

Health Overview and Scrutiny Committee

8th September 2008 – At a meeting of the Committee held at County Hall, Chichester.

Present: Mr Barrett-Miles (Chairman), Mrs Ball, Mr Catchpole, Mr Chaplin, Mr M. N. Hall, Mr Mercer, Mr Mullins, Mr Waight, Dr Walsh (WSCC); Cllr Weekes (Chichester District Council), Cllr Arthur (Horsham District Council); Cllr Dr Mercer (Worthing Borough Council); Mr Kemp, Mrs Oliver, Miss Smith (LINK Steering Group); Mr Harris (West Sussex PCT). Cllr Mrs Landriani (Mid Sussex District Council) attended as a substitute.

Apologies for absence were received from Mr Wilkinson (WSCC), Cllr Hotton (Adur District Council), Mrs Pyper and Mr Robson (Acute Trusts), Mrs Barwell (South East Coast Ambulance Service NHS Trust).

Membership Update

74. The Committee noted the following HOSC appointments as agreed at County Council on 6th June and 25th July 2008: -

- Mr Barrett-Miles as HOSC Chairman.
- Mr Catchpole as HOSC Vice-Chairman.
- Mr Mercer replacing Mr Griffiths.
- Mr M. N. Hall replacing Mr Daws-Chew.

Declarations of Interest

75. In accordance with the code of conduct, members declared the following personal interests:

- Mr Catchpole as his wife is an employee of West Sussex PCT.
- Mr Hall as a member of Support St Richard's Hospital Campaign (Fit for the Future).
- Mr Mercer as Leader of Worthing Borough Council (Fit for the Future).
- Dr Walsh as a self-employed part-time GP in West Sussex, Commander for Sussex St. John Ambulance.
- Cllr Mrs Landriani as an employee of Care UK (Fit for the Future).
- Cllr Dr Mercer as a member of Keep Worthing and Southlands Hospitals Campaign (Fit for the Future) and as an employee of Age Concern (LINK Update).
- Mr Kemp as a member of the Patient Representative Panel established by the West Sussex PCT (Fit for the Future).

Minutes

76. Resolved – That the minutes of the meeting held on 30th June 2008 be approved as a correct record and that they be signed by the Chairman.

Urgent Matters

77. The Chairman informed the Committee that he intended to take an urgent item regarding changes by the Surrey and Sussex Healthcare NHS Trust to paediatric services in Crawley before the item on Enhancing Local Transport

Services to Surrey and Sussex Healthcare NHS Trust, as the Chief Executive of the Trust would be present for that item.

Proposed Changes to the Constitution of the HOSC

78. The Committee considered a report by the Director of Policy and Performance and Head of Democratic Services (copy attached to the signed minutes). Ninesh Edwards, Scrutiny Officer, introduced the report. He advised that the review of the Committee's Constitution and membership had been delayed due to the work of the Joint HOSC on Fit for the Future. He confirmed that the main proposals were to withdraw membership from the NHS trusts and to increase district and borough representation to allow each of the seven district and borough councils a seat on the HOSC. He confirmed that consultation had been undertaken with the NHS trusts and district and borough councils and advised that those that had responded had indicated their support for the changes.

79. Members welcomed the proposals, particularly the proposal to allow each of the district and borough councils a seat on the Committee. Members also asked about the membership of the LINK Steering Group. Mr Kemp, Chair of the LINK Steering Group, confirmed that a meeting had been organised by the County Council, involving a wide range of people, including Patient and Public Involvement Forum (PPIF) members, Help the Aged and local councillors. Volunteers were sought to join a Steering Group to be involved in the project to procure the Host and to ensure continuity of public monitoring of service provision during the PPIF/LINK transition period. Mr Kemp confirmed that members could not be appointed to the LINK until the Host was in place.

