

Agenda Item No:**Report No:**

Report Title: 'Fit for the Future' – Consultation Response to East Sussex Downs and Weald Primary Care Trust

Report To: Cabinet

Date: 23 July 2007

Lead Councillor: Councillor E Collict

Ward(s) Affected: All

Report By: Director of Planning and Environmental Services

Contact Officer(s): Mark Wiltshire (Environmental Health Manager)
Ian Kedge (Head of Environment and Health)

Purpose of Report:

- 1 To report on the East Sussex Primary Care Trusts' (PCTs) proposals for the future shape of health services across East Sussex.
- 2 To note the consultation arrangements and to approve a draft response from Cabinet for the Lewes District Council, subject to any amendment following discussions at Council on 25 July 2007.

Officers' Recommendations:

Cabinet is recommended to:

- 1 note the basis of existing PCT proposals, and the consultation arrangements in place; and
 - 2 approve the response to the PCT following Members' consideration of the proposals (subject to any amendment).
 - 3 Seek a meeting with the Strategic Health Authority about the cumulative impact of the various PCTs' proposals.
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Reasons for Recommendations

To approve the Council's response to the Fit for the Future Consultation exercise being undertaken by the East Sussex Primary Care Trusts.

1. Information**Organisation of NHS services in East Sussex**

- 1.1 Lewes residents receive a number of services from a range of NHS organisations; the context of these is described in Appendix A.

Review of local services - Fit for the Future – East Sussex

- 1.2. Over the past year the East Sussex PCTs have been undertaking a review of local health services, with the intention of developing proposals for changing the configuration of services where they consider it necessary. Progress reports have been received by the East Sussex Health Overview and Scrutiny Committee (HOSC), which is part-funded by Lewes District Council to undertake a statutory scrutiny of county-wide NHS services.
- 1.3. PCT proposals have been developed in line with a Strategic Health Authority Programme “Creating an NHS Fit for the Future” (FFF), designed to ensure that health services are capable of meeting the challenges and increasing demands of the 21st Century.
- 1.4. The PCTs have confirmed to the HOSC that any plans have taken account of national policies and local needs and that the key drivers for change are:
 - i. clinical quality and safety;
 - ii. meeting patients’ needs;
 - iii. accessibility; and
 - iv. making the best use of finite resources.
- 1.5. The PCTs have identified those services where they believe change is needed and a range of options have been developed for the future structure of these services. Following a meeting of the joint boards of the East Sussex PCTs, a period of consultation is now underway.
- 1.6. It is understood that the final decision on any changes will be made jointly by the boards of the East Sussex PCTs in the autumn.

East Sussex Downs and Weald PCT (and Hastings and Rother PCT)

- 1.7. The specific proposals involve four options for the configuration of services relating to:
 - i. maternity services;
 - ii. special care baby units (SCBUs); and
 - iii. complex inpatient obstetric and gynaecological services.
- 1.8. Two of the four options involve the concentration of provision for the above services at one main hospital site (either Eastbourne District General Hospital or Hastings Conquest Hospital) rather than continuing to provide services on both sites (see table 1 below).
- 1.9. The other two options involve retaining a midwife-led birthing unit at one site, with a consultant led maternity unit, SCBU and inpatient obstetric and gynaecological services at the other site (see table 1 below).

Table 1 : Options contained in the East Sussex PCTs consultation document

Hospital	Option 1	Option 2	Option 3	Option 4
Eastbourne	Consultant-led maternity unit	No unit	Consultant-led maternity unit	Midwife-led birthing centre
Hastings	No unit	Consultant-led maternity unit	Midwife-led birthing centre	Consultant-led maternity unit
Crowborough	Midwife-led birthing centre	Midwife-led birthing centre	Midwife-led birthing centre	Midwife-led birthing centre
Gynaecology	Inpatient service Eastbourne	Inpatient service Hastings	Inpatient service Eastbourne	Inpatient service Hastings
Special Baby Care Unit	Eastbourne	Hastings	Eastbourne	Hastings

1.10. Under all of the options the following services are to be maintained:

- i. midwife led birthing unit at Crowborough;
- ii. outpatient, antenatal and community midwifery aspects of maternity care to be provided at both sites; and
- iii. outpatient, day surgery, investigative aspects of obstetric and gynaecological procedures will continue to be delivered at both sites.

