



## **PUBLIC MEETING NHS COASTAL WEST SUSSEX CLINICAL COMMISSIONING GROUP**

6.00 pm Tuesday 16<sup>th</sup> November 2017  
Councillor Dr James Walsh KStJ,  
Chair of the Town Council's Policy and Finance Committee

### **Minutes**

#### **1. Welcome and Introductions**

1.1 Councillor Dr Walsh KStJ welcomed everyone to the meeting. Setting out the format for the evening, he explained that the meeting had been convened to provide members of the public with the opportunity to raise concerns regarding health service facilities in the town directly with the Clinical Commissioning Group (CCG). Referencing the long history of the NHS letting down Littlehampton which had begun with the demolition and subsequent failure to rebuild a hospital in the area, he stated that there had been many changes to primary care provision. The more recent closure of a local doctor's surgery had led to a general feeling of mistrust that the NHS could deliver the much-needed improvement to local health services that was considered necessary to support the growth in the Town. To combat these issues at a more local level, the CCG had begun developing Local Community Networks (LCNs) to deliver health and wellbeing services in a more holistic way. One such a network had been created locally and brought together health services, local authorities and voluntary sector leaders in Rustington, East Preston, Angmering and Littlehampton.

1.2 Introducing Mr Stigant, Lay Chair of the CCG, and his team Dr Walsh KStJ invited them to address the meeting.

#### **2. Update from the Coastal Commissioning Group (CCG)**

2.1 Mr Stigant began by acknowledging the serious concerns in the community regarding the state of primary health care services and spoke of a strong obligation to deliver better services for Littlehampton. Recognising that the NHS had not responded well to the changing needs of the area, he proceeded to outline how it was planned to alter the delivery of community health and care services in the future. Referring to the complexities of the NHS system, he outlined how the CCG aimed to respond to the need to improve the delivery of health

and care services in the locality by integrating working practices at a practical level using the LCN model.

**2.2** Mr Stigant proceeded to explain the roles of Mr Lowry and Dr Grant and invited Mr Lowry to address the meeting on matters relating to the local NHS estate and current work.

**2.3** Mr Lowry presented an outline of the GP practices and other health service facilities in the area. Recognising the pace of new development, he stated that although stretched, current provision had just about kept up with demand. He proceeded to set out the CCG's plans to dispose of the old hospital site in Littlehampton and establish a community service hub, including health and care services, to serve the community in the future. It was noted that the provision of public health infrastructure was driven by a national programme. It was hoped that a re-organisation of public sector sites which currently housed the local authorities, the police and fire station would free up land for development and generate capital funding for new health services in the area. NHS infrastructure was owned by NHS England and it was therefore also essential that they were supportive of any future plans. Consequently, the CCG had made a bid to the Cabinet Office to secure funding to further develop their plans for the area. Acknowledging the failure of previous schemes, he highlighted the need for all services to be engaged in this process including the local GPs.

**2.4** He then handed over to Dr Grant who preceded to explain her role as the clinical representative for the area on the CCG. Acknowledging the upheaval caused by the closure of the East Street surgery last year, she spoke of the lessons that had been learnt and how local GPs were working to address the future needs of the community. There was an urgent need for an acute care facility in the area and the local surgeries were expanding their community nursing teams to provide better care in the community. Speaking of the benefits of the proposed local community hub, it was considered advantageous to bring together a number of specialist services with the ability to tackle a range of mental and physical health problems and address other social issues.

### **3. Plenary Session**

**3.1** Alan Butcher asked for specific details on the options that the CCG were pursuing to address the shortage of GP's in the community.

**3.2** Acknowledging the need for more GPs, Dr Grant explained that the remaining practices in the area had managed to recruit more GPs and were developing working practices aimed at spreading expertise more widely. They were also expanding the number of nurse practitioners and working on directing patients to alternative providers such as pharmacists and paramedics. It was hoped that this would free up GP's time to deal with more complex conditions and that these improved working practices would attract health and care personnel to

the area. Emphasizing the commissioning role of the CCG, Mr Stigant highlighted the importance of developing new ways of working in terms of improving the level of care and attracting a high calibre of staff.

