



Minutes of the Remote Meeting of the Suffolk and North East Essex Joint Health Scrutiny Committee held on 11 June 2020 at 12.30pm.

Present: Essex

Councillor Anne Brown, Essex County Council
Councillor Dave Harris, Essex County Council
Councillor Andy Erskine, Essex County Council
Councillor Andy Wood, Essex County Council

Suffolk

Councillor Helen Armitage, Suffolk County Council
Councillor Stephen Burroughes, Suffolk County Council
Councillor Jessica Fleming, Suffolk County Council
Councillor Margaret Marks, West Suffolk Council

Also present:

Councillor Sarah Adams, Suffolk County Council
Councillor Sheila Handley, Ipswich Borough Council
Councillor Inga Lockington, Suffolk County Council
Cllr John Baker, Essex County Council
Jill Jones, Healthwatch Suffolk
Andy Yacoub, Chairman, Healthwatch Suffolk

Supporting officers present:

Theresa Harden, Business Manager, Democratic Services, Suffolk County Council
Peter Randall, Senior Democratic Services Officer, Essex County Council

1. Membership, Apologies and substitutions and declarations of Interest

The Committee noted apologies from Councillor Mary McLaren (Suffolk) who was substituted by Councillor Margaret Marks.

Councillor Andy Wood declared a non-pecuniary interest as a governor of EPUT.

Councillor John Baker declared an interest due to a relative employed in the healthcare sector.

Councillor Jessica Fleming declared a non-pecuniary interest as her daughter works for Ipswich Hospital.

Councillor Margaret Marks declared a non-pecuniary interest due to her involvement in community engagement for clinical commissioning in the West of Suffolk in a voluntary capacity.

2. Questions from the public

Dr Tim Brammar addressed the Committee, in his capacity as a surgeon at ESNEFT. Dr Brammar commented that he did not consider the proposals to be in the interests of Suffolk and North East Essex and the investment would replicate services already available and downgrade services in Ipswich. He highlighted concerns about travel and parking problems and considered that if Ipswich surgeons were not on the Ipswich site there would be a loss of equipment and generic skills. Mr Brammar considered that this could be avoided with investment in both sites and asked the Committee to consider these concerns.

Dr S Pryke, also a surgeon at ESNEFT, addressed the Committee. Dr Pryke asked the Committee to consider whether evidence supported the notion that larger centres delivering more procedures had better outcomes. Evidence from the USA had demonstrated that whilst larger centres do generally have better outcomes, this was not supported for orthopaedics. He went on to refer to UK evidence which demonstrated that medium sized centres performed better. Dr Pryke said that good outcomes were about learning and development over a number of years and the unit which the new centre was modelled upon actually had inferior outcomes. Also it would not provide additional theatre capacity to what was currently available and he asked the Committee to consider whether this represented good value.

3. Public Consultation: A proposal to build a new centre for elective (planned) orthopaedic surgery at Colchester Hospital

Witnesses in attendance:

Ed Garratt, Accountable Officer, Suffolk and North East Essex CCG

Nick Hulme, Chief Executive, ESNEFT

Shane Gordon, Director of Strategy & Innovation, ESNEFT

Rebecca Driver, Director of Communications, ESNEFT

Mark Bowditch, Orthopaedic Divisional Director, ESNEFT

Mark Loeffler, Clinical Director, ESNEFT

Steve Wilkinson, Independent Academic

The Chairman outlined that the Committee would consider, in line with its terms of reference, and taking into account the impact of the proposals on the local

health service in Suffolk and North East Essex, whether the consultation and decision making processes associated with the development of the proposal had been carried out in accordance with the Joint Committee's expectations and whether the Committee was content for the proposal to proceed through the NHS formal decision making process.

Councillor Sarah Adams asked whether a detailed letter sent by Ipswich Borough Council on 1 April 2020 had been responded to and also, what effect delaying the decision to proceed with the centre might have on clinical outcomes.

Nick Hulme responded that any delay would further increase waiting times.

Representatives from ESNEFT outlined that demand for orthopaedic surgery was greater than current capacity and more theatre and ward space was needed. It was noted that the hospital was proud of its surgeons across both centres. It was generally accepted that outcomes tended to improve as the frequency of procedures increases. Proposals were currently in the pipeline for new national guidance on specialist revisions and replacements which would require centres to undertake a minimum number of such procedures in order to retain the service. The new centre would potentially give ESNEFT the numbers required to keep the service locally rather than risk it going to another centre further afield. There was also a national drive to separate medical from surgical procedures and the new centre would be in line with this direction of travel.