1.11. All of the options represent change. Retaining the current configuration of these services is not given an option because the PCTs argue that the status quo is not sustainable.

Option 5 – Saving Lives

1.12. Local campaign groups seeking to safeguard services at both the Eastbourne DGH and Hastings Conquest Hospital have produced an alternative option to those included in the PCT consultation. This document has become known as 'Option 5' and has the support of all local MPs for inclusion as an option for consideration.

1.13. The PCT proposals confirm that any such further options and the evidence supporting them, will be evaluated against agreed criteria and fully considered. The PCT has encouraged the debate of Option 5 at their consultation meetings, but has yet to adopt the Option formally as a viable alternative.

1.14. Option 5 proposes a consultant delivered medium risk obstetric unit at each hospital, and the retention of Crowborough birthing centre, the tertiary (high risk) provision being provided at Brighton.

West Sussex PCT (and Brighton and Hove PCT)

1.15. Whilst not the subject of this formal response procedure, Members will be aware from recent media coverage that the West Sussex PCT (together with Brighton and Hove PCT) have also launched their consultation process

for changes to NHS services that they commission. These will have a direct impact upon the services used and accessed by the residents of the Lewes District. West Sussex PCT are consulting on three main options (see table 2 below).

Table 2: Options contained in the West Sussex and Brighton & Hove PCTs consultation document

Hospital		Proposed status of hospital		
		Option 1	Option 2	Option 3
Princess Royal (Haywards Heath)	DGH	Community	Local General	Community
Worthing Hospital	DGH	Major General	Local General	Local General
St Richards (Chichester)	DGH	Local General	Major General	Major General

The Consultation Process

1.16. Under section 7 of the Health and Social Care Act 2001, NHS bodies have a statutory duty to consult the relevant HOSC on any proposal to make a substantial variation or development to the provision of services.

1.17. In addition to the formal consultation with the HOSC, the Health and Social Care Act places a clear duty on NHS bodies to ensure that “persons to whom services are being provided are involved in and consulted on (i) the planning of the provision of these service; (ii) the development and consideration of proposals for changes in the way those services are provided; and (iii) decisions to be made by the body affecting the operation of those services”.

1.18. Lewes District Council is being formally consulted as part of this process
For further details of the consultation process please see Appendix B

The Lewes District Council response

1.19. In order to canvass the views of the Council two seminars have been held with representatives from the PCTs from East and West Sussex on 22 March and 9 July 2007. These discussions have informed the framing of the response to the consultation document.

1.20. The HOSC continues to meet to consider the proposals and to receive evidence to inform the HOSC response and, as a result, the Lewes District Council response will be concluded when this process has been completed.

1.21. The Council should acknowledge the difficult task that the PCTs face in attempting to provide a new framework in health care, against the backdrop of historic underfunding.

1.22. The draft lead member response on behalf of the Council to the consultation document by the East Sussex PCTs, is attached as Appendix C. This draft will be amended to take account of any changes decided either:

- by the Cabinet at this meeting;
- by the Council on 25th July;
- Updated information received from HOSC before the close of the consultation period on the 27 July 2007.

1.23. Responses to the West Sussex PCT consultation document will form the basis of further discussions and debate, and it is proposed to bring forward a draft response to this consultation for the consideration of Cabinet in October 2007.

Financial Appraisal

There are no financial implications to the Council arising from this report.

Environmental Implications

There are no environmental implications for the Council arising from this report.

Risk Assessment

We have completed the risk management checklist and as this is a consultation document, there are no direct risks associated with this report. However, the implications associated with the changes outlined in the consultation document mean that health services provided to the residents of the District may be affected.

Background Papers

Fit for the Future Consultation Document May 2007

Appendices

- A Organisation of NHS services in East Sussex
- B The consultation process
- C Draft Lead Member response to the East Sussex PCTs consultation

Appendix A

Organisation of NHS services in East Sussex

A.1. PCTs are free-standing statutory bodies that have their own budgets and employ their own staff. They provide a means of involving general practitioners and other primary care and community health staff in planning and commissioning services for patients. PCTs have three main functions:

- i. improving the health of local people;
- ii. developing primary and community health services; and
- iii. commissioning hospital and community services.

It is the duty of every PCT to achieve a financial balance.

