



HOSC to scrutinise Clinical Strategy service reconfiguration



HOSC has questioned senior representatives of East Sussex Healthcare NHS Trust (ESHT) on the progress of the pre-consultation phase of their Clinical Strategy, which has led to the development of a range of possible delivery options for each of the eight Primary Access Points (PAPs, see box to the right). The Committee also

discussed plans for the consultation period and the involvement of the Committee during this phase.

Darren Grayson, Chief Executive of the Trust, explained to HOSC that the delivery options identified for each PAP would need to be 'knitted together', taking into account their fundamental interdependencies, to ensure that they could be delivered both within hospitals and across the Trust as a whole.

Mr Grayson explained that the next phase of the Clinical Strategy would be public consultation on any proposed substantial change to services. NHS Sussex (the Primary Care Trust cluster), as the organisation with statutory commissioning responsibility, would be formally responsible for undertaking consultation and decision making, although ESHT would have a pivotal role in the process.

Mr Grayson also confirmed that the external Maternity Review Team had identified four possible delivery options for this workstream and two additional options had recently been added in response to requests from stakeholders. He assured HOSC that all six options would be developed in the same way.

Travel and patient transfers

Mr Grayson acknowledged the travel challenges in East Sussex and the associated fears expressed by local people about travelling further for healthcare. He emphasised that any strategy or decision to transfer or redirect patients between sites should be judged

on whether patients will receive a better service as a result as, ultimately, the patient outcome should be the measure of success.

Recognising that the public would view access as their primary criterion for judging options, Mr Grayson reminded the Committee that clinicians would view clinical quality/safety of services as paramount. The Trust Board would need to strike an appropriate balance between different criteria.

The 8 Primary Access Points (PAPs)

The Trust's Clinical Strategy is to be delivered through eight Primary Access Points (PAPs) that cover 80% of the Trust's income and activity. Each PAP covers a key service area and is led by Trust clinicians with the involvement of GPs, the Local Involvement Network (LINK) and other stakeholders. Preferred models of care have been developed for each PAP and delivery options are now being developed and assessed.

The 8 PAPs are:

- Acute Medicine
- Emergency Care
- Muscular-skeletal, Trauma and Orthopaedics
- Paediatrics and Child Health
- General Surgery
- Cardiology
- Stroke
- Maternity

Consultation and implementation

It was acknowledged by the Trust that any proposals for major service reconfiguration would constitute potential substantial change requiring consultation with HOSC and the public. HOSC may also wish to scrutinise areas of significant service redesign through the Committee's ongoing work programme.

Proposed changes to services that would require consultation will not be implemented prior to the outcome of the consultation and decision making process.

Mr Grayson assured the Committee that adequate

(Continued on page 2)

(Continued from page 1)

time will be built into the process for the outcomes of consultation to be fully considered prior to decision making, but he emphasised the need to move the process forward in a timely way given the pressing challenges facing the Trust.

HOSC also gained assurance that any consultation document will clearly set out the interdependencies between options and describe the potential trade-offs. The financial impact and context will also be made clear for any options presented for consultation.

Less significant changes which would not be subject to consultation will progress to implementation from April 2012 onwards as part of the Trust's ongoing programme of service redesign and efficiencies arising from the Clinical Strategy.

Councillor Simmons, Chairman of HOSC said, "HOSC has agreed in principle that formal consultation with the Committee will be necessary

when a service 'reconfiguration', such as potentially changing where a service is provided, is being considered. This represents 'substantial' change and it is right that HOSC fully investigates such plans on behalf of local people".

Public consultation, where required, is expected to begin in Spring 2012.

Special HOSC meeting, 6 February 2012

An additional HOSC meeting is being arranged to consider the proposed changes to services arising from the Clinical Strategy prior to the start of consultation.

