

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 10 October 2007

PRESENT: Councillor Tidy (Chairman); Councillor Rogers OBE (Vice Chairman), Councillors Healy, Howson, O’Keeffe, Taylor (ESCC); Councillor Lambert (Lewes District Council); Councillor Martin (Hastings Borough Council); Councillor Davies (Rother District Council); Councillor Hough (Eastbourne Borough Council); Councillor Phillips (Wealden District Council); Professor Peter Cox, Chair, Hastings and Rother PCT PPI Forum,

WITNESSES:

East Sussex Primary Care Trusts:
Nick Yeo, Chief Executive
Lisa Compton, Director of Patient and Public Engagement and Corporate Affairs
Michael Wilson, Programme Director, Fit for the Future

LEAD OFFICER: Claire Lee, Scrutiny Lead Officer

LEGAL ADVISER: Angela Reid, Head of Legal Services

1. MINUTES

1.1 RESOLVED – to approve the minutes of the meeting held on 21 September 2007 as a correct record.

2. APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from Councillor Wilson, Mr Ralph Chapman, Age Concern East Sussex and Ms Debby Matthews, Director, Southdowns CVS

3. INTERESTS

3.1 Members declared the following personal interests:
Councillor Martin knows Dr David Scott.
Councillor Davies knows some of the consultants at Eastbourne DGH and The Conquest Hospital in a working capacity.

4. REPORTS

4.1 Copies of the reports dealt with in the minutes below are included in the minute book

5. FIT FOR THE FUTURE – CONSULTATION PROCESS

5.1 Lisa Compton, Director of Patient and Public Engagement and Corporate Affairs, East Sussex Primary Care Trusts (PCTs) updated the Committee on the consultation process and took questions.

5.2 Ms Compton explained that the key trends report on public feedback from the consultation process pulls together all the responses received and will be immensely helpful to the PCTs Board when they make their decision. Ms Compton highlighted the key issues raised by the public such as travel, capacity and deprivation, and the public's key priorities such as safety, maintaining two viable hospitals and ensuring recruitment and retention of quality staff.

5.3 Ms Compton said that the feedback report and Avril Baker's process report 'An appraisal of the NHS public consultation process' had evaluated the consultation process. Ms Compton confirmed that the PCTs recognise that the consultation process had been complex, that they could always do better and that there is a lot of learning to take on board especially as regards communication to the public about how decisions are made.

5.4 Ms Compton said that the work of the Public Reference Group had been immensely helpful and as a result of the Group's feedback about the process, changes had been made. Ms Compton publicly thanked all the members of the Public Reference Group for their work.

Weight of consultation responses

5.5 When asked how the findings from the public consultation would be taken into account and what weighting would be attached to them, Ms Compton said that it is not possible to give exact weighting. Ms Compton explained that the public findings are important factors for the PCT Boards to consider along with other evidence such as national and local reports. Some key points made which were made during the public consultation, e.g. the need to maintain two viable acute hospitals in Eastbourne and Hastings, are already key criteria for the PCTs.

Option 5 proposal

5.6 When asked whether the PCTs viewed the consultation process as having included consultation on the Option 5 proposal, Ms Compton said that the PCTs had received just as much feedback on Option 5 as the Options 1 to 4 and that Option 5 campaigners had presented their proposal at public meetings. Ms Compton suggested that even though Option 5 had not been included in PCTs consultation documentation, the proposal had received as much of a public airing. Ms Compton confirmed that Option 5 will be going forward as one of the options to be considered by the PCT Boards.

Key messages from the consultation

5.7 When asked what key messages the PCTs were taking from the public consultation, Ms Compton confirmed that safety was a prime concern and that the public particularly associated this with travel times. Ms Compton pointed out that clinicians also viewed safety as a key concern but equated it issues such as critical mass and retaining key skills. Other key messages from the public included the capacity to deliver services and the impact of any changes on local communities.

Consultation target audience

5.8 HOSC highlighted a concern that although the consultation had involved a wide number of stakeholders it was unclear whether women of child bearing age had input

sufficiently into the process. Ms Compton assured the Committee that the majority of individual members of the public who had responded were women and the majority of these were of child bearing age. She also said the consultation process had tried to reach as many members of the public as possible through a range of varied activities and that groups such as the National Childbirth Trust had been targeted.

