

Report by the Director of Services

'Fit for the Future' – Developing the final decision-making criteria

1.0 Summary

- 1.1 The Primary Care Trust (PCT) has submitted an initial draft list of decision making criteria for the future of health care options provision in the district and have requested Council feedback by 30 January.

2.0 Recommendation

- 2.1 Members are requested to discuss and approve the suggested amendments (listed in bold type) to the PCT's initial draft decision making criteria – Appendix 2. They are also requested to discuss the comments of Linda Phipps (Consultant) which will be reported at the meeting.

3.0 Background

- 3.1 An initial list of criteria was identified by the West Sussex PCT Board in March 2007, based on the available feedback at the time. This list has continued to be developed based on feedback received during and since the formal consultation period. It will also take into account any further themes that emerge from the independent analysis report, which the PCT will receive at the end of January.
- 3.2 Attached as Appendix 2, with suggested amendments in bold type, is the most up-to-date version of the criteria, with factors for consideration and possible supporting information.
- 3.3 The Primary Care Trust are very keen to involve as wide a range of people/organisations as possible in further defining/refining these, to ensure the most appropriate themes and evidence are used to make the final choice between health care options.
- 3.4 Linda Phipps (the consultant engaged by Adur and Worthing Councils to help with the response to the original consultation) has also been asked for her comments, which will be reported at the meeting

4.0 Proposals

- 4.1 The Council propose to submit comments on the PCT's draft list of decision making criteria by 30 January.

**Local Government Act 1972
Background Papers:**

As attached

Contact Officer:

Peter Latham
Director of Services
01273 263141
peter.latham@adur.gov.uk

Appendix 1

1.0 Council Priority

1.1 Protecting core services.

2.0 Specific Targets

2.1 Establishing the future of health care options provision in the district.

3.0 Sustainability Issues

3.1 Matters considered and no issues identified.

4.0 Equality Issues

4.1 Protecting the rights of those in need of medical care within the district.

5.0 Community Safety issues (Section 17)

5.1 Implications of lack of emergency medical care within the district.

6.0 Human Rights Issues

6.1 Access to appropriate medical care by local residents

7.0 Financial Implications

7.1 Matter considered and no issues identified

8.0 Legal Implications

8.1 Matter considered and no issues identified.

9.0 Consultations

9.1 The Primary Care Trust is consulting with all stakeholders.

10.0 Risk assessment

10.1 Matter considered and no issues identified

11.0 Health & Safety Issues

11.1 The well being of the local community by ensuring adequate medical facilities are available

12.0 Procurement Strategy

12.1 Matter considered and no issues identified

13.0 Partnership working

13.1 With all stakeholders affected by health care provision.

Appendix 2

Criterion	Some factors to consider within the criterion	Proposed supporting information
Accessibility	<p>Other agencies, e.g. Police</p> <p>Minimises increase in travel times to centralised services for the population</p> <p>Minimises increase in travel times for centralised services for particular groups or communities (includes public transport, remote communities and groups such as new mothers or the elderly)</p> <p>Contributes to reducing access times for health services (e.g. waiting lists for operations, availability of GP appointments, etc)</p> <p>Improves the local availability of services for deprived populations including car ownership</p>	<p>Travel times to centralised services for population (peak, off-peak, public transport)</p> <p>Additional travel times for remote communities, women of child-bearing age, elderly, deprived communities, children</p> <p>Frequency and level of service</p> <p>Affordability</p> <p>Waiting list and likely activity flow data</p> <p>Lack of public transport</p> <p>Proximity of public transport</p> <p>Location of deprived populations</p>
Financial sustainability	<p>Generates surpluses for all organisations in West Sussex and Brighton and Hove</p> <p>Allows health economy to repay loans and accumulated deficits</p> <p>Requires minimal capital expenditure</p> <p>Offers value for money to taxpayers</p> <p>Ensures financial risks are manageable</p> <p>Balance financial benefits against customer disbenefits</p>	<p>Surplus position by trust</p> <p>Extent of savings must be kept in proportion</p> <p>Shifts burden of transport etc from PCT to the community</p> <p>Assessment of ability to repay loans and accumulated deficits</p> <p>Total capital expenditure for each option</p> <p>Assessed by high level Net Present Value calculations</p> <p>Assessment of financial risks associated with each option</p>

