HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee (HOSC) held at County Hall, Lewes on 30 October 2012

PRESENT:

Councillor Simmons (Chairman), Councillors Heaps, Howson, Rogers OBE and Taylor (all East Sussex County Council); Councillor Ungar (Eastbourne Borough Council); Councillor Cartwright (Hastings Borough Council); Councillor Phillips (Wealden District Council); Councillor Davies (Rother District Council); Councillor Merry (Lewes District Council); Mr Dave Burke, SpeakUp (voluntary sector representative)

WITNESSES:

East Sussex Healthcare NHS Trust (ESHT)
Dr Amanda Harrison, Director of Strategic Development and Assurance
Dr Andy Slater, Medical Director (Strategy)

NHS Sussex
Amanda Philpott, Director of Strategy and Provider Development, and Chief Officer (interim) of Eastbourne, Hailsham and Seaford (EHS) CCG, and Chief Operating Officer (designate) of EHS CCG and Hastings and Rother CCG
Jessica Britton, Head of Governance and Assurance
Catherine Ashton, Programme Director (NHS Sussex/ESHT)

LEAD OFFICER: Claire Lee, Scrutiny Lead Officer

42. APOLOGIES

42.1 Apologies for absence were received from Councillors O'Keeffe and Pragnell (ESCC) and Ms Julie Eason (SpeakUp).

43. MINUTES

43.1 RESOLVED to confirm as a correct record the minutes of the meeting held on 4 October 2012.

44. DISCLOSURE OF INTERESTS

44.1 There were none.

45. REPORTS

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

46. ‘SHAPING OUR FUTURE’ – REVIEW OF THE CONSULTATION PROCESS AND RESPONSES

46.1 The Committee considered a report by NHS Sussex and East Sussex Healthcare NHS Trust (ESHT). This set out the results of the independent analysis of responses to the ‘Shaping Our Future’ public consultation by the Centre for Health and Social Care Research at Canterbury Christ Church University. The Committee welcomed Amanda Philpott, Director of Strategy of NHS Sussex, and Chief Officer (designate) of Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG; Jessica Britton, Head of Governance and Assurance from NHS Sussex; Dr Amanda Harrison, Director of Strategic Development and Dr Andy Slater, Medical Director (Strategy) from East Sussex Healthcare NHS Trust; and Catherine Ashton, Programme Director, NHS Sussex/ESHT.

46.2 Ms Philpott introduced the report, making the following key points:

- NHS Sussex and ESHT had followed the consultation plan previously agreed with HOSC.
- A deliberative event had been held with patient representatives to test consultation materials.
- The consultation document had been made widely available in electronic, hard copy, summary and easy read versions.
- The five planned ‘market place’ public events had been delivered and further events had been added to meet identified needs, including additional events in Eastbourne and Heathfield. Events had also been held in both main hospitals.
- The responses gathered at market place events were in addition to the 464 survey responses referenced in the report.
- The difference in views between respondents to the survey and at the market place events had been noted and there may be lessons to learn in terms of how best to communicate and discuss proposals in the future.
- NHS Sussex and ESHT had also learnt from the information presented to and discussed by HOSC during the Committee’s evidence gathering process.

46.3 The NHS representatives responded to questions on the following topics:

46.4 **Level of response**

Ms Philpott indicated that the level of response to the consultation was relatively high, based on her experience of previous processes, but there is no formal benchmarking data available. Ms Britton added that the response had been higher than recent similar processes in Kent and Surrey and it was also higher than a consultation on maternity services in East Sussex in 2007/8.

46.5 **Issues arising from the report**

Dr Harrison suggested that the difference in views between survey respondents and attendees at market place events demonstrated the impact of people hearing directly from clinicians and being able to ask questions. She also indicated that the focus of ESHT and NHS Sussex would be on addressing the concerns and issues raised rather than simply looking at the numbers choosing particular options.