The meeting will take place at 10.00am in the Council Chamber, County Hall, Lewes and will be available to view on the webcast:

www.eastsussex.gov.uk/yourcouncil/webcasts

Complying with the Care Quality Commission

A further report by the Care Quality Commission (CQC), based on a follow-up inspection of East Sussex Healthcare Trust (ESHT) undertaken in September 2011, is expected to be published shortly. Darren Grayson, Chief Executive of the Trust, told HOSC he expected the report to demonstrate substantial progress at all levels of the organisation, but not yet total compliance with all required standards. The Trust Board has also come to this conclusion following a self assessment exercise.

The Trust has made a number of improvements to its service since receiving an unfavourable inspection in February 2011 and an overview of these changes was presented to HOSC by Jane Hentley, Director of Nursing, at the November meeting. These included:

- Improvement to patients' privacy and dignity monitored through hospital walkabouts by senior staff.
- Improvements to documentation to demonstrate how patients' care and welfare and safeguarding is addressed.
- A more robust process in place for the Trust to monitor its ongoing compliance with CQC standards.
- A review of governance, due to be completed shortly, which will be important in ensuring the correct framework is in place to identify issues within the organisation.
- The instigation of a ward review approach which has built staff ownership and accountability.
- The ongoing organisational restructure of the Trust, which has strengthened leadership and accountability.
- An ongoing open and honest dialogue between the

Trust and CQC about the actions being taken and the anticipated timeline for achieving compliance.

Dignity in Care

The significance of dignity in care is being increasingly recognised as an essential part of the duty of care to patients. It is also an area of responsibility that the CQC has highlighted. To date, the Trust has set up clinical practice sessions by senior nursing staff each Thursday, where practice can be observed and discussed and information reviewed; a programme of peer reviews of privacy and dignity with colleagues in other Trusts; and the Trust's recent restructure had enabled a member of staff to be given specific responsibility for monitoring and improving the patient experience.

The Trust Board will make a further assessment of compliance with the CQC standards in January 2012. The aim is to achieve sustained compliance by the end of March 2012 although it is difficult to predict when compliance will be achieved. HOSC will continue to liaise with CQC and the Trust to monitor progress.



From National Health to Local Government: Transitioning Public Health

The transition of public health responsibilities to the County Council and Public Health England under national NHS reforms continues to gather pace in anticipation of the formal transfer of roles in April 2013.

At the November HOSC meeting, the Chief Executive of East Sussex County Council, Becky Shaw, gave an update on the current state of the transition phase. In particular she explained that:

- The Council aims to make the most of opportunities presented by the changes to public health responsibilities.
- There is significant support amongst partners to promote public health and a widespread recognition that initiatives to keep people healthy represent a wise investment.
- The Council is waiting for national guidance on a number of key areas, notably funding arrangements, but this is not preventing progress being made.
- The Council has commissioned an independent review of public health and is awaiting the final report.

Funding

The Chief Executive confirmed that the government's funding arrangements for public health are not yet clear. Nationally it had been difficult to calculate average spending on public health by PCTs due to varying definitions and recording methods for public health activity. It is expected that shadow local authority allocations for 2012/13 will be announced in early 2012 but it is unclear to what extent these will reflect historic spend in local areas or a needs based formula. There has been some indication that levels of deprivation would be reflected in allocations and it was confirmed to HOSC that the Council is raising

awareness in government of the impact of an aging population on need given the demographic of the county. However, the overall resources available for public health are likely to be squeezed due to the broader economic climate.

In East Sussex, NHS Sussex had identified an annual spend of approximately £25m on public health programmes. Once future allocations for the county become clear, the Council will create a public health action plan to focus on priorities. The Director of Public Health, Dr Diana Grice, highlighted that the benefits from investment in public health programmes are often long-term. For example, there is strong evidence that investment in anti-smoking campaigns reduce future need for health services but the impact is felt some years later.