A.2. NHS services in East Sussex were reorganised on the 1 October 2006, with services being consolidated into two PCTs:

- The Sussex Downs and Weald PCT and the Eastbourne Downs PCT were merged to form a single new East Sussex Downs and Weald PCT.
- Hastings and St Leonard's PCT was merged with Bexhill and Rother PCT to form a single new Hastings and Rother PCT.

A.3. Whilst each of the two new PCTs have their own management board, they share an executive. The proposed changes to NHS services in East Sussex are therefore being overseen by a joint board drawn from both PCTs and the proposals are subject to a single consultation.

A.4. In addition to these two bodies the East Sussex Hospitals NHS Trust provides acute (hospital) services primarily from Eastbourne DGH, the Conquest Hospital (Hastings), and the Crowborough Birthing Centre.

A.5. The Sussex Partnership NHS Trust is responsible for mental health services across the whole of Sussex.

Organisation of NHS services elsewhere in Sussex

A.6. Brighton and Hove PCT and West Sussex PCT cover the remaining areas of Sussex.

A.7. The other main provider of acute services is the Brighton and Sussex University Hospitals NHS Trust which provides services at the Royal Sussex County Hospital (Brighton), Princess Royal (Haywards Health) and the Royal Alexandra Childrens' Hospital (Brighton).

A.8. Elsewhere in West Sussex acute services are also provided by Worthing and Southlands Hospitals NHS Trust and the Royal West Sussex Trust (Chichester).

A.9. The Ambulance Services are now provided by the South East Coast Ambulance NHS Trust (covering the counties of Surrey, Sussex and Kent).

Appendix B

The Consultation Process

- B.1. Under section 7 of the Health and Social Care Act 2001, NHS bodies have a statutory duty to consult the relevant HOSC on any proposal to make a substantial variation or development to the provision of services.
- B.2. The East Sussex HOSC (where Lewes has been represented by Cllr Taylor and Cllr Lambert) decided at its meeting on the 23 March 2007 that the proposals contained in the East Sussex proposals do make a substantial variation and development to the provision of services. As a consequence the HOSC has undertaken a process to enable a scrutiny response, involving:
- evidence gathering meetings, covering sources of evidence identified by the HOSC;
 - holding meetings in different parts of the county to increase visibility;
 - working with the regional HOSC network to analyse national evidence.
- B.3. Following the production of a report by the PCT on the outcomes of the public consultation exercise the HOSC will meet again to consider this in the context of the evidence that it has received during its evidence gathering meetings to conclude the formal HOSC response to the PCTs. Whilst the timescale for this is dependant upon the production of the findings of the consultation exercise, HOSC is anticipating that this will form the basis of discussions at its meeting on the 21 September 2007.
- B.4. In addition to the formal consultation with the HOSC, the Health and Social Care Act places a clear duty on NHS bodies to ensure that “persons to whom services are being provided are involved in and consulted on (i) the planning of the provision of these services (ii) the development and consideration of proposals for changes in the way those services are provided; and (iii) decisions to be made by the body affecting the operation of those services”.
- B.5. The combined PCTs initially confirmed a 15 week timetable and process for consultation that commenced on the 26 March 2007. This period has since been extended until 27 July 2007 at the request of the HOSC, in order to take account of the local election period.
- B.6. Lewes District Council is being formally consulted as part of this process and a number of local meetings have been arranged throughout the District for Members of the public and local businesses and organisations. In addition, the PCTs have also offered to attend existing groups or forums to present the options for change and/or answer questions.

- B.7. The West Sussex PCT consultation was launched on the 26 June 2007, and the deadline for feedback on the proposals is 9am on 30 October 2007. A joint HOSC with representatives from the Counties of East Sussex, West Sussex, Surrey and Hampshire together with the City of Brighton and Hove, has been established to consider the consultation in detail and two members of the East Sussex HOSC will be representing the East Sussex local authorities on that panel.
- B.8. As part of the West Sussex Consultation a series of public meetings are planned throughout West Sussex and two sessions in East Sussex. Members may wish to note that one of the public meetings will take place in Lewes Town Hall on 13 September 2007 at 7.00pm.

Appendix C

Draft Lead Member's response to consultation by East Sussex PCTs

(This draft will be amended to take account of any changes decided by the Cabinet at this meeting or arising from the Council meeting on 25 July 2007, together with any further information received from HOSC before the submission of this response)

The Council is grateful for the opportunity to respond to the consultation document and for the help given by senior staff of the NHS in providing information.