Criterion	Some factors to consider within the criterion	Proposed supporting information
Deliverability	<p>Able to deliver in agreed timescales</p> <p>Least implementation risk (main risks around capital, workforce and scale of change)</p> <p>Out of area capacity</p> <p>Reduces the likelihood that more change will be required in the near future</p> <p>Maximises flexibility to adapt if assumptions (about e.g. activity flows) are incorrect</p>	<p>Implementation plans and start/end dates for implementation</p> <p>Level of capital required, length of time changes take place over, complexity of change (e.g. number of patient episodes moving)</p> <p>Capacity of out of area NHS Trusts</p> <p>Advice from CRAG, Directors of Finance and Chief Executives</p> <p>Flexibility of sites to take more/less flows. Current available resources.</p>
Workforce implications	<p>Minimises likelihood of staff having to travel further</p> <p>Makes best use of current workforce skills</p> <p>Increases likelihood that services will have required workforce in the future (includes European Working Time Directive, 'Modernising Medical Careers' framework, likely job roles, etc)</p> <p>Increases likelihood of recruiting and retaining high quality staff</p>	<p>Number of staff who will need to move/affordability Transport affordability/ accessibility</p> <p>Numbers requiring retraining</p> <p>Assessment of meeting European Working Time Directive requirements, clinical assessment on 'Modernising Medical Careers' framework CRAG and Chief Executive advice. Deanery (medical education) assessment?</p>
Health outcomes	<p>Meets likely future needs of the population</p> <p>Access to health services</p> <p>Affordability</p> <p>Improves public health and well-being</p> <p>Improves health outcomes</p> <p>Reduces inequalities in health outcomes</p>	<p>Likely future population, assessment of likely needs, assessment of impact of future changes to services</p> <p>Addressing Index of Multiple Reports on domain issues Effect of eco-growth points at Shoreham & Ford</p> <p>Health Impact Assessment</p> <p>Health outcomes assessment</p> <p>Equalities assessment</p>

Criterion	Some factors to consider within the criterion	Proposed supporting information
Clinical sustainability	<p>Increases likelihood that services will meet guidelines and best clinical standards in the future Improves clinical safety</p> <p>Retains specialist services in West Sussex</p>	<p>Measured against CRAG advice e.g. catchments, consultant cover, throughput Qualitative assessment by CRAG Health outcomes assessment Catchment population size and demographics</p>
Wider fit	<p>Supports care moving out of hospital and closer to home Economic impact</p> <p>Inward investment</p> <p>Supports closer working with partners Provides adequate cover for civil contingencies</p> <p>Staff unable to redploy</p> <p>Increases choice for the local population Supports local hospitals in achieving foundation trust status</p>	<p>Link to <i>Breath of Fresh Air</i> plans Indicated by the workforce measures?</p> <p>Consultation feedback from independent analyst Assessment from West Sussex Emergency Planning Committee</p> <p>Number of locations at which services provided Monitor Foundation Trust criteria Consultation with statutory agencies Consultation with KWASH Consultation with general public Consultation with voluntary sector Attractiveness of setting up/relocating businesses</p>
Acceptability	Reflects the views of stakeholders and the public	Consultation feedback from independent analyst

Report by the Director of Services

'Fit for the Future' – Developing the final decision-making criteria

1.0 Summary

- 1.1 The Primary Care Trust (PCT) has submitted an initial draft list of decision making criteria for the future of health care options provision in the district and have requested Council feedback by 30 January.

2.0 Recommendation

- 2.1 Members are requested to discuss and approve the suggested amendments (listed in bold type) to the PCT's initial draft decision making criteria – Appendix 2. They are also requested to discuss the comments of Linda Phipps (Consultant) which will be reported at the meeting.

3.0 Background

- 3.1 An initial list of criteria was identified by the West Sussex PCT Board in March 2007, based on the available feedback at the time. This list has continued to be developed based on feedback received during and since the formal consultation period. It will also take into account any further themes that emerge from the independent analysis report, which the PCT will receive at the end of January.
- 3.2 Attached as Appendix 2, with suggested amendments in bold type, is the most up-to-date version of the criteria, with factors for consideration and possible supporting information.
- 3.3 The Primary Care Trust are very keen to involve as wide a range of people/organisations as possible in further defining/refining these, to ensure the most appropriate themes and evidence are used to make the final choice between health care options.
- 3.4 Linda Phipps (the consultant engaged by Adur and Worthing Councils to help with the response to the original consultation) has also been asked for her comments, which will be reported at the meeting

4.0 Proposals

- 4.1 The Council propose to submit comments on the PCT's draft list of decision making criteria by 30 January.

**Local Government Act 1972
Background Papers:**

As attached

Contact Officer:

