this Committee and it is therefore dissolved.
- (4) That any future proposals for substantial change or variation in service will need to be brought to the attention of relevant HOSCs for consideration in accordance with health scrutiny guidance.
- (5) That NHS West Sussex be invited to update West Sussex HOSC (and other HOSCs as appropriate) on the following specific issues:
 - (a) The countywide Joint Children's Programme 2010/11;
 - (b) Approaches to resolving differences on inpatient paediatrics between NHS West Sussex and Western Sussex Hospitals NHS Trust;
 - (c) Proposals to establish stand-alone Midwife Led Units in West Sussex; and
 - (d) Any plans for bringing health provision nearer to residents through the development of primary and community services.
- (6) That the Committee wishes to reiterate the following recommendations made in its report to NHS West Sussex and NHS Brighton and Hove in May 2008:
 - That NHS West Sussex should seek to rebuild public confidence in hospital services through the development and dissemination of clear information about what will be available at all hospital sites to inform the public about the location of the services and the hours of operation at each site, to include clear definitions of unscheduled care.

- That the Committee welcomes NHS West Sussex's commitment to apply the lessons learned from the consultation process in its future engagement with the community, patients, staff, stakeholders and the media.

739. The Chairman thanked the NHS representatives for their attendance and said she looked forward to a positive working relationship between the HOSCs and the NHS in future.

The meeting finished at 11.34 a.m.

Chairman