79. Resolved – That the following changes to the Committee's Constitution and membership be approved by the Committee and that they be taken to the Governance Committee and then to County Council for approval: -

- (1) That the Committee's Constitution be amended to withdraw HOSC membership from the NHS trusts;
- (2) That the Committee's Constitution be amended to allow each of the seven district and borough councils to have a permanent seat on the HOSC;
- (3) That the one-year limited term of membership and right of substitution be abolished for district and borough council members;
- (4) That the Committee's Constitution be amended to increase the district and borough council representation on the Business Planning Group to two members;
- (5) That until such time as the Local Involvement Network (LINK) is in a position to agree its own representation on the HOSC, the LINK Steering Group membership of the HOSC be carried forward beyond 1st September 2008;
- (6) That references to Patient and Public Involvement Forums (PPIFs) within the Constitution be amended to refer to the LINK;

- (7) That the Constitution be amended to stipulate that LINK members appointed to the HOSC have health care as their main area of interest/expertise;
- (8) That the amendments and deletions to sections of the Constitution to reflect best practice and changes to committee terms of reference or organisational changes, as set out in the report, are made.

Liaison Members Review

80. The Committee considered a report by the Director of Policy and Performance and Head of Democratic Services (copy attached to the signed minutes). The report recommended that the current liaison membership be reviewed and that a district or borough council member join a County Council member to form a team to undertake the liaison role. It was also recommended that a meeting of all liaison members be arranged to discuss working arrangements.

81. Resolved –

- (1) That County, District and Borough council members (as per the attached table) form teams to undertake liaison with each of the NHS trusts.
- (2) That a meeting of all liaison members be arranged in the near future to discuss working arrangements.

West Sussex PCT Strategic Commissioning Plan 2009-2014

82. The Committee received a presentation from Sarah Creamer, Director of Strategy, West Sussex PCT, and considered a handout on demographics, health needs and clinical quality (copies attached to signed minutes). Ms Creamer advised that the Joint Strategic Needs Assessment set the context in which the Strategic Commissioning Plan (SCP) should be set. She outlined some of the commissioning challenges for West Sussex, including: -

- Significant variations in life expectancy between wards;
- Alcohol related admissions nearly doubled in five years from 02/03 to 06/07;
- 20% of population over 65 with significantly higher numbers of over 85's living alone in Worthing area;
- 15% of the Crawley population from BME groups.

83. Ms Creamer advised that all PCTs were expected to choose from a predefined agenda of 54 health outcome measures with health inequalities and life expectancy mandatory. Other measures chosen by the PCT included cancer mortality rates, percentage of stroke admissions and C-difficile infection rates and these all had a 2006/7 baseline. She advised that measures had not been chosen in areas that the PCT was performing well as it was considered there would be missed opportunities for improvement. The PCT had agreed a set of strategic commitments (set out below) and strategic goals, influenced by the Professional Executive Committee, PCT Board and Patient Reference Groups: -

- Tackle the causes of ill Health;
- Treat ill health;

- Make sure services are high quality and safe;
- Reduce health inequalities
- Offer more choice and control over services for patients and users.

84. Ms Creamer confirmed that the PCT Board would be asked to discuss and agree the direction of travel at its meeting on 28th August with the final SCP to be agreed on 23rd October. She agreed to provide copies of the full draft SCP for discussion at the HOSC meeting in October and confirmed that members' comments from that meeting would be fed into the PCT Board before its final decision on 23rd October.