Peter Latham
Director of Services
01273 263141
peter.latham@adur.gov.uk

Appendix 1

1.0 Council Priority

1.1 Protecting core services.

2.0 Specific Targets

2.1 Establishing the future of health care options provision in the district.

3.0 Sustainability Issues

3.1 Matters considered and no issues identified.

4.0 Equality Issues

4.1 Protecting the rights of those in need of medical care within the district.

5.0 Community Safety issues (Section 17)

5.1 Implications of lack of emergency medical care within the district.

6.0 Human Rights Issues

6.1 Access to appropriate medical care by local residents

7.0 Financial Implications

7.1 Matter considered and no issues identified

8.0 Legal Implications

8.1 Matter considered and no issues identified.

9.0 Consultations

9.1 The Primary Care Trust is consulting with all stakeholders.

10.0 Risk assessment

10.1 Matter considered and no issues identified

11.0 Health & Safety Issues

11.1 The well being of the local community by ensuring adequate medical facilities are available

12.0 Procurement Strategy

12.1 Matter considered and no issues identified

13.0 Partnership working

13.1 With all stakeholders affected by health care provision.

Appendix 2

Criterion	Some factors to consider within the criterion	Proposed supporting information
Accessibility	<p>Other agencies, e.g. Police</p> <p>Minimises increase in travel times to centralised services for the population</p> <p>Minimises increase in travel times for centralised services for particular groups or communities (includes public transport, remote communities and groups such as new mothers or the elderly)</p> <p>Contributes to reducing access times for health services (e.g. waiting lists for operations, availability of GP appointments, etc)</p> <p>Improves the local availability of services for deprived populations including car ownership</p>	<p>Travel times to centralised services for population (peak, off-peak, public transport)</p> <p>Additional travel times for remote communities, women of child-bearing age, elderly, deprived communities, children</p> <p>Frequency and level of service</p> <p>Affordability</p> <p>Waiting list and likely activity flow data</p> <p>Lack of public transport</p> <p>Proximity of public transport</p> <p>Location of deprived populations</p>
Financial sustainability	<p>Generates surpluses for all organisations in West Sussex and Brighton and Hove</p> <p>Allows health economy to repay loans and accumulated deficits</p> <p>Requires minimal capital expenditure</p> <p>Offers value for money to taxpayers</p> <p>Ensures financial risks are manageable</p> <p>Balance financial benefits against customer disbenefits</p>	<p>Surplus position by trust</p> <p>Extent of savings must be kept in proportion</p> <p>Shifts burden of transport etc from PCT to the community</p> <p>Assessment of ability to repay loans and accumulated deficits</p> <p>Total capital expenditure for each option</p> <p>Assessed by high level Net Present Value calculations</p> <p>Assessment of financial risks associated with each option</p>

Criterion	Some factors to consider within the criterion	Proposed supporting information
Deliverability	<p>Able to deliver in agreed timescales</p> <p>Least implementation risk (main risks around capital, workforce and scale of change)</p> <p>Out of area capacity</p> <p>Reduces the likelihood that more change will be required in the near future</p> <p>Maximises flexibility to adapt if assumptions (about e.g. activity flows) are incorrect</p>	<p>Implementation plans and start/end dates for implementation</p> <p>Level of capital required, length of time changes take place over, complexity of change (e.g. number of patient episodes moving)</p> <p>Capacity of out of area NHS Trusts</p> <p>Advice from CRAG, Directors of Finance and Chief Executives</p> <p>Flexibility of sites to take more/less flows. Current available resources.</p>
Workforce implications	<p>Minimises likelihood of staff having to travel further</p> <p>Makes best use of current workforce skills</p> <p>Increases likelihood that services will have required workforce in the future (includes European Working Time Directive, 'Modernising Medical Careers' framework, likely job roles, etc)</p> <p>Increases likelihood of recruiting and retaining high quality staff</p>	<p>Number of staff who will need to move/affordability Transport affordability/ accessibility</p> <p>Numbers requiring retraining</p> <p>Assessment of meeting European Working Time Directive requirements, clinical assessment on 'Modernising Medical Careers' framework CRAG and Chief Executive advice. Deanery (medical education) assessment?</p>
Health outcomes	<p>Meets likely future needs of the population</p> <p>Access to health services</p> <p>Affordability</p> <p>Improves public health and well-being</p> <p>Improves health outcomes</p> <p>Reduces inequalities in health outcomes</p>	<p>Likely future population, assessment of likely needs, assessment of impact of future changes to services</p> <p>Addressing Index of Multiple Reports on domain issues Effect of eco-growth points at Shoreham & Ford</p> <p>Health Impact Assessment</p> <p>Health outcomes assessment</p> <p>Equalities assessment</p>

Criterion	Some factors to consider within the criterion	Proposed supporting information
Clinical sustainability	<p>Increases likelihood that services will meet guidelines and best clinical standards in the future Improves clinical safety</p> <p>Retains specialist services in West Sussex</p>	<p>Measured against CRAG advice e.g. catchments, consultant cover, throughput Qualitative assessment by CRAG Health outcomes assessment Catchment population size and demographics</p>
Wider fit	<p>Supports care moving out of hospital and closer to home Economic impact</p> <p>Inward investment</p> <p>Supports closer working with partners Provides adequate cover for civil contingencies</p> <p>Staff unable to redploy</p> <p>Increases choice for the local population Supports local hospitals in achieving foundation trust status</p>	<p>Link to <i>Breath of Fresh Air</i> plans Indicated by the workforce measures?</p> <p>Consultation feedback from independent analyst Assessment from West Sussex Emergency Planning Committee</p> <p>Number of locations at which services provided Monitor Foundation Trust criteria Consultation with statutory agencies Consultation with KWASH Consultation with general public Consultation with voluntary sector Attractiveness of setting up/relocating businesses</p>
Acceptability	Reflects the views of stakeholders and the public	Consultation feedback from independent analyst