46.6 **Harder to reach groups**

Ms Britton explained that the approach to engaging with harder to reach groups, including deprived communities, had been through working with voluntary sector representatives who had participated in the Consultation Advisory Group. This group had advised on the process and helped facilitate communication with different groups. Ms Britton advised that Priory Meadow shopping centre had

been chosen as a location for a Hastings market place event due to the footfall from across the town. In Eastbourne, the Langney shopping centre had been targeted. She confirmed that there had not been any specific engagement with Housing Associations but explained that the approach had been a balance between reaching as many people as possible and targeting key groups within the resources available.

46.7 **High attendance in Seaford**

Ms Philpott acknowledged the relatively high attendance at the Seaford market place event, and the significant interest at the Lewes district meeting for elected representatives. She advised the Committee that the issues raised by attendees at these events had been wider than the consultation proposals and covered general concerns about local access to health services. Ms Philpott indicated that the Clinical Commissioning Groups and ESHT would look at future provision in the area.

Dr Harrison agreed that the Seaford response reflected wider concerns. She highlighted that Seaford residents would continue to have the choice of ESHT and Brighton and Sussex University Hospitals NHS Trust as their main acute provider. She acknowledged that, once a decision on the future configuration of services is made, it will be necessary to explain to the population at the outer edges of the ESHT catchment area how they will be affected.

46.8 **Questions in consultation document**

Ms Philpott acknowledged that concerns regarding the questions in the consultation document had been raised by the Save the DGH campaign, but noted that these concerns had not been reflected by respondents to the consultation. In terms of independent input to the running of the consultation, Ms Philpott highlighted that undertaking consultation is a statutory responsibility of the commissioning organisation and this would remain the case even if aspects of the process were outsourced. She argued that the independent scrutiny of the process by HOSC offers a strong way for an external body to review and influence consultation processes.

46.9 **Weighting of responses**

Ms Philpott advised that the consultation process did not constitute a vote on the proposals. She indicated that the NHS Boards would use the responses to influence their consideration of issues raised and would view the consultation responses alongside other evidence. The themes emerging from the consultation process would be fully considered and the amount of evidence supporting different responses to the process would also be taken into account.

46.10 **Clinical representatives**

When asked how clinical representatives were selected to attend the market place events Dr Slater highlighted that the consultation was on the models of care described in the consultation document. This meant that the clinicians attending were those who had led the development of these models. The aim was to describe the clinical benefits of the models and to offer reassurance in relation to concerns. Dr Harrison highlighted that a wide range of views had been aired in the public domain and that the market place events were open to anyone to attend.

Ms Philpott added that the Chairs of the advisory committees at both Eastbourne and Conquest hospitals had acknowledged to HOSC that they had had every opportunity to be involved in the Clinical Strategy process.

46.11 **Access issues**

Ms Philpott acknowledged that access had been the biggest issue highlighted by consultation respondents and she highlighted that this was not only in relation to patients travelling by ambulance, but also access for visitors and carers. She also acknowledged the concerns expressed in relation to roads and public transport. Ms Philpott emphasised that decisions about the services would need to take into account the appropriate balance between the impact on access and the clinical impact of the proposals. This includes reducing lengths of stay in hospital which would result in fewer journeys. Ms Philpott also highlighted the broader intention to move some, less specialist, services away from acute hospitals to more local sites which would offset additional travel to some extent.

46.12 **Staff engagement**

Dr Harrison confirmed that the relatively low numbers of attendees at some staff events quoted in the consultation report are correct. However, she emphasised that these were a continuation of a series of open sessions which had begun pre-consultation, meaning that some staff may have attended earlier sessions. Attendance was optional and staff had also received information in other ways. Dr Harrison also highlighted that there would be a separate consultation as required by the Trust's HR policies at a later date with staff whose working arrangements would be directly affected by any reconfiguration. She argued that low attendance at staff events during consultation could be viewed as disappointing but could also be viewed as a positive indication that most staff felt that they had already been informed.

46.13 **Public engagement**

Ms Philpott agreed that there is an ongoing challenge in engaging effectively with the public. She indicated that people tend to engage when they feel a service is threatened but that it is more difficult to achieve engagement at other times. This is a common issue across public services. Ms Philpott argued that, despite the relatively good response to this consultation, there is a need to widen engagement beyond the patient representatives who are already involved.

