

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **28 January 2008**

By: **Director of Law and Personnel**

Title of report: **Fit for the Future – HOSC consideration of PCTs’ decision**

Purpose of report: **To describe HOSC’s role in reviewing the East Sussex Downs and Weald and Hastings and Rother Primary Care Trusts’ (the PCTs’) decision on Fit for the Future proposals.**

RECOMMENDATIONS

HOSC is recommended to:

- 1. Based on the evidence gathered during HOSC’s Fit for the Future programme, consider whether or not the PCTs’ decision, or any element of it, is in the best interests of health services for East Sussex residents and to specify the reasons for the Committee’s view.**

If HOSC believes that the decision, or element of it, is not in the best interests of health services for East Sussex residents, to:

- 2. Decide whether to refer part or all of the PCTs’ decision to the Secretary of State for Health for review and to apply any conditions it considers appropriate if making a such a referral.**

1. Background

1.1 In March 2007, HOSC determined that the East Sussex PCTs’ proposals for making changes to maternity, special baby care and inpatient gynaecology services constituted a substantial change to services requiring formal consultation with HOSC under national requirements. When responding to the PCTs’ consultation HOSC must base its response on consideration of the proposals and the available evidence.

1.2 In order to formulate a response, HOSC undertook an extensive process of evidence gathering from May to September 2007 which enabled it to examine the issues in question in some detail. In October 2007, HOSC submitted an initial report to the PCTs summarising the evidence gathered and making 24 recommendations for the PCT Boards to consider when coming to their decision. The HOSC report is available from the HOSC website www.eastsussexhealth.org.

1.3 In December 2007 the PCT boards, at a joint meeting, decided to reconfigure the services, opting for a single consultant-led maternity unit, special care baby unit and inpatient gynaecology service based at the Conquest Hospital in Hastings, together with a midwife-led unit at Eastbourne District General Hospital. The boards also agreed to accept all HOSC’s 24 recommendations as noted elsewhere on this agenda.

2. Points for HOSCs to consider

2.1 When considering proposals for substantial change, the Department of Health’s guidance to HOSCs suggests that HOSCs should particularly come to a view on two points:

- Whether the consultation **with HOSC** has been adequate; and
- Whether the proposal is in the interests of local health services. As part of this point, HOSCs should consider the extent to which **patients, the public and stakeholders** have been involved in the planning and development of the proposals.

2.2 If HOSC is not satisfied on either of these two measures, it has the power to refer the proposal to the Secretary of State, clearly setting out the evidence base on which the committee has come to that conclusion.

2.3 The Secretary of State has indicated that all referrals he receives from HOSCs will be passed to the Independent Reconfiguration Panel (IRP) who will advise him on the issues in question so that he can make a final decision on the proposal. His decision can be to support or modify the local NHS decision, or to direct the local NHS to take other action as he sees fit.

2.4 The Guidance makes it clear that the power of referral should not be used lightly and that local resolution of issues is always preferable. HOSCs cannot make a referral until the relevant NHS body has had a chance to respond to the committee's comments, if they so wish, and an effort at local resolution has been made.

2.5 When considering making referrals to the Secretary of State, HOSCs should be aware that the process of compiling evidence, IRP review and Secretary of State decision can take up to 6-8 months or more and that if the Secretary of State was to direct changes to the local NHS decision, the changes may not necessarily be in line with the preferred outcome of the HOSC. The NHS cannot implement the proposal whilst a referral is with the Secretary of State.

2.6 It should also be noted that referrals may be made on a part of the proposals which is disputed – referrals do not necessarily have to cover the whole proposal.

3. East Sussex HOSC's position in relation to Fit for the Future

3.1 In its report of October 2007, HOSC concluded that the PCTs' consultation with HOSC had been adequate. Unless there is any new evidence which demonstrates that further consultation ought to have been undertaken with HOSC since October and that this has not been undertaken, there does not appear to be any basis for changing this position.

3.2 Now that the PCTs have reached a view on their preferred way forward, HOSC may now consider whether the proposal is in the interests of local health services.

3.3 At the time of HOSC's report in October 2007, HOSC considered that it was not possible to determine whether a single site option was the best configuration for consultant-led obstetric, special baby care and inpatient gynaecology services in the absence of a full assessment of alternative staffing models. HOSC also recommended that other locations and models for midwife-led care (beyond those identified in the PCTs original options) should be investigated. The PCTs agreed to do this.

3.4 HOSC can now consider the PCTs decision in the light of the assessment of alternative models which has been undertaken. HOSC can consider whether there is evidence that the decision is or is not in the best interests of health services for local people. If not, the committee may consider whether to refer the decision to the Secretary of State.

3.5 In coming to a view, HOSC will need to consider all the evidence submitted at the evidence gathering sessions during 2007, together with evidence as to how the assessment of alternative options has been undertaken, covered elsewhere on this agenda.

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