

## HOSC 24<sup>th</sup> November 2011

### Item 6: East Sussex Healthcare NHS Trust Clinical Strategy, Appendix 4

#### Report from HOSC Clinical Strategy Task Group

##### **Background**

- The Task Group established by HOSC at its meeting in September 2011 has met on two occasions – 24<sup>th</sup> October and 18<sup>th</sup> November 2011. Agendas and papers have previously been circulated to all HOSC Members.
- Both meetings focused on the Trust's process of identifying options for delivering the models of care across the eight clinical strategy workstreams (considered by HOSC in September), the development of criteria which will be used to assess options, and the stakeholder engagement which is informing this process.
- The November meeting also considered aspects of the wider context within which the strategy is being developed – the financial context and two regional reviews, covering trauma and vascular services.
- The Group expects to meet again on 19<sup>th</sup> December to consider progress, and will hold a further meeting in January if necessary, depending on the timetable for any consultation which will be required with HOSC and the public.

##### **Recommendations**

Having considered the development of options to date, the Task Group makes the following recommendations to HOSC:

1. To agree that, in principle, elements of options which would require service **reconfiguration** should be considered to meet the threshold of 'substantial' change, requiring formal consultation with the Committee.
2. To agree that elements of options requiring significant service **redesign** may require ongoing scrutiny to ensure desired outcomes are achieved, but are not likely to require formal consultation.
3. To agree that elements of options requiring **efficiency and productivity** improvements only should not require formal consultation or ongoing scrutiny.
4. To request that the Trust continue to work with the Task Group to clarify those proposed changes which constitute reconfiguration (based on their scope, scale and impact) and those which constitute redesign.
5. To request that the Task Group considers options in more detail as they develop, to identify any elements which would fall outside the above framework due to exceptional circumstances.
6. To support the proposed Sussex Trauma and Vascular network models due to the evidence that these will improve patient outcomes.

Councillor Rupert Simmons

Chairman, HOSC and HOSC Clinical Strategy Task Group