85. The Committee discussed the presentation. Members: -

- Wanted to see specific proposals, resourcing timetable and specific outcome measures. *Ms Creamer confirmed that these would form part of the full SCP to be discussed at the Committee's meeting in October. Mr Harris, PCT Chairman, added that not having specific measures did not mean other issues were not critical to the SCP and referred to other measures e.g. the Local Area Agreement.*
- Commented that the provision of services in West Sussex for alcohol related admissions was inadequate. *Ms Creamer responded that the Acute trusts were pleased that alcohol issues were a key measure within the SCP and would ensure that improvements were made.*
- Expressed concern that there was no mention of obesity and its impact on life expectancy and suggested that this should be a prime target addressed through joint working. *Ms Creamer advised that obesity was the key driver in the paediatric agenda.*
- Commented that men felt that they were under provided for in terms of health screening e.g. prostate cancer, and wanted to see specific measures for bowel cancer screening. *Ms Creamer advised that she would amend the SCP where initiatives were not reflected in full. She added that each of the programme initiation documents were provided at the back of the SCP.*
- Sought assurance that specific commitments to improve Child and Adolescent Mental Health Services (CAMHS) and investment in prevention would be included in the SCP. *Ms Creamer confirmed that CAMHS was a key issue and that success measures would be set around it.*
- Expressed concern that targets were national and not locally generated.
- Asked how the Fit for the Future (FFF) objectives and the reconfiguration of community and primary services fitted into the SCP. *Ms Creamer confirmed that a large part of FFF was reflected in the plan, including the North East Review. She added that the PCT was working in partnership with the Ambulance Service to address the issues in rural areas and confirmed that the FFF process was not just about A&E, maternity and paediatrics, but also about care outside of hospital.*
- Questioned whether the health outcome measures, strategic commitments and goals were linked to an investment plan. *Ms Creamer advised that the PCT was beginning to construct finances based on programme budgets e.g. unscheduled care, maternity and paediatrics, but was yet to receive the financial allocation for this year. She said the Board would need to be confident that the agenda was financially achievable otherwise the outcomes would need to be flexed or more funding sought. She advised that a set of criteria from the SCP would determine year on year through the operating plan, how the PCT would invest in key areas.*

- Asked whether the PCT Board would look at current funding streams as they were based on a criteria that was not considered fair for West Sussex. *Mr Harris confirmed that this was an issue for the Board as opposed to Executive officers and it could be considered, but he did not have great expectations of success.*
- Asked how performance would be measured. *Ms Creamer said the PCT was disappointed that it was constrained by the areas for which targets were set, but the SCP would allow members of the public to look at performance and improvements. She confirmed that there would be three to five health outcome measures for each strategic goal and advised that the World-Class Commissioning agenda essentially placed the PCT against a set of 11 competencies on a sliding scale of one to four. The PCT was working on predictive tools and recognised that it needed to improve its collection of evidence as opposed to opinion based data.*
- Asked how the district and borough councils had been involved in the development of the SCP. *Ms Creamer said the PCT wanted the practice based commissioning localities to become closely aligned with the district and borough councils. She admitted that there had not been as much involvement in the development as the PCT would have liked, although some work had been undertaken with both Adur and Arun District Councils.*
- Asked how patient satisfaction would be measured. *Ms Creamer advised that national work was currently happening on this issue and suggested that Steven Pollock, Director of Communications and Patient and Public Involvement at the PCT, could provide an update to the Committee in the future on the PCT's work around patient involvement.*
- Expressed concerns about hard to reach groups and how this would be addressed by the SCP. *Ms Creamer advised that there were a number of vehicles to reach groups who did not routinely access services.*
- Considered that provision for end of life care was inadequate. *Ms Creamer said the PCT needed to be more imaginative in how it worked with organisations e.g. Macmillan Cancer Support.*
- Raised concerns about individual budgets, in particular training for the use of assistive technology in people's homes. *Ms Creamer advised that the SHA was offering to undertake a key piece of work around the legal framework.*
- Were disappointed that mental health services were not included in the targets. *Ms Creamer responded that the PCT was sufficiently concerned that it wanted there to be a measure around mental health. She appreciated that self-directed budgets was not an obvious measure, but there was evidence to suggest this was helping.*
- Expressed concern around service gaps, in particular regarding Ambulance services in the rural areas. *Brian Hughes, Fit for the Future Programme Manager, West Sussex PCT, advised that the issue was very high on the PCT agenda and that there were plans to increase the number of first responders and to train additional Critical Care Practitioners and other ambulance staff.*

86. Resolved – That the Committee notes the presentation and that the full draft Strategic Commissioning Plan be provided to the HOSC in October.

Fit for the Future

87. The Committee considered a report by the Director of Policy and Performance and Head of Democratic Services (copy attached to the signed minutes).