46.14 **Voluntary sector engagement**

Ms Britton agreed to review feedback which had been received from some voluntary sector representatives that they had not felt well engaged. She indicated that a representative of the SpeakUp forum had sat on the Consultation Advisory Group and that this role included information sharing with the wider voluntary sector. Ms Britton also indicated that there had been direct engagement with the voluntary sector on an ongoing basis.

46.15 **Consultation document**

Dr Harrison acknowledged that there had been some errors in data within the consultation document, but highlighted the efforts made to publicise the correct data. She also emphasised that, although it had been helpful that the discrepancies had been raised because it had allowed these to be corrected during the consultation process, the errors were relatively minor and did not impact materially on the proposals.

46.16 **Lessons learnt**

Dr Harrison highlighted the success of the market place events and the benefits of pre-consultation engagement as positive learning points from the process. She indicated that it would be helpful to add feedback from the pre-consultation activity into the consultation responses report in future. She also reflected on the

need to balance the targeting of groups most affected by proposals with the targeting of generally hard to reach groups who may be less affected.

Ms Philpott highlighted the benefits of the Primary Access Point stakeholder groups, particularly in terms of GP engagement. However, she noted that it had been difficult to translate this into wider commissioner engagement in the context of the significant organisational change which is underway within the NHS. Although leading GPs in Clinical Commissioning Groups had been heavily engaged, the Groups would need to have a stronger role in the future. Ms Philpott also suggested that it would be helpful to be clearer about overall agreement on the objectives of change and to highlight that differences in opinion may relate to how this is achieved rather than the idea of change itself. She also reiterated the value of the market place events and the need for ongoing engagement pre and post consultation.

46.17 **Identifying site selection**
Ms Philpott indicated that careful consideration had been given to whether it was possible to select a preferred site for services before consultation but that there were a wide range of issues which needed further consideration, including the need to get public views on what should be taken into account when selecting a site through the consultation process. Dr Harrison added that if locations had been proposed this would have become the focus of the consultation as opposed to a discussion about the best model of care and the range of options.

46.18 RESOLVED to:
(1) note the independent report on consultation responses.
(2) welcome the positive feedback on market place style events and the priority given by senior NHS clinicians and managers to attending these events.

47. <u>'SHAPING OUR FUTURE' – HOSC Response</u>

47.1 The Committee considered a report by the Assistant Chief Executive which set out the Committee's draft report in response to the 'Shaping Our Future' consultation process.

47.2 Ms Philpott thanked HOSC on behalf of NHS Sussex for both the evidence gathering process and the draft report. She indicated that NHS Sussex is likely to accept all the recommendations which are regarded as constructive contributions. A full response would be provided in due course.

47.3 Dr Harrison thanked HOSC on behalf of ESHT for the Committee's commitment to reviewing the evidence and the quality of the draft report. She also advised HOSC that the Strategic Health Authority had welcomed the depth of understanding developed by the Committee. Dr Harrison welcomed the recommendations which enable the Trust to focus on areas which need to be addressed. She particularly highlighted the need to work with HOSC to agree data which would enable the impact of any changes to be monitored.

47.4 The Committee discussed various aspects of the draft report, including the following areas:

47.5 **Ambulance capacity**
Ms Philpott confirmed that South East Coast Ambulance Service NHS Foundation Trust had been heavily involved in discussion regarding future

service models. She indicated that commissioners work with the Trust on an ongoing basis via clinical networks and through normal service planning. She assured HOSC that the impact of any change would be addressed through contract negotiations.

Dr Harrison highlighted the need to continue making improvements to ambulance handover at hospitals through changes to acute medicine and emergency care being implemented as part of the wider Clinical Strategy. These improvements may offset any impact on ambulance capacity and are part of the reason for being unable to provide specific figures on ambulance impact at this stage.

47.6 **Community services**

Ms Philpott acknowledged the importance HOSC attached to developing community services, particularly in relation to stroke care, and assured the Committee that the intention is to commission the best practice stroke pathway across both acute and community services. She indicated that further information on commissioners' intentions would be included in the response to HOSC's report.

