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Update from HOSC meetings in December and January

Below are brief updates of the items that were discussed at HOSC on 1st December and 19th January.

1st December 2008

Minutes for this meeting have now been published on the website. Please click here to view them.

- **Out of hours care.** West Sussex PCT updated the HOSC on Harmoni’s first seven months as the provider of the out of hours service for the whole of West Sussex. Harmoni is an independent primary care provider, and the PCT told HOSC it is extremely pleased with how the service has been implemented and is being taken forward. HOSC was interested in further data on patient satisfaction but also expressed concerns at out of hours patients being re-routed outside of the county. HOSC was also concerned at changes to out of hours services in East Grinstead and will be monitoring this, as well as the performance of the whole service.

- **North East Review (NER).** The Committee’s Task Force presented their update report on the PCT’s review of health services in the north east of West Sussex. The report focussed on the NER process to date, rather than its outcomes which will be the subject of the Task Force’s final report in February 2009. So far, the Task Force is pleased with progress but is keen to see tangible outcomes from the review. There will be a special HOSC meeting on 24th February at Crawley Town Hall to discuss the final report of the NER Panel, which Sir Graeme Catto, President of the GMC and Chairman of the Panel, will be attending.

- **Annual Health Check results 2007/08.** The Committee considered the results for all West Sussex Trusts. Overall, results were relatively good, although Trusts that had either failed to meet some targets or provided insufficient assurance had been invited to submit further written information to the HOSC. The Committee resolved that its liaison members would work closely with their respective trusts to try to help resolve these issues and will report to the HOSC in March. In addition, HOSC has written to the Healthcare Commission to ask for a greater emphasis on patient experience in the health check process.

- **Crawley Health Centre.** Health4Crawley, a consortium of Crawley GP practices, has been appointed to provide the Health Centre service. The Centre will initially be co-located with the Urgent Treatment Centre (UTC) which will enable links and partnerships to be formed and services to be migrated. Health4Crawley is talking to the Crawley Borough Council’s planning department about suitable future premises and locations.

- **East Arun Community Hospital.** Members received a progress report on this from the PCT. Members suggested the hospital should be called "The Littlehampton Hospital" as this is how it is known by the local population. The HOSC also recommended that further communication with local groups is needed.
19th January 2009

- **Merger between Royal West Sussex NHS Trust (St. Richard’s Hospital) and Worthing & Southlands Hospitals NHS Trust.** Marianne Griffiths (Interim Chief Executive, Royal West Sussex) and Stephen Cass (Chief Executive, Worthing), plus Mike Rymer (Medical Director, Worthing) updated the Committee on plans to merge the two hospital Trusts. Both Trust Boards approved the merger proposals and Full Business Case in December 2008. The Trusts reiterated to HOSC that this is all about organisational change at the moment, rather than service change.

The merger creates opportunities to improve the quality of outcomes by ensuring clinicians receive sufficient experience to deliver key services and meet Royal College guidelines. It also creates financial resilience, opportunities to extend patient choice and to become a strong Foundation Trust. Over 80 clinicians from both trusts worked together to develop service visions and make proposals for service improvements.

There is a strong feeling amongst clinicians that consultant-led maternity, in-patient paediatrics and emergency surgery can continue on two sites, however these services must be supported by appropriate, evidenced service change.

The plan is that the new merged Trust will be in place by 1st April 2009, although this is still subject to approval by the Strategic Health Authority (SHA) and Department of Health.

HOSC welcomed the merger and bid for Foundation Trust status, but reminded the Trusts that they have a duty to consult the HOSC on any substantial development or change to services resulting from the merger. Members emphasised the need to be clear with the public in terms of information about the merger.

- **Fit for the Future latest.** John Wilderspin, Chief Executive, West Sussex PCT, attended the HOSC meeting to answer questions on the impact of the Trust merger on Fit for the Future. He said that in bringing FFF to a conclusion, the PCT needed to take account of new material evidence and circumstances, since the FFF decisions were taken last summer. He confirmed that proposals for a way forward would be put to the PCT Board at its meeting on 29th January (Click [here](#) for a link to PCT Board papers). Mr. Wilderspin outlined the proposed process, which will include working with local clinicians to develop a set of overall commissioning intentions, focusing on three key services (emergency surgery, maternity, in-patient paediatrics). With regard to the timescale he suggested that the process should be completed in the summer.

HOSC asked the PCT to keep the Joint HOSC informed of its timetable and reasons for any decisions taken so that it can act appropriately in the discharge of its duties.

- **The PCT’s Strategic Commissioning Plan.** A HOSC Task Force had scrutinised the Strategic Commissioning Plan (SCP), with input from other HOSC members and Chichester, Arun and Mid Sussex District Councils. They found the SCP to be broadly sound and in the right direction, and made recommendations that objectives around childhood obesity, strokes, dentistry, rural access and partnership working should be strengthened. Sarah Creamer, Director of Strategy, at the PCT, confirmed that the PCT had reflected on the Task Force comments and had made changes to the SCP accordingly. The full draft SCP had been sent to 800 stakeholders for comments and the final SCP was due to be approved by the PCT at the end of February.