88. Copies of a letter from the Secretary of State for Health to Cllr Mrs Tidy, Chairman of the East Sussex HOSC, confirming his decision to overturn the East Sussex PCTs decision regarding maternity services were circulated to the Committee, along with copies of a letter from the District Solicitor on behalf of Chichester District Council, to Capsticks (solicitors for the West Sussex PCT), regarding the District Council's decisions to claim under the Judicial Review Pre-Action Protocol (copies attached to the signed minutes).

89. Mr Chaplin asked that it be recorded in the minutes that he had not participated in the recent Chichester District Council meeting regarding the decision to apply for a judicial review of the PCT's decisions regarding Fit for the Future.

90. The Committee discussed the report. Members proposed that the Committee supported the referral by the Joint HOSC on the same grounds, but suggested that attention should be drawn to the decision by the Secretary of State regarding the East Sussex proposals as the similarities of the geography and population/birth numbers in East Sussex were highly relevant to the work in West Sussex.

91. Members also requested that costs incurred by the following organisations as part of the Fit for the Future process be sought: Strategic Health Authority, PCT, Patient Groups, District and Borough Councils, West Sussex County Council.

92. Resolved –

- (1) That the Committee notes the decision made by the Joint HOSC on 23rd July to refer the decision of the West Sussex PCT Board, regarding the 'Fit for the Future' proposals to the Secretary of State for Health.
- (2) That the Chairman writes to the Secretary of State for Health confirming the HOSC's full support of the Joint HOSC referral and making reference to the similarities between East and West Sussex, in light of his recent decision to overturn the East Sussex PCTs' decision.

Paediatric Services at Crawley Hospital

93. The Committee had before it two letters from the Surrey and Sussex Healthcare (SASH) NHS Trust which was circulated to the PCT's North East Review (NER) Stakeholder Forum. The letters outlined changes recently made to paediatric services at Crawley Hospital (copies attached to the signed minutes). The Chairman expressed disappointment that, while there may have been urgent clinical reasons for the changes, the Trust had not informed the Committee directly, as required by Department of Health Guidance.

94. The Committee agreed that a full report from the Trust should be submitted to its next meeting. It was noted that a wider review of paediatric services was currently taking place as part of the PCT's review of health services in the north east of the county and it was hoped that the review would include consideration of how to provide paediatric services as locally as possible. The Committee asked its NER Task Force to consider this issue at its next meeting.

95. Gail Wannell, Chief Executive of SASH NHS Trust, emphasised that changes had been made urgently to ensure safety due to a lack of staffing, but acknowledged that the Trust should have communicated this change to the Committee. She reported that the Trust was committed to improving

communications with the Committee and agreed to attend its next meeting to discuss the changes. Ms. Wannell confirmed that the whole service would be reviewed as part of the PCT's NER, taking into account both acute and community services.

96. Resolved –

- (1) That Surrey and Sussex Healthcare NHS Trust be asked to submit a report on recent changes to paediatric services at Crawley Hospital to the Committee in October 2008.
- (2) That the Committee's North East Review Task Force be asked to take the recent changes to paediatric services at Crawley Hospital into account in its work on paediatric services.

Surrey and Sussex Healthcare NHS Trust – Enhancing Local Transport Services

97. The Committee considered a report by the Director of Policy and Performance and Head of Democratic Services, a discussion document by the SASH NHS Trust and a written submission from Mr Smith, Leader, West Sussex County Council (copies attached to the signed minutes).

98. The report advised on the engagement process being carried out by the Trust which posed three questions to stakeholders: -

- *To what extent have local transport services for patients, relatives and friends been enhanced since 2000?*
- *Should the Trust continue the fare reimbursement scheme currently in place for patients and visitors travelling between Crawley and East Surrey Hospital on the route 100 Metrobus?*
- *How can the Trust further enhance local transport provision across its entire catchment area?*

99. Gail Wannell, Chief Executive, introduced the item and Andrew Hines, Director of Business Development, gave a presentation (copy attached to the signed minutes). Mr Hines highlighted the following points: -

- The Trust was looking at opportunities to improve and develop services by providing very acute care at East Surrey Hospital (ESH) in Redhill and localising other services as much as possible.
- The Trust was working with the PCT through the North East Review process to review service provision in the north east of the county, including opportunities to expand services at Crawley/Horsham Hospitals.
- The Trust recognised that for some patients travelling to ESH in Redhill was a problem.
- When the decision to reconfigure services from Crawley to ESH in Redhill was made in 2000 an instruction was given to the local health economy by the Parliamentary Under Secretary of State for Health to enhance local transport services for patients, relatives and friends prior to any changes being implemented other than those which may be necessary for safety reasons.

