

Committee: **Lead Cabinet Member for Resources**

Date: **28 November 2014**

Report By: **Director of Communities, Economy and Transport**

Title of Report: **Call for East Sussex County Council to fund a shuttle bus service to link Eastbourne District General Hospital and Hastings Conquest Hospital**

Purpose of Report: **To consider the following Motion due to be presented at the meeting of the County Council on 2 December 2014:**

“In light of the failure by ESHT to provide adequate transport for patients and relatives who, as a result of their change in policy, are now required to travel between Eastbourne and Hastings.

We call on East Sussex County Council to fund a return Shuttle Bus service between Eastbourne District General Hospital and the Conquest Hospital.

We believe that East Sussex County Council should do this as part of its Public Health and Transport responsibilities.”

RECOMMENDATIONS: The Lead Member is recommended to:

- (1) note the contents of this report including that access to the new centralised acute health care provision is ultimately a matter for the East Sussex Healthcare NHS Trust (ESHT);**
 - (2) recommend to the County Council to reject the motion; and**
 - (3) agree East Sussex County Council is willing to work with all relevant authorities and partners to facilitate opportunities to develop a sustainable shuttle bus service between the DGH and Conquest**
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1 Background

1.1 The above Motion is due to be presented at the County Council Meeting on 2 December. It follows a similar Motion heard at Eastbourne Borough Council's Meeting on 19 November 2014, calling on East Sussex County Council ('ESCC') to fund a shuttle bus service between Eastbourne District General Hospital and Hastings Conquest Hospital.

1.2 The concern relates to decisions made over the last eighteen months by the Clinical Commissioning Groups (CCGs) in East Sussex to concentrate some services on each hospital site. For example, consultant led maternity services at Conquest Hospital and stroke services at Eastbourne DGH. This has some implications for patients, visitors and staff in terms of access due to greater travel distances. The decision was however made after a full review of the services and extensive public consultation which concluded that any risks arising from travel times was outweighed by improvements to clinical quality and safety.

2 Comments/Appraisal

2.1 Patients accessing certain healthcare services will have to travel further which could result in longer journeys. This may increase the number of journeys made by car which in turn may increase congestion and the demand for hospital site parking. It is therefore important that the CCGs, ESHT and other stakeholders, including ESCC, encourage more people to use modes of transport other than the car where they can, and to improve access arrangements for those who rely on public transport.

2.2 Both the Eastbourne District General Hospital and the Hastings Conquest Hospital are well connected points on the local bus network, but there is no direct bus link between the two. Currently the journey time using public transport between the two hospitals is typically around 1 hour 40 minutes (travelling by bus to Eastbourne station, train to Hastings station, then bus to Conquest Hospital). A similar car journey could take around half this time.

2.3 In 2013, a response provided by ESHT to the Health Overview and Scrutiny Committee (HOSC) indicated that ESHT did not expect a significant increase in inter-site travel as a result of service changes. ESHT stated “the majority of travel will remain similar and that people will not normally be travelling from one site to the other – they will be travelling from homes across the area to one or other of the sites”.

2.4 The cost of providing an hourly shuttle bus for 18 hours a day, seven days a week, could be in excess of £250,000 per annum. This is an estimated cost and excludes income from any fares that may be received from users of this service. It is unlikely that income from people using the service would reduce the net cost to ESCC of providing this service to less than £150,000 per annum.

2.5 What is proposed in the motion is an ongoing commitment for the Council and not one off spend. ESCC has not made provision for the ongoing funding available to contribute to a shuttle bus link. ESCC is required to make significant savings in the medium term and should it be agreed to fund this service it will be necessary to identify where that funding will be coming from including alternative savings proposals. In addition the ESCC Public Health Grant is ring fenced to deliver the mandated outcomes in the Public Health Outcomes Framework. Providing transport between hospital services is not included in the framework and therefore consideration cannot be given to that source of funding.

2.6 Current financial constraints for ESCC have required changes to be proposed for the existing bus services which ESCC financially supports. The provision of public transport services to meet the needs of the people of East Sussex is a high priority for ESCC and this principle underpins the draft Public Transport Strategic Commissioning Strategy (‘the Strategy’) and proposed new supported bus network.

2.7 The draft Strategy and the proposed changes to subsidised bus services were consulted on for 12 weeks between July and September 2014, and could save the council £1.79million between 2014/15 and 2015/16. During the consultation, feedback was received from members of the public, MPs, councillors from District, Borough, Town and Parish Councils, businesses and community organisations. This feedback, together with other information including Equality Impact Assessments, have informed the recommendations for the reformulated supported bus network that will be considered by Cabinet on Tuesday 16 December.

2.8 It is unlikely that a shuttle bus service linking the two hospitals would be commercially viable. A bus service provider has expressed interest in developing such a service if they are provided with funding support. They suggest funding might come from commitments to annual tickets by staff displaced from one site to the other and from a revenue commitment from ESHT. ESHT’s on-site hospital parking charges might also offer a potential funding stream.

2.9 Nationally there are many examples where bodies other than the County Council pay towards the cost of providing bus services. For example, in Hampshire, the District and Parish Councils make significant funding contributions. In West Sussex and Brighton & Hove, Brighton and Sussex University NHS Hospitals Trust funds a bus service between the Princess Royal Hospital, in Haywards Heath, and the Royal Sussex County Hospital, in Brighton. This Haywards Heath–Brighton direct hospital link (bus service 40X) is free to patients carrying their appointment card and staff are provided with discounted use.

3 Conclusion and Reason for Recommendation

3.1 Access to the new centralised acute health care provision is ultimately a matter for ESHT. As stated in paragraph 3.3 above, ESHT has indicated that they do not expect a significant increase in inter-site travel as a result of service changes.

3.2 Due to the financial pressures ESCC is currently facing, it is recommended that the Lead Member recommend to the County Council that the motion be rejected on the basis that that ESCC cannot commit to funding new additional public transport arrangements between the Eastbourne and Hastings hospitals in the absence of alternative savings being put forward.

3.3 ESCC officers have already been in discussions with transport providers with regards to making public transport options between the two hospitals easier, including ticketing and information provision. ESHT will be invited to join these discussions moving forward.

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LOCAL MEMBERS:

BACKGROUND DOCUMENTS: None