Cross-county approach

In response to HOSC questions on how the limited public health resource would be maximised, the Chief Executive added that it would be important to develop skills across the Council and partner organisation workforce to enable all staff to integrate public health considerations into their work. In addition, a focus on robust, evidence based evaluation of public health programmes will be critical in ensuring limited resources are allocated wisely.

Ms Shaw agreed that it will be important to use the Joint Strategic Needs Assessment (JSNA) to monitor trends across the county and ensure early identification of developing problems. The Council will need to take a balanced approach between addressing health inequalities in specific areas and population wide health improvement activities. Cllr Simmons said, "HOSC recognises the critical importance of the public health agenda. Because this area is subject to significant change, we will establish a working group to provide ongoing scrutiny over the coming months".

Providing excellent nutrition to patients in East Sussex

Following HOSC's recent review of nutrition in hospitals, representatives of the Committee visited the Catering Central Production Unit at the Conquest Hospital in Hastings, which produces meals for over 1,200 patients and 200 staff per day throughout East Sussex. The Unit has a team of 5 chefs who oversee production of meals for the Conquest Hospital, Eastbourne District General Hospital, Lewes Victoria Hospital, Bexhill Hospital and Newhaven rehabilitation unit.

All dishes produced on site follow standard recipes which have been nutritionally assessed by a team of Dieticians. The team use a number of local suppliers including a local farm supplier based in Hailsham for

fruit and vegetables and fish is purchased from a fishery in Newhaven.

Over 85% of the fresh meat the unit purchases is British with supplies coming from Suffolk and Kent Farms.

The team works closely with dieticians, ward staff and patients to continuously improve the quality of the food they provide.

HOSC would like to extend thanks to all the staff of the Catering Central Production Unit for the work they are doing to improve the quality of catering to the patients and staff throughout the Trust.



News in Brief

Have your say on HealthWatch

As part of the Health and Social Care Bill currently making its way through Parliament, new consumer champions for users of health and social care services will be created from October 2012, known as Local HealthWatch.

Updates on the development of HealthWatch East Sussex have been published as part of a regular local health reforms update available on the East Sussex Strategic Partnership (ESSP) website:

<http://bit.ly/t0bftd>

ESSP is also hosting a short online survey until **26 February 2012**. The responses from the survey will

be used to shape HealthWatch East Sussex.

Please use this link to complete the survey:

<http://bit.ly/v44ZLc>

Planning decision for 3Ts

Brighton & Hove City Council published their intention to hold a Special Planning Committee on Friday 27 January 2012 at which a decision will be made on the Teaching, Trauma and Tertiary Care (3Ts) planning application for the Royal Sussex County Hospital. The Committee will be available to view by webcast at:

<http://www.brighton-hove.public-i.tv/>

Next HOSC meetings 10.00am, Monday 6 February 2012 (special meeting on Clinical Strategy) and Thursday 8 March 2012 at County Hall, Lewes

For webcast recordings and meeting details see our website: www.eastsussexhealth.org

HOSC Members	
East Sussex County Council:	Eastbourne Borough Council:
Cllr Rupert Simmons – Chairman	Cllr John Ungar
Cllr David Rogers OBE – Vice Chairman	Lewes District Council:
Cllr Carolyn Heaps	Cllr Elayne Merry
Cllr Philip Howson	Rother District Council:
Cllr Ruth O’Keeffe	Cllr Angharad Davies
Cllr Peter Pragnell	Wealden District Council:
Cllr Barry Taylor	Cllr Diane Phillips
East Sussex Local Involvement Network (LINK):	Voluntary Sector:
Ms Janet Colvert	Maurice Langham, East Sussex Seniors Association
	Dave Burke, Hastings and Rother Counselling and
	Julie Eason, East Sussex Advice Plus (role-share)

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East Sussex Health Overview and Scrutiny Committee (HOSC) is managed by East Sussex County Council and works in partnership with Eastbourne Borough Council, Lewes District Council, Rother District Council and Wealden District Council