Dr Harrison confirmed that ESHT's strategy requires a rebalancing of acute and community services and she accepted the need to communicate expected pathways clearly to patients and the public once a decision is made. She indicated that ESHT has experience of working with other Trusts on the transfer of patients from acute to community care and that the stroke network offers good opportunities to develop this. Dr Harrison agreed that it would be necessary to build on existing relationships with all surrounding community and secondary care Trusts as well as those providing tertiary services to the East Sussex population.

47.7 **Monitoring the impact of change**

Dr Harrison indicated ESHT's desire to work with HOSC and Clinical Commissioning Groups to monitor the impact of any changes agreed. This should include the aspects of care which matter most to patients and their families as well as clinical outcomes. Dr Harrison highlighted the future role of Healthwatch in feeding back patient experience.

47.8 **Finance**

Ms Philpott highlighted that challenges associated with pressures on the budgets of partners such as Adult Social Care would exist regardless of the proposed changes. She indicated that, in general, acute hospital care is more expensive than community based care when provided appropriately.

Dr Harrison assured the Committee that the detailed financial modelling produced by the Trust had been scrutinised by Strategic Health Authority accountants and the Department of Health Gateway review team and had been found to be satisfactory. It was clear that more detailed financial modelling and implementation plans cannot be produced until a decision has been made. At this point a full business case will be developed and reviewed by the Strategic Health Authority and the NHS Trust Development Authority.

When asked about an auditors' qualification on the ESHT accounts, Dr Harrison explained that this related to the additional financial support provided by commissioners in 2011/12 rather than the accuracy of the figures. She emphasised that the Clinical Strategy aims to address financial sustainability,

taking into account that commissioners will not be providing additional financial support in the future.

47.9 **Therapy review**

Dr Harrison clarified that a therapy review mentioned in the consultation report was significantly wider that the services consulted on. She assured HOSC that appropriate seven day a week therapy staffing had been built into the stroke model of care.

47.10 **Community transport**

Ms Philpott acknowledged HOSC's recommendation regarding further work with community transport providers and agreed to look at this. She clarified that the NHS patient transport scheme is defined nationally.

47.11 **Clinical leadership**

With regard to HOSC's recommendation for a single consultant committee at ESHT, Ms Philpott advised that commissioners would support this. Dr Slater agreed that it would be useful to ESHT to have a single clinical voice and he welcomed the support for this model from the Conquest Hospital's Medical Advisory Committee. He also noted that the Eastbourne Consultant Advisory Committee had not wanted to merge whilst a consultation was underway. Now that this had concluded, Dr Slater hoped the Trust could support the two committee Chairs to work towards a single body. Dr Harrison noted that the committee structure is decided by clinicians, not the Trust, but that ESHT could decide which bodies are recognised.

With regard to HOSC's recommendation for a local 'clinical senate' type arrangement to bring together acute clinicians and GPs, Ms Philpott outlined the Sussex wide Clinical Senate in place and the fact that this would continue to include East Sussex clinicians. She noted that future national arrangements included regional senates which, in this area, would cover Kent, Surrey and Sussex. It was felt that the need for a more local arrangement would continue, whilst making links to the regional body. Dr Slater advised that he wished to ensure ESHT clinicians are involved in the Sussex senate which offers opportunities to examine issues affecting a wider area than East Sussex.

Ms Philpott indicated the wish of Clinical Commissioning Groups and ESHT clinical leaders to work more closely together and to build on the work undertaken on the Clinical Strategy. Dr Harrison highlighted the need for clinical forums to include other clinical groups beyond doctors.

47.12 RESOLVED to:

(1) agree the report attached as Appendix 1, subject to the addition of a reference to the need to work with voluntary sector bodies such as housing associations in engaging with hard to reach groups; and

(2) agree to forward the report to the Chairs of NHS Sussex, East Sussex Healthcare NHS Trust and East Sussex Clinical Commissioning Groups for their Boards' consideration and to request a response to HOSC's recommendations.

The Chairman declared the meeting closed at 12.05pm