Relationship of East Sussex consultation process with its neighbours

5.9 In answer to HOSC's concern that the East Sussex consultation had been completed in isolation of what's happening in surrounding counties, particularly West Sussex, Ms Compton confirmed that this issue had been highlighted in the public consultation and the PCT Boards will take this into account.

5.10 RESOLVED to

(1) Note the analysis of the consultation responses.

(2) Note that there are areas in the consultation process which could have been improved, as highlighted in the reports and in the discussion. However, taking an overall view, it was AGREED that the consultation with HOSC and with the public so far has been appropriate and the time allowed has been sufficient.

(3) Recommend to the PCT Boards that further consultation is carried out as appropriate if any of the new options are considered viable.

6. FIT FOR THE FUTURE – ADDITIONAL PROPOSALS

6.1 Nick Yeo, Chief Executive and Michael Wilson, Programme Director from East Sussex PCTs took questions from the Committee. Mr Wilson gave a summary of the options now being considered by the PCT Boards. He pointed out that there had been a possibly unprecedented number of extra proposals put forward.

6.2 Options 1 to 4 – the original options from the PCTs. Options 1 and 2 are for single site consultant-led unit with midwife-led unit in Crowborough. Options 3 and 4 are for a single consultant-led unit, midwife-led unit in Crowborough and an additional midwife-led unit on the main hospital site which no longer provides consultant-led care.

6.3 Option 5 – comprises medium risk consultant-led units in Eastbourne and Hastings. This had now been split into Option 5a and Option 5b with different medical staffing. Option 5a has an emphasis on consultant provision with one or two trainees while Option 5b is a more conventional mixture of consultants and junior doctors.

6.4 Option 6 and 7 – A clinician-led proposal which is similar to options 3 and 4 but with an additional midwife-led unit sited between Hastings and Eastbourne to address the concerns on travel times.

6.5 Options 8 and 9 – these had been rejected by the New Options Appraisal Panel and will not be considered by the PCT Boards. The options, based on models in North Devon and North Lincolnshire, were originally mentioned by the Maternity Services Liaison Committee, although not formally proposed by them as options. Mr Wilson confirmed that he had examined these models along with those in 14 other health

communities. A report of the findings would be included in the submission to the PCT Board.

6.6 Options 10 and 11 – these options were put forward by a member of the public (a former NHS staff member) and are similar to options 3 and 4 but add another midwife-led unit to be sited alongside the consultant-led unit.

6.7 Option 12 – formal proposal from the Maternity Services Liaison Committee which is a hybrid of features gathered from some units in other parts of the country together with new ideas. It involves 2 consultant-led units with midwife-led unit at Crowborough. The proposals use a different staffing model which is distinct from options 5a and 5b and has a different model of midwife-led care.

6.8 Option 13 – Dr Keith Brent's proposal formulated from his critique of options 1 to 4.

6.9 In summary, Mr Wilson confirmed that, in essence, four of the options propose having two consultant led units and eight of the options are for having one consultant led unit with different models of midwife led care.

Impact of additional midwife-led units on Crowborough Birthing Centre

6.10 When asked on who had overall say on the final pattern of midwife-led units across Sussex, Mr Wilson confirmed that the Strategic Health Authority had a role in this in terms of ensure that plans within each PCT are complementary and reasonable. Mr Wilson pointed out that few people from outside East Sussex access services at East Sussex Hospitals NHS Trust therefore the PCTs are confident that their decision will not impact unduly on neighbouring areas. He also confirmed that any proposal for midwife-led units in the coastal area will have little impact on Crowborough Birthing Centre as few women from this area use Crowborough now.

New national guidance

6.11 When asked if the PCTs were still taking evidence, particularly with the recent publication of various reports on maternity services such as 'Safer Childbirth' from the Royal Colleges and the NICE guidance on Intrapartum Care, Mr Wilson confirmed that the PCT Boards will consider the latest information available. He pointed out that the final 'Safer Childbirth' document did not have major differences from the draft version which had already been considered.

Midwifery staffing

6.12 Mr Wilson confirmed that the midwifery strategy will take account of the recommendations in Maternity Matters for choice to be available to women and the capacity to back this up which largely relates to midwifery staffing

6.13 When asked whether the midwifery services would be staffed according the Birthrate Plus standards, Mr Wilson said that Maternity Matters is the national policy for this issue and that this emphasises the need to provided 1 to 1 care during labour. This involves provision of sufficient midwife staff and the PCTs are working with East Sussex Hospitals NHS Trust on this. Mr Wilson pointed out that the PCTs do not specify staff

numbers but they do specify the service and outcomes needed which drives the staffing required.