- A Travel Group involving a range of organisations was established and the Trust developed a Travel Plan, which had been recently reviewed and updated with input from patients, staff and local authorities.
- Transport services had improved since 2000 e.g. bus and train as well as provision of patient information, parking and cycling routes etc.
- The 'Link Bus' was introduced in 2001, and was one solution put in place, which connected Crawley Hospital, Crawley train station and ESH and subsequently extended to Horsham Hospital. It provided free travel to patients, visitors and staff. The contract cost £1m between 2004-07 and ended in October 2007 after a Board decision not to re-tender.
- A study undertaken by consultants MVA found that there was a low utilisation of the service – average 25% on weekdays and under 20% at weekends with only one journey above 50%. 60% of users were staff.
- Following a legal challenge in December 2007, the Trust acknowledged that it had not paid explicit regard to the ministerial instruction in reaching its decision and committed to a fresh decision in relation to patients, relatives and friends, a process of stakeholder engagement, and a bus fare reimbursement scheme was introduced.
- The eight-week engagement programme, included engagement with patient groups, MPs, local authorities, voluntary services and campaigners.
- The Trust believed that it was fully complying with its responsibility to enhance local transport services and did not consider that reintroducing the link bus was a viable option.
- Some of the reasons for this view were that free transport to work was not an entitlement for staff, public awareness was not considered a major reason for low utilisation and a number of patients were already entitled to assistance with, or free, transport.
- The Trust recognised the importance of access for its West Sussex patients and visitors and was working with the PCT to review what services were provided. Where it was necessary to travel to ESH the Trust would continue to work with other organisations to promote improved transport services.

The Chairman invited Zena Dodgson, Trade Union Facilitator for the SASH NHS Trust to provide her views on the consultation. Ms Dodgson commented that the issues under discussion affected staff and that the TUSC fully supported the 'Save our Shuttle' Campaign to reinstate the Link Bus service or similar. She was delighted that the staff issue was being dealt with separately.

100. She gave some comments on the Trust's Travel Plan, including: -

- Considered it was unreasonable to expect staff to travel on public transport at the end of a long, late shift.
- Considered that showers, lockers and changing rooms were necessary if cycling was to be promoted to staff.
- Expressed concern about the safety of staff using the Redhill Football Club car park as it was unlit at night.
- Considered that the Travel Plan is unbalanced as it is very Surrey based, particularly as half of the ESH patients are from West Sussex.
- Commented that there was nothing in the plan to provide a better environment for patients and staff.
- Considered that it was not a meaningful consultation, omitting to involve staff.
- Considered that it was an opportunity wasted.

101. Irma Stuart, Chair of the Trade Union Steward's Committee (TUSC), said she was concerned about patient access, particularly to maternity services. She added that staff had been included in the provision of the Link Bus when it was instated in 2001 and considered that services should either be reinstated at Crawley Hospital or that the Link Bus should be re-provided for staff, as well as patients and visitors, as its removal affected staff, which in turn affected patients.

102. A written submission from Mr Rossiter, Chairman, 'Save our Shuttle' (SOS) Campaign, was tabled at the meeting (copy attached to the signed minutes). Mr Rossiter objected strongly to the engagement document published by the Trust and addressed several points, including that the Trust was not engaging with the public and had failed to meet its statutory obligation in relation to the transfer of services from Crawley Hospital by removing the bus service. He said it was clear that the axing of the bus had been made purely on financial grounds and urged the HOSC to recommend that the bus service be reinstated and a service for staff provided.

103. Cllr Dr Bloom, Crawley Borough Council, confirmed that he was not a member of the SOS Campaign. He confirmed that he was speaking in his capacity as Mayor of Crawley. He commented that a return trip from Crawley to ESH could take up to three hours and that it was not generally fit and healthy people that had to make the journey. He considered that the current position was unsatisfactory and urged members to reflect this in their response to the Trust.