- 3.3** Expressing confidence in the appointment of Marianne Griffiths as Western Sussex Hospitals' Chief Executive, Margaret Boulton stated that concerns remained about the way in which health services in Littlehampton had been treated in recent years. Following the demolition of the local hospital, and pointing to comments by the Chief Executive of NHS England, who favoured cottage hospitals, she reported that the level of trust that the community had in the NHS had dramatically deteriorated. She therefore asked how this could be addressed and how the much-needed improvements to health services in Littlehampton would be funded.
- 3.4** Acknowledging the level of local concern, Mr Stigant assured the meeting that as Chair of the CCG, it was a priority to change the way health services were delivered in the area for the better. Referring to Dr Grant's previous comments regarding the changes to how services were being delivered, he stated that this represented a huge shift in the way in which GP's worked. He expressed confidence in the holistic approach to healthcare provision that was evolving in the localities. He also emphasised the importance of GPs working as part of the CCG and taking the lead in making the case for improved services for Littlehampton.
- 3.5** In light of the new developments at North Littlehampton, Marilyn May asked how long these residents would have to wait for a surgery. In response Mr Stigant stated that the developer funding (Section 106) received to date did not provide the necessary capital funding required to build new facilities. It was therefore essential that the CCG were fully engaged with NHS England to secure the infrastructure needed to support permanent provision in the area. In the meantime, the CCG were in dialogue with developers regarding Section 106 funding to provide temporary improvements to health and care services in Wick and the surrounding area.
- 3.6** Regarding the rapid growth of development in the Town, Margaret Saville asked how much longer residents would have to wait before they would see improvements in waiting times for appointments with their local GPs. Mr Stigant acknowledged that the new way of working needed more time to become established however he was confident that it would deliver a better service for residents in the longer term.
- 3.7** Mr Terry Ellis stated that in his view, a fundamental issue was that doctors were not attracted to the area and could not afford to live here. He suggested that more could be done to utilise the health service property portfolio and work with local authorities to deliver housing for healthcare professionals in the area. It was noted that there had been initial conversations on this subject which also linked into a wider

conversation regarding overall recruitment, training and retention of healthcare workers in the area. This would be pursued as part of the longer-term plan for the community hub service planned for the town.

- 3.8** Di Larkin questioned the capacity of the site proposed to house the community hub. In particular, she expressed concerns that the library might be lost, that parking provision would not be sufficient and that the overall access arrangements would need careful consideration.
- 3.9** In response Mr Lowry explained that if the community hub proceeded, the library would be retained and expanded. It was also noted that the CCG were bidding for funds to undertake further feasibility work relating to the community Hub proposal.
- 3.10** Speaking of the pressures on local A&E services, Ian Buckland asked what had happened to the funds that had been previously promised to re-build the hospital and asked for clarification on how the CCG planned to consult the public about service needs.
- 3.11** In response Dr Grant stated that the GPs engaged with patient groups and other organisations such as Healthwatch to gain patient views. An acute care centre was being explored for Littlehampton to help relieve pressure on the local A&Es and that local nursing expertise was being expanded to provide links with specialist care. Regarding previous promises to re-build the old hospital Mr Stigant acknowledged the failure of the NHS to fulfil this promise. Recognising the part that this had played in the general mistrust in the ability of the CCG to deliver improved services, he reiterated how the CCG planned to move on.
- 3.12** Referring to the constant changes in health and care services in recent years, Mike Northeast stated that if the Hospital was not going to be replaced, then the CCG needed to be more open about this. He also sought clarification on how much developer funding was available to deliver improvements to health services, how much had been spent and realistically how much it would cost to deliver the envisaged community hub.
- 3.13** Explaining how Section 106 contributions were calculated, Mr Lowry stated that historically there had been difficulties in tracking previous developer contributions. However, the CCG had established a monitoring system for these payments with the planning authority going forward. To date developer contributions of £270,000 had been attained and would be paid to local GPs who would determine how they would be spent. The budget for the community hub was not yet known but would become clearer when more detailed feasibility work had been completed.
- 3.14** Jo Tuck representing Healthwatch UK, explained how her organisation had worked with the community on collating a report on the provision of

health services in the area and sought reassurance regarding the CCG's plan to consult with the community on future provision.

- 3.15** Acknowledging that practice patient groups were one of many ways in which to gain patient views, Dr Grant assured the meeting that doctors would make every effort to engage with the community to get feedback. Mr Stigant assured the meeting that communication was crucial as a means of building trust with the public. Accepting that the CCG could do more to improve public engagement, he welcomed suggestions on how this might be achieved. In response to a suggestion from Mike Northeast, a proposal that the CGG consider providing information for an article for the Town Council's publication "Progress" was supported.
- 3.16** Referring to the recent development of more retirement housing in the Town, Margaret Boulton expressed concern about the extra burden that this might place on existing health and care facilities in the area. She therefore asked that any further development of this nature be carefully considered in the future.
- 4.** Bringing the meeting to a close, Dr Walsh KStJ thanked Mr Stigant, Mr Lowry and Dr Grant for attending the meeting.

The meeting closed at 7:27pm.