- **Options for Change.** The Committee received a report on West Sussex PCT’s Options for Change programme. This represents a new direction for community services, with the transition of the PCT’s provider services to an arms length organisation – now known as West Sussex Health (WSH). In line with the Darzi Next Stage Review, it is now proposed that WSH becomes an independent organisation. The PCT is currently consulting staff on the organisational model for WSH, and HOSC will review progress at its meeting on 1st May.
Foundation Trusts

The introduction of NHS foundation trusts represents a profound change in the history of the NHS and the way in which hospital services are managed and provided. The Government is committed to delivering an all Foundation Trust model for the NHS as soon as possible. South East Coast Strategic Health Authority is working with the acute and ambulance trusts in the region (including all those covering West Sussex) to ensure they are in a strong position to achieve NHS Foundation Trust status from April 2010.

NHS foundation trusts are firmly part of the NHS and subject to NHS standards, performance ratings and systems of inspection. Their primary purpose is to provide NHS care to NHS patients according to NHS quality standards and principles.

However, NHS foundation trusts are different from existing NHS trusts in the following ways:

- They are independent legal entities.
- They have unique governance arrangements and are accountable to local people, who can become members and governors. Each NHS foundation trust has a duty to consult and involve a board of governors in the strategic planning of the organisation. The following diagram shows how they are organised.

Other ways they differ are:

- They are set free from central government control and are no longer performance managed by health authorities. As self-governing organisations, they are free to determine their own future.
- They have new financial freedoms and can raise capital from both the public and private sectors within borrowing limits. They can retain financial surpluses to invest in the delivery of new NHS services.
- They are not overseen by the Department of Health, but by Monitor, an independent regulator.

West Sussex NHS Foundation Trusts will be expected to develop a co-operative working relationship with the HOSC and will be under a duty to respond to requests for information by the Committee. The Chief Executive of the NHS Foundation Trust may be required to attend HOSC meetings to answer questions and explain decisions. It will also be subject to a duty to consult the HOSC at an early stage on plans for substantial developments or variation of services that are designated as regulated services under the terms of its licence.

If proposals “amount to a substantial change in service and give rise to concerns that cannot be resolved”, the Committee will have the power to refer them to the Independent Regulator on the grounds either of inadequate consultation or the merits of the proposals themselves.

Concerns have recently been raised by the South East Network of Health Scrutiny Chairmen about Foundation Trusts’ Boards of Directors holding their meetings in private and a letter has been written to the Secretary of State for Health accordingly. The feeling is that the decision by trusts to conduct their business in a closed meeting is a retrograde one in that it no longer allows for public accountability or transparency of the trusts’ decision-making process.
Mortuary Services in West Sussex

The Surrey and Sussex Healthcare NHS Trust had planned to transfer mortuary work from Crawley Hospital to East Surrey. However, following discussions with the County Council, they have agreed the mortuary at Crawley hospital will continue to be licensed to act as a mortuary until such time as a formal service level agreement has been agreed with the County Council.

WSCC will work up an options paper on the future provision of mortuary facilities for West Sussex for consideration by a Cabinet member Task Force that will be set up after the local government elections have taken place next year. Any report and recommendations arising from this Task Force will be subject to scrutiny by the Public Protection Select Committee.

Specialist Commissioning

Specialised services are services provided in a small number of specialist centres to catchment populations of more than a million people. They provide treatment for often complex, less common conditions and can be high cost. Examples include transplants, haemophilia, cleft lip and palate, rare cancers and secure forensic mental health services. These services are commissioned collaboratively rather than by individual PCTs.

A 2005 review suggested that the DH should recommend that standing joint HOSCs should be established for each of the main specialist groups. HOSCs in the south east do not support this approach due to the following:

- Individual HOSCs wish to retain their autonomy
- The administration and costs of a joint HOSC
- The fact that different proposals may require the involvement of a differing range of HOSCs and differing approaches to scrutiny

Instead, HOSCs have preferred to retain the flexibility of responding to individual proposals for specialised services on a case by case basis. However, this does present challenges, so some guidelines have been developed, including having a lead HOSC in instances where there is substantial variation to specialist services.

A discussion paper containing further information is available on request. Click here to email the Scrutiny Team for a copy.

Practice Based Commissioning

Practice Based Commissioning (PBC) is about engaging practices and other primary care professionals in the commissioning of services. Through PBC, front line clinicians are provided with the resources and support to become involved in commissioning decisions. The hope is for high quality services for patients in local and convenient settings.

In West Sussex, there are eight localities, each with PBC leads and PCT locality offices.