104. Mr Mullins asked for it to be recorded in the minutes that he was not a member of the SOS Campaign.

105. Barry King, Metrobus, advised that there were now priority bus lanes in Crawley and that there had been significant improvements to services since 2000. He confirmed that the route 100 service ran from 0415 to after midnight Monday to Friday and there was also a Saturday and Sunday service.

106. Ms Wannell advised that other patient transport services were provided by GSL, for patients who met the criteria and travel was reimbursed for people on a low income after 9.30 a.m. She advised that the Trust had worked hard to get information out to GP surgeries and that in four to five months time electronic Metrobus service information would be provided at bus stops and in the restaurant.

107. The Committee discussed the report. Members: -

- Expressed dissatisfaction at the way in which the link bus service between Crawley and East Surrey Hospital in Redhill was removed as it had been part of the package provided when services were transferred in 2000. *Ms Wannell said she believed that the Trust had taken the ministerial instruction on board.*
- Expressed dissatisfaction at the way in which the service was removed and the current access to ESH. *Ms Wannell advised that the Trust had set up a Patient Council, which had been closely engaged before the decision to withdraw the service by the Trust Board, and there was overall support for the proposal.*
- Asked what the Trust considered were the reasons for the low utilisation of the service and suggested that little had been done to publicise it to patients. *Mr Hines confirmed that the service had been in place for six to seven years and utilisation had been very low. He said the service was not convenient to those people not in the town centre and the direct service*

- from Metrobus was better. He added that older people received concessions on public transport which may negate the need for them to use the link bus.*
- Were dissatisfied that the reimbursement scheme was only advertised on the website. *Ms Wannell said she had taken the point on board.*
 - Were sceptical about the £1million costs to run the service over three years and requested a break down of the costs.
 - Commented that travelling to Redhill from the Crawley area was difficult and the Metrobus service did not cover all areas of Crawley meaning that people had to travel to the town centre before picking up the service to Redhill. *Ms Wannell advised that Outpatients clinics were predominantly on the Queen Victoria Hospital site in East Grinstead and agreed that access to the whole of the north east of the county was a major issue, which was being looked at by the PCT as part of the North East Review.*
 - Commented that car parking charges at ESH were too high.
 - Suggested that the Trust should use the expertise of the local authorities and look at how they could link in with work already being undertaken.
 - Sought assurance that the needs of Horsham residents would be included in the Trust decisions and suggested that transport should be addressed across the county.
 - Asked for details of the membership of the Patient Council. *Ms Wannell advised that there were 19 council members, including from West Sussex: three from Crawley, one from Horsham and one from East Grinstead.*
 - Suggested that the costs of the reimbursement scheme were extremely high and not an effective use of resources.
 - Considered that the decision to withdraw the link bus should be revisited, with further exploration around joint funding with local councils.
 - Suggested that the Metrobus service should be enhanced to become more accessible e.g. times and routes.
 - Considered there was need to publicise the bus timetables more widely, and not just on the Internet, as access is difficult for some people.
 - Considered that any future changes should not take place until other services were in place.
 - Sought assurance that the Trust would come up with a satisfactory conclusion through the engagement process.
 - Were concerned that the Trust's engagement on transport services should not be considered in a vacuum, and should link to the PCTs North East Review and review of transport across West Sussex (joint with the County Council).
 - Suggested that the Trust needed to address transport provision from the consumer's point of view.
 - Suggested that the Trust should consult/liaise directly with West Sussex County Council given its role in both improving and funding transport provision. There may be opportunities for the Trust to enhance transport provision through closer working with West Sussex County Council.
 - Finally, the Committee sought assurance that the Trust would reach a satisfactory conclusion through its engagement process.
108. Resolved – That officers collate the Committee's response to the engagement by the Surrey and Sussex Healthcare NHS Trust, based on members' comments made at the meeting.