The Council recognises that the PCTs face a difficult task in attempting to provide a new framework in health care against the backdrop of historic underfunding.

In the last few years great strides have been made in medical knowledge, and major advances have been made in surgical and drug therapy treatments, creating new possibilities in the design and delivery of services. The challenge to PCTs is to make changes to the services provided to the public that utilize this potential.

There has been considerable interest shown by the elected members of Lewes District Council in the issues raised, directly and indirectly, by the consultation. The issues have been debated and discussed at informal meetings, the Cabinet and Council.

For reasons indicated later, this response should be seen as an interim document. It is divided into four main sections: health care; consultation; access; and finally, a provisional conclusion.

Health Care issues

The consultation by the PCTs has not set out the real reasons for needing to make changes to services, or to opportunities that will be missed if change is not undertaken. In fact the consultation concentrates only on a small number of changes and the justification given in the documents gives the appearance to the public that changes are motivated mainly by a need to save money. In this situation there can be little surprise that the public only sees a loss of service and little in the way of benefit.

Despite attending public meetings, reviewing the prepared consultation documents, and asking questions of representatives from the Primary Care Trust, we remain unclear what the principal driver for change is. In the absence of any clear driver for change, it is difficult to make a comment on the acceptability, or otherwise, upon the proposals.

The public will judge current proposals against what has happened in the past, unless the PCT is able to give credible assurances to the contrary. For example, if services are to be changed, and current facilities moved, there needs to be adequate provision in the interim. The closure of All Saints in Eastbourne was not an example to follow. We are concerned that no assurances have been given that new services will be put in place prior to the reconfiguration (or cutting) of existing services.

Whilst we welcome the support of the PCT board to maintain two 'viable' district general hospitals within East Sussex, we are concerned that evidence produced within the West Sussex consultation document suggests that clinical safety and financial viability means that this will not be possible in West Sussex. This therefore appears to make a counter-argument to the position being adopted within East Sussex. The consultation document for East Sussex does make reference to the need to review night-time operating and other elements of services provided by hospitals. Despite the Chairman of the PCT giving reassurances that there will be no downgrading of other services, we are concerned that there is a risk, within the context of the decision reached from this consultation, that there will follow a domino-effect in service reduction and the eventual down grading of a hospital site.

Disappointingly the consultation document fails to make reference to, or to embrace the need for change in Primary and Community Care (including Social Services). We believe that any of the options presented in the consultation document represent a significant change in the way services are provided at the present time. We therefore believe that the PCT should publicly describe any changes in Primary and Community Care that can reasonably be expected in order to support these changes.

The document as presented with its four options, and subsequently the addition of option five, does little to address the financial position of both PCTs and provides no commitment to the provision of new services prior to the removal or reshaping of existing ones.

We understand from the meeting of 9 July 2007 that a further six options have been submitted as part of the consultation process. We are unable to comment upon these other options as the Council has not seen them.

There has been no statement from the PCT in respect of Option 5 to allow for meaningful consideration of this, or the other options put forward by others. As a result we are unable to offer any support to this proposal, although we also are unable to discount the validity of such an approach.

In the absence of information to the contrary we believe that should any option other than Option 3 be adopted by the PCTs the residents in the east of our District will witness an erosion of services.

We are concerned that the impact on services should Option 3 not be selected, will result in further demands being placed upon hospital services acquired from the Royal Sussex County Hospital. Experiences from residents already suggests that there is little capacity (both in terms of accessibility to services and in regards facilities) to deliver quality and timely accessible services for Lewes residents. Our fears in respect of this are amplified by the threats of closure of services at the Princess Royal Hospital.

The proposals contained in the consultation document will result in more services moving into the field of social care (which is means tested) away from the field of primary care, which is contrary to the principle of 'free at the point of delivery' upon which the NHS was established. This will become a barrier to services for some people, and increase stress and worry amongst others.

As a result of any change (and in the absence of Primary/Community Care proposals) we believe the community will be left to fill the gap between Primary Care and Social Care. We are therefore concerned that such change will lead to more vulnerable people failing to receive any care at all.

The reconfiguration of services would put a greater strain on social care and we would wish to seek assurances that steps will be taken to address this, recognising that it is an ESCC (Social Services) responsibility, but wishing to see a move towards more joined up thinking.