Evaluation of feasibility of two consultant led units

6.14 When asked how the PCTs would evaluate the feasibility of two consultant led units, Mr Wilson confirmed that proponents of the options have been consulted so that the PCTs are clear about what is being proposed. The options proposing two units are different in terms of the staffing and level of acceptable risk envisaged. Weighing up the options is the job of the PCT Boards and they will consider each option in relation to their key criteria.

6.15 Mr Yeo added that the Board will also lay these options against this all the evidence the PCTs have which includes the experience from elsewhere in the country, national guidance and the knowledge of local clinicians. Mr Yeo said that there is not a single analytical tool to weigh all the evidence up.

Costings

6.16 When asked whether the additional proposals had been costed, Mr Yeo said that the PCTs are still working on the costings and this included further discussions with the proponents. The process has proven more complex than anticipated, particularly in terms of being clear on what exactly is being proposed under each option. Mr Yeo confirmed that the costing information will be made available to HOSC and the PCT Boards.

New Options Assessment Panel

6.17 When asked about the basis of recommendations of the New Options Assessment Panel as regards options 12 and 13, Mr Yeo confirmed that PCTs want to give all options due consideration. However, options 12 and 13 had arrived late and the Panel did not have the necessary detail on them. Professor Field, chairman of the Panel, had to therefore make a judgement to advise the PCTs to consider them on the basis of the position and knowledge of the proponents.

PCTs decision on recommended option

6.18 Mr Yeo confirmed that the PCT Boards are expected to make a decision on the options before Christmas 2007 but that no formal date had been set. Mr Yeo confirmed that there will be further public consultation should an option be chosen which has not already been put before the public. Mr Yeo also confirmed that there would be ongoing discussions with HOSC.

6.19 RESOLVED to

To note the additional proposals and the recommendations of the Chair of the New Options Assessment Panel

7. FIT FOR THE FUTURE – HOSC RECOMMENDATIONS TO THE PCTs

7.1 The Chairman introduced HOSC's recommendations to the PCTs and emphasised that these recommendations do not favour any particular configuration of services – they are either recommendations which apply regardless of the option which is finally decided on, or they are recommendations for issues the PCT Boards must consider when assessing the different options.

7.2 However, the Chairman advised that the committee would also want to consider its view on the PCTs options for change – that is, options 1-4 in their consultation document. The Chairman emphasised that HOSC considers these options in the context of a number of new proposals which have emerged and remain possible alternative options at this time, pending the PCTs' full assessment.

7.3 HOSC was pleased to note the reassurance by Mr Yeo that there may be further public consultation should an alternative option be recommended by the PCT Boards. However, HOSC will need reassurance that other factors such as travel issues and ambulance capacity are addressed. HOSC recognises that it is difficult to do this until a preferred option is selected and the Committee will review these issues in light of the decision of the PCT Boards.

Thanks

7.4 The Chairman and Vice Chairman thanked the Scrutiny Officers for their ongoing support of HOSC's work on Fit for the Future.

7.5 The Chairman thanked all the witnesses who had given evidence to HOSC during the evidence gathering process and, in particular, Mr Yeo, Mr Wilson and Ms Compton for their co-operation and input at HOSC's Fit for the Future meetings.

7.6 RESOLVED to

(1) AGREE the specific recommendations listed in appendix 1.

(2) Recommend that the PCT Boards should undertake a full assessment of all the new options recommended by the New Options Assessment Panel before making any decision on the configuration of obstetric, special baby care and inpatient gynaecology services.

(3) Recommend that any option chosen by the PCT Boards should improve access to midwifery-led care. However, the Boards should consider alternative locations for a midwife-led unit, and potential alternative ways to offer access to midwife-led care within obstetric units, before taking a decision on preferred configuration of services.

(4) Note that the recommendations agreed today will be incorporated into HOSC's full report and submitted to the PCTs shortly to enable them to respond.

(5) Note that HOSC's full report will be made publicly available on the HOSC website.

Meeting ended at 3.35pm.