New Health Centre in Crawley

109. The Committee discussed a report by Nicky Cambrook, Assistant Director - Out of Hospital Care Commissioning, West Sussex PCT (copy attached to the signed minutes). Susan Onslow, Programme Manger (Fit for the Future) for the West Sussex PCT gave a presentation to the Committee on behalf of Nicky Cambrook who was unable to attend the meeting (copy attached to the signed minutes). Mrs Onslow highlighted the following points: -

- The Department of Health Operating Plan required all PCTs to procure a Health Centre service by December 2008.
- Anyone tendering would have to demonstrate how they would work with local GPs.
- The service is planned to compliment existing GP services and not to take away existing services.
- Did not intend service to take away existing GP services.
- Crawley had been selected as the location for the Health Centre service in West Sussex based on criteria, including population characteristics, current accessibility and health need and current outcomes.
- 8am to 8pm, 365 days service improving access for heard to reach groups, ethnic minority patients, transient population and patients who found it difficult to access routine GP care in hours.
- People welcomed extended hours, weekend opening and walk-in service.
- Risks and issues: Health Centre v. existing GP practices, identification of appropriate premises, quality workforce available, duplication of services.
- Patient concerns: lack of patient notes for unregistered patients, lack of accessibility via public transport and closure of other practices.
- Project Team in place, four bidders through to invitation to tender stage.
- Next steps:
 - Deadline for tenders- 5th September;
 - Interviews - 1st October;
 - Contract awarded – Mid December;
 - Core service to commence – April 2009.

110. The Chairman invited Dr. Parker, Chief Executive, Sussex and Surrey Local Medical Committees, to address the Committee. Dr Parker provided the following views on behalf of Crawley LMC members: -

- When the GP-led Health Centre initiative was introduced it was targeted at areas with low GP provision.
- Local GPs believed the initiative should have been resisted by the PCT and consultation should have been undertaken, including whether the service would represent value for money.
- Questioned the figures for anticipated growth to 6,000 patients.
- Considered that if GP practices were destabilised by the Health Centre it would lead to disadvantages for patients.
- Believed that the service would deliver little improvement to Crawley residents with patients likely to be referred back to their GPs.
- Considered that with no access to medical notes the Health Centre could offer little more than the current Out of Hours service or a Minor Injuries Unit.
- Local GPs considered improvements were needed, but did not agree that the Health Centre was the solution.

- Considered that the extra services could have been provided by GPs, but GPs had accepted that they needed to work with the proposal.
- Advised that the PCT could commission local enhanced service schemes and said that practice based commissioning (PBC) was the key.
- Asked the Committee to note the effort that the 12 Crawley based GP practices had put into PBC, which had saved resources.

111. The Committee discussed the report. Members: -

- Questioned whether the centre would be primarily accessed by the transient population (i.e. workers in Crawley who live elsewhere) or by local residents.
- Considered that the 'one size fits all' health centre approach being implemented by the Department of Health may be appropriate for some metropolitan areas, but did not work everywhere.
- Questioned how the PCT chose Crawley as the location for this new service, and suggested that Worthing or Littlehampton may be better placed to benefit from a Health Centre service.
- Considered that the timetable was too short and did not allow sufficient time to consider the implications and that there could be problems with the recruitment of sufficient numbers of trained staff.
- Expressed concern that patient safety could be compromised with a one-off appointment system, particularly the case for unregistered patients where there would not be access to medical records.
- Considered that the relationships between GPs and patients could diminish as a result of the service.
- Were concerned that there is already confusion within Crawley as to where to go for appropriate health care (Urgent Care Centre, GP or East Surrey Hospital) – and that the health centre might add to this confusion.
- Suggested that most GP practices already provided many of the services to be offered by the Health Centre, or could be persuaded to.
- Were concerned at how the building would be designed to meet the projected rise in usage (i.e. from 800 initially, but possibly rising to 6,000).
- Suggested that any unused space within the centre should be offered to other services (particularly the third sector) e.g. for support and advocacy.