Patient safety was a priority and there was an expectation that teams would work closely across both sites. It was anticipated that the expertise would move with the patient wherever possible. It was considered that recruitment would improve with the new unit. Nick Hulme highlighted a wish to continue work with clinicians to develop the finer details.

Councillor Adams questioned whether the lockdown as a result of coronavirus had impacted upon feedback received from the consultation. It was noted that most of the public consultation period and all of the meetings had taken place before lockdown in mid March and there was no reason to believe that feedback had been affected. Also, delaying the process would have resulted in extended waiting times for surgery, which had already built up due to coronavirus, and that each month of delay was estimated as a cost to the project of around £167m in light of indexation.

Dr Gordon highlighted that ENSEFT had been clear from the outset that following the merger of Colchester and Ipswich hospitals, services would only move between sites if specific criteria were met, ie it would improve outcomes, improve access or due to issues outside the of hospital's control – nor would any such action be taken without appropriate consultation. Dr Gordon noted that the proposal being put forward had met these tests.

Ed Garratt highlighted that, from the CCG's perspective, waiting times were currently unacceptably high and growing due to the impact of coronavirus, which would have also created a wave of pent up non-elective demand. He noted that, as the commissioner, the responsibility for consultation rested with the CCG. He considered that the process had been clear on purpose, scope to influence and outcome and that the appropriate process had been followed.

Dr Gordon shared a presentation with the Joint Committee, a copy of which can be found [here](#).

Following the presentation, Nick Hulme commented that his role was to do the best within the constraints set and, whilst acknowledging that not everyone was in agreement with the proposed way forward, he considered the proposals would be in the best interests of the population served by ESNEFT.

Councillor Fleming commented that she considered ESNEFT had engaged, both formally and informally, with the JHOSC since the inception of the project, had presented information about how options had been developed and discounted and given a clear steer as to why Colchester should go forward as the preferred option. She asked if, based on the feedback from public consultation, the panel considered they had received input from all relevant stakeholders.

Dr Gordon responded and highlighted the list of stakeholders set out within the written report.

Councillor Armitage noted she was concerned that Ipswich Hospital was obviously considered as a possible site and there was feedback in the consultation suggesting people wanted the new centre at Ipswich but this was not reflected in the consultation. She considered the consultation had been conducted "OK" but that people were not given all the information about why it was not feasible to have the centre at Ipswich, or on two sites. Councillor Armitage also asked about the impact of coronavirus on the project.

Nick Hulme responded that the feasibility of a centre at Ipswich had been looked at in great detail in the business case. It had been fully costed and independently reviewed and it was not possible to pursue this option within the financial envelope. The decision had been taken to only consult upon proposals which were feasible.

Councillor Baker noted that, in his view, consultation had been thorough and any negatives for Colchester had been set out clearly. He asked about the Northern approach route and it was confirmed work was taking place in this regard.

Councillor Burroughes noted that he had been involved in robust discussion about the proposals as they were being developed and he understood the reasoning for a single site service. He considered the scope of the project and business case to be well defined and that the consultation had been widely publicised. He asked for clarification on the purpose of the meeting to be held on 14 July.

Ed Garratt confirmed that 14 July would be the joint meeting of Clinical Commissioning Groups where a final decision would be made about whether or not to proceed with the proposals.

Councillor Erskine noted that although transport was not a problem from his personal perspective, it would potentially be an issue for elderly and rural patients to get to Colchester and asked what plans were in place to address this.

Nick Hulme responded that detailed planning on travel was taking place involving Healthwatch Suffolk. People would only need to travel for their operation and other treatment associated with the operation would be provided at the local hospital.

Ed Garratt noted that the stakeholder event had amended the wording to make reference to transport and also noted a scrutiny task and finish group had also started work to look at this.

Councillor Handley considered that the public consultation had taken place on a decision which had already been made and asked what impact the consultation had had. She went on to say that Ipswich Borough Council (IBC) had submitted some detailed points in response to the consultation and asked specifically whether there was a response to proposals made by IBC to about avoiding a sewerage pipe on the Ipswich site.