Lewes District is located at the border with West Sussex and the West Sussex/Brighton and Hove Hospitals provide, at the present time, accessible services for residents in the area. We are concerned that there is a significant risk arising from the combined decisions that can be taken by the East/West Sussex PCTs which have the potential to leave a prejudicial vacuum in services and access to services in the Lewes District.

Any changes to the accessibility of health services locally will increase travel times and this increases the time taken to access critical care. We are concerned that the estimated times used to base decisions upon within the consultation document are unrealistic and at peak times demonstrate a significant risk to achieving a positive outcome for the individual.

There is some doubt about the basis upon which population forecasts have been made and that these do not adequately reflect the future demands to be placed upon the local health economy.

Furthermore, given the health inequalities identified within the coastal parishes, the consultation document does not seek to augment or enhance local services. For example in Newhaven at the Polyclinic, or in Seaford where the population in comparison to other towns (e.g. Lewes and Bexhill)

demands more Primary Care services than are currently provided.

Consultation issues

Residents of Lewes District are served by a number of PCTs and all are undertaking consultations. It is unfortunate for the residents that these are taking place at slightly different times. For many residents it will be the cumulative effect of these various proposals that matters, more than the responses from just one PCT.

As the timing of the consultations in East Sussex do not run in parallel with those in West Sussex/Brighton & Hove, a full and fair assessment of the impact of both cannot, and has not been made. Furthermore, within the time constraints imposed by the East Sussex consultation process it will also not be possible to provide to the PCTs an assessment of impact for the residents of Lewes on the potential combined effect of changes in both PCT areas.

We also note the Option 5 document has not been evaluated and assessed in a timely way by the PCT to allow for full and proper consideration of the evidence in the consultation process.

Any proposals for change we believe should be supported by proposals to improve and enhance the supporting infra-structures. The consultation document makes no reference to such required changes – e.g. travel plans, primary care etc.

Access issues

A particular problem from the current proposal to move services is that these proposals do not take sufficient account of potential problems for patients to access services. To some extent this could be helped by having more community hospitals or Polyclinics to deal with 90% of patients, but this does not form part of the consultation. In this context it is also worth mentioning that the hospital car services was substantially reduced following a consultation a short while ago by the Ambulance Service.

We remain concerned that vulnerable people will be forced to make unacceptable choices about accessing health services and that this will further increase the health inequalities for elderly and vulnerable people. Examples of additional costs in accessing services (e.g. travel, parking etc.) and the purchasing of home care, will discourage certain population groups from benefiting from the health services in a reconfigured model.

Voluntary services already underpin a significantly under-resourced health service (for example volunteer drivers, family carers etc). We are concerned that, should any option other than Option 3 be adopted, the voluntary sector would not be able to continue to meet demand and believe there is a

significant risk that the additional burden of accessing services elsewhere will witness a reduction in community volunteering, thus isolating those people who rely upon such services further.

Rural communities are most significantly impacted by these proposals. Evidence from the Rural Communities Commission/Countryside Agency already suggests that rural communities are disadvantaged from accessing healthcare and that this is cited as the most important issue of concern to rural communities. Increasing the distance to be travelled to access services if Option 3 is not selected will increase the existing problems experienced by rural communities.

Conclusions

The Council firmly supports the principle of 'Local Care for Local People', and recognises the need to balance this against clinical safety and sustainable healthcare for the future. The consultation document does not provide a focus for local care for local people. When considering major changes to hospital services, this Council believes it should also know about the consequential changes to be made in local services such as diagnostic and nursing services, so that a balanced view can be taken upon the proposals put forward. The absence within the consultation document of proposals for Primary Care and changes to the commissioning of GP services does not allow the Council to balance the effects of the decisions to be taken with the residual services that may be left.

The decision making process has been unclear and, as a result, we are unable to meaningfully respond in a constructive way to the consultation document, but rather only comment on the elements of concern that we present on behalf of our constituents.

The Council wishes to see residents getting the best possible medical services available and is willing to support changes that help achieve this aim. However, we wish to reserve final comment on the proposals until:

- this Council has seen all the options proposed and the PCT indicates how the alternative options stand up to analysis;
- the Council has been able to evaluate the proposals from all the PCTs that have an impact upon the LDC area and particularly consider the cumulate impact of all the proposals; and
- there is an indication of how change will be accommodated during the interim period whilst proposals are implemented.