112. Brian Hughes, Fit for the Future Programme Director, West Sussex PCT, advised that concerns had been expressed regarding current access to GP services and that the Health Centre service would be run as a pilot scheme and should be seen as an opportunity to learn. He added that it would be closely monitored over the next two to three years and confirmed that starter funding had been provided. He recognised the Committee's concerns and confirmed that local GPs were fully engaged, with one consortium of local GPs tendering to provide the service.

113. Mrs Onslow agreed to feed back the Committee's concerns to Nicky Cambrook.

114. Resolved –

- (1) That the Committee notes the report and progress to date.
- (2) That the Chairman writes to the West Sussex PCT Board to express members' concerns as stated at the meeting.

- (3) That the HOSC reviews the Health Centre Service after one year of operation.

Local Involvement Networks (LINKs) Update

115. The Committee considered a report by the Director of Policy and Performance and Head of Democratic Services (copy attached to the signed minutes).

116. It was agreed that a LINK Steering Group member should be invited to attend the proposed meeting between the Host and HOSC and Adults' Services Select Committee Chairmen, Vice Chairmen and scrutiny support officers.

117. Mr Kemp, Chairman of the LINK Steering Group advised that a useful meeting had been held between himself and the Director of Operations at the Host organisation, Help and Care, in early September. He also advised that he had written to the Chief Executive of the County Council to express his disappointment that some of the funding contribution from the Department of Health for the LINK for year one had been withheld by the Council. He confirmed that he had received a response to his letter, but no reply was given regarding where the withheld money would be spent.

118. Paul McGloin, Deputy Director of Public Health, advised that the West Sussex Cabinet decision to retain the budget difference for year one was based on a pro-rata amount for the rest of the year. The funding had been withheld to cover the costs incurred by the Council, including those for the first transitional five months of this year. He added that the tender process had taken up a considerable amount of officer time from across several departments of the County Council and there was an understanding with Help and Care that they could request further funding if problems occurred.

119. Resolved – That the Committee notes the report.

South East Coast NHS Vision 'Healthier people, excellent care'

120. The Committee considered a report by the Director of Policy and Performance and Head of Democratic Services (copy attached to the signed minutes).

121. Members agreed that the comments expressed in the report should be submitted to the SHA and added that whilst the vision referred to lengthening life, there was no reference to making sure longer life was of a good quality. Members were concerned that longer life may not necessarily mean "good" life and therefore felt that the vision should be more explicit about how quality of life issues would be addressed. Members were also surprised that the consultation had been undertaken prior to the outcome of the 'Fit for the Future' process and during the August 'recess'.

122. Resolved – That officers should prepare the Committee's response to the South East Coast NHS consultation on its vision - 'Healthier people, excellent care', based on Members' comments expressed in the report and at the meeting.

A Place to Live Task Force Membership

123. The Committee noted that as Mr Griffiths was no longer a member of the HOSC he was not eligible to be a member of the Task Force. The Chairman advised that Cllr Hotton (Adur District Council) and Cllr Dr Mercer (Worthing Borough Council) had volunteered to join the Task Force. It was noted that Mr Kemp would continue as a member of the Task Force.

124. Resolved – That Cllr Hotton (Adur District Council) and Cllr Dr Mercer (Worthing Borough Council) be appointed to the A Place to Live Task Force.

Business Planning Group Report

125. The Committee had before it a report by the Business Planning Group (copy attached to the signed minutes). Members noted the report and agreed the recommendations relating to the Queen Victoria Hospital NHS Foundation Trust's consultation on its service and site redevelopment plans.

126. Resolved –

- (1) That the Committee notes the report.
- (2) That copies of the Queen Victoria Hospital NHS Foundation Trust engagement document on its service and site development plans 'Building our future, your hospital' be forwarded to HOSC members for comments to be fed back to officers to collate and submit a response on behalf of the HOSC by the 30th September deadline.
- (3) That HOSC liaison members with the QVH NHS Foundation Trust should continue to keep a watching brief on developments.
- (4) That the full Outline Business Case is presented to the HOSC in December 2008.

Date of Next Meeting

127. The next scheduled meeting of the Committee will be held at 10.00 a.m. on Monday 20th October 2008.

The meeting ended at 1.54 p.m.

Chairman