Members of the HOSC Business Planning Group had a useful meeting with the PBC leads in September, when they were updated on progress in West Sussex. It was explained that the development of PBC was delayed in West Sussex by PCT reconfiguration and Fit for the Future but is now moving forward. It is at the point of delivering needs-based commissioning that links into the PCT strategic commissioning/delivery cycle.

The HOSC Business Planning Group agreed that it would be useful to arrange another meeting with the PBC leads (possibly in late summer/ early autumn 2009) to review progress.
Access to health services has been an issue of concern for the public and stakeholders throughout the FFF and NER projects. The PCT has been undertaking various projects to improve access to health services for people living in rural areas.

- **Ambulance Service improvement project.** A plan with the Ambulance Service has been developed to improve response times. A paper outlining plans to improve ambulance services for the people of West Sussex was presented to West Sussex PCT Board on 23rd October. Key priorities have been identified and work is underway to meet these objectives, including increasing the number of defibrillators in public places and the number of community responders.

- **Rural access improvement project.** A new project manager has joined the PCT and will be seeking out opportunities to improve access, primarily focusing on non-urgent outpatient services in rural areas. Where possible, solutions will be sought that enable increased use of public transport, community transport, walking, and cycling.

- **Access to maternity services project.** The new Programme Director for Children’s and Maternity Services will take forward the commissioning intentions for the provision of improved access to antenatal and postnatal maternity services across West Sussex.

### DH Review of Scrutiny

The Government wants to help support the improvement of the scrutiny of local health services. The DH has therefore launched a review to establish how overview and scrutiny committees and the NHS can work more effectively together to achieve better, safer, modernised health services.

There is strong evidence that these powers have helped to improve both the quality of services, as well as the experience of people who use them. However, since the powers were implemented, NHS organisations, health services and local authorities have changed substantially. This means that the policy and the related guidance needs to be updated, e.g. to recognise the advent of Foundation Trusts, reflect the new roles of Strategic Health Authorities and PCTs and to take into account policies such as World Class Commissioning.

A number of regional events have taken place and now the DH will take feedback into account and then produce draft guidance for consultation later in 2009.

Some of the key areas raised at the SE regional event in November 2008 included:

- NHS trusts were concerned that there are no timescales for HOSC reviews of NHS developments/changes (i.e. causing delays).
- The NHS is worried at uncertainty caused by delays.
- Difficulty experienced by NHS trusts in getting HOSC views on key proposals in between meetings (i.e. another delay due to process).
- HOSC representatives were concerned that this review might restrict scrutiny in some way.

HOSC will monitor the progress of this review, and take part in any consultation where possible.
A Joint Strategic Needs Assessment (JSNA) is the means by which PCTs and local authorities will describe the future health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs.

The JSNA will be designed to identify local priorities and is intended to be the key tool to support joint and single-agency commissioners. It will support the Sustainable Community Strategy, the Local Area Agreement and the NHS Strategic Commissioning Programmes.

In practice the JSNA will be formed of a database of needs information, available to all; regular reports reviewing needs information and analysing the health and well-being implications, to inform strategic planning and service development priorities; and a team or service adding expertise to planning and commissioning across the County Council, the PCT and partners.

Work has already begun structured around six overarching themes:

- Health inequalities;
- Healthy living;
- Children and young people;
- Working age, employment and health;
- Older people;
- Healthy and sustainable communities.

The JNSA has shown that West Sussex remains overall healthy and affluent. However, attention needs to be paid to areas such as the growing problem of alcohol consumption and its effect on the community and health, the growing number of people with dementia and their care needs and the number of premature deaths caused by accidents (mostly on the roads) which is higher than would be expected nationally. Neither of these issues can be tackled by one organisation but require a partnership approach focussed on improving the health and well being of our population.

Click here for the latest version of the JNSA. An updated version will be available shortly.

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**News in Brief**

- **Review to study NHS dentists.** An independent investigation was launched by the government in December to find out why so many people have trouble finding an NHS dentist prepared to take them on. Click here for the full story.
- **‘Real Involvement’ Working with people to improve health services.** This document provides statutory guidance for NHS organisations on the updated duty of involvement and advice about the new duty of reporting on consultation and best practice on embedding involvement in organisations. The full document is available by clicking here.
- **The Independent Reconfiguration Panel report.** The Panel has published a report about the work it has undertaken so far and this provides some useful lessons about the process of developing and consulting on proposals for service changes. Click here for the full document.

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**Dates for your Diary**

If you require any further information about these events, please contact the Scrutiny Team (details below).

- **24th February** - special HOSC on North East Review, Crawley Town Hall (10am)
- **25th February** – PCT Board meeting, The Hawth, Crawley (2pm)
- **16th March** – HOSC, County Hall, Chichester (10am)
- **1st May** – HOSC, County Hall, Chichester (10am)
- **4th June** – Council Elections
- **16th June** – WSCC Members of HOSC appointed
- **16th July** – HOSC, County Hall, Chichester (10am)

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