Steve Wilkinson, the independent consultant who had led on the analysis of the consultation responses, responded that the consultation had been qualitative not quantitative. It was not possible, for example, to know how many people who did agree with the proposals had not responded. Therefore, the consultation outcome was not representative in that sense. The emphasis had been placed on what was said rather than how many people had said it.

Dr Gordon responded that IBC had put forward a two site proposal as part of its consultation response. This had been costed and the outcome was published on the ESNEFT website. It came in at double the budget and was unaffordable. The issues around the sewer pipe referred to had also been examined but the IBC architects had not engaged with the hospital on this issue. Dr Gordon would ensure a formal response was provided for IBC on this matter. He noted that input to the consultation had shaped thinking around things like access to the site, parking and internal design, adaptations and specialist needs.

Councillor Harris asked if ESNEFT considered the consultation to have been effective, and what input had been gained from Trades Unions and staff.

Nick Hulme confirmed that unions and staff had been engaged in the consultation.

Councillor Lockington noted that she had attended the consultation meeting in Ipswich. She noted that the surgeons who had spoken in the public speaking session had raised concerns about outcome data and asked if the Deanery were content with training. Councillor Lockington considered it was sad that Ipswich Hospital would lose this service but understood the reasons for the proposal and asked that consideration be given to concerns of people in north Suffolk about getting to Colchester.

Nick Hulme confirmed that discussions would continue with local communities affected by the move. He noted that outcomes can be measured in many ways – time to see patient, length of stay, complications, mortality, need for revisions etc, and could also be impacted by many factors such as co-morbidity or quality of implants. He confirmed that the Deanery were fully engaged in discussions and also sat on the Clinical Senate which had approved the proposals.

Councillor Marks commented that she had shared information about the proposals with local people and they were generally positive. Lots of people were in pain and waiting for a service and this was impacting on other areas of their life. Councillor Marks raised concerns about parking. She also commented on upskilling of staff working across both sites and that she supported the concept of moving the surgeons around the patient.

Nick Hulme responded that parking at Colchester was being increased and thought was being given to reducing the need for people to travel to hospital through for example more video consultations.

Councillor Wood asked whether there was a vision for transport for people in Suffolk villages and highlighted the Park and Ride in Colchester.

Nick Hulme suggested this should be put to the task and finish group looking at travel.

Andy Yacoub, Chief Executive of Healthwatch Suffolk commented that people found change difficult, but change was a constant and the important thing was to take people with you. He asked to what extent ESNEFT considered this had happened. He asked about the extent to which the data could be relied upon when numbers were low and noted that the NHS was hamstrung in the sense that it has huge patient lists but legislation does not allow for them to be contacted for their views directly. He referred to the Equality Impact Assessment on Transport and Travel and believed that engagement on this had been curtailed in light of coronavirus. He asked that the outcomes of this EIA should be administered across both sites.

Nick Hulme agreed that he would ensure the EIA was taken forward for both sites.

The Committee concluded its questioning.

Decision:

The Chairman asked the Committee to consider, in line with its terms of reference, and taking into account the impact of the proposals on the local health service, if the consultation and decision making processes associated with the development of the proposal had been carried out in accordance with the Joint Committee's expectations and if the Joint Committee was therefore content for the proposal to proceed through the NHS formal decision making process.

The Chairman confirmed that only those councillors who were members of the Joint Committee, or substituting for a member of the Joint Committee, would have voting rights.

On a vote being taken by members of the Joint Committee, members voted unanimously in agreement that consultation had met the relevant criteria and the proposal should proceed to the next stage.

Reason for decision

The Joint Committee had examined the evidence before it concerning how consultation had been carried out on the proposed use of available Building for Better Care funds to develop a new orthopaedic elective care centre and other urgent and emergency care in East Suffolk and North-east Essex. The committee was satisfied that consultation had been adequate in terms of content and time allowed and therefore, that the proposal could proceed through the NHS decision making process.

The Joint Committee did not wish to refer the matter to the Secretary of State for Health under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

4. Urgent Business

There were no matters of urgent business.

5. Urgent Exempt Business

There were no matters of urgent exempt business

The meeting closed at 3.08 pm.

Chairman

DRAFT