HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 10 March 2011

PRESENT:

Councillor Mrs Tidy (Chairman) Councillors Heaps, Howson, Pragnell, Rogers OBE (Vice-Chairman) and Taylor; Councillor Martin (Hastings Borough Council); Councillor Hough (Eastbourne Borough Council); Councillor Lambert (Lewes District Council); Councillor Davies (Rother District Council); Councillor Phillips (Wealden District Council); Ms Janet Colvert, East Sussex LINk and Mr Dave Burke (Hastings Counselling/Hastings & Rother Rainbow Alliance)

WITNESSES:

East Sussex Hospitals NHS Trust
Jamal Zaidi, Consultant Obstetrician/Divisional Director for Women and Children
Debra Young, Head of Midwifery
Darren Grayson, Chief Executive
Amanda Harrison, Director of Strategy

NHS East Sussex Downs and Weald and NHS Hastings and Rother
Dr Diana Grice, Director of Public Health
Ali Parsons, Strategy and Projects Manager
Martin Packwood, Joint Commissioning Manager for Mental Health

Sussex Partnership NHS Foundation Trust
Lorraine Reid, Chief Operating Officer

East Sussex County Council
Barbara Deacon, Policy Officer

LEAD OFFICER: Claire Lee, Scrutiny Lead Officer

1. APOLOGIES

1.1 Apologies were received from Cllr Ruth O'Keeffe and Mr Maurice Langham (East Sussex Seniors Association).

2. MINUTES

2.1 RESOLVED to confirm as a correct record the minutes of the meeting held on 18 November 2010.

3. DISCLOSURE OF INTERESTS

3.1 Cllr Pragnell declared an interest in Item 8, in that he is a Hastings Borough Councillor. He did not consider this interest to be prejudicial.

4. REPORTS

4.1 Copies of the reports dealt with in the minutes below are included in the minute book

5. MATERNITY STRATEGY

5.1 The Committee considered a report by the Director of Governance and Community Services.

5.2 Darren Grayson, Chief Executive, Jamal Zaidi, Consultant Obstetrician/Divisional Director for Women and Children, Debra Young, Head of Midwifery and Amanda Harrison, Director of Strategy from the East Sussex Hospitals NHS Trust and Ali Parsons, Strategy and Projects Manager from NHS East Sussex Downs and Weald/NHS Hastings and Rother were in attendance.

5.3 In response to an invitation to comment on public and media speculation regarding the potential closure of one of the Trust's maternity units, Mr Grayson made the following points:

- The Trust had been subject to a planned, unannounced inspection by the Care Quality Commission (CQC) in February 2011:
    - Verbal feedback following the CQC visit had raised concerns about maternity services and the Trust had provided additional information to the Commission.
    - CQC's report is expected to be published in April 2011 and the Trust had not yet received the draft report.
    - Although CQC had not yet required any immediate action be taken by the Trust, this option remained open to the Commission.
- Separately, some senior Trust clinicians had raised concerns regarding the Trust's ability to recruit and retain sufficient middle grade doctors to staff the maternity units.
- The Trust had no plan to close a maternity unit from the 1st April 2011.
- Mr Grayson had put in place a process to review and challenge the concerns raised by clinicians, including seeking external clinical advice, which would advise him on the immediate safety concerns.
- The Trust would also await the CQC inspection report.
- Any decision, should it be required, would be taken by him, as Accountable Officer for the Trust, on the basis of safety for patients.

5.4 The Trust representatives responded to questions on the following issues:

5.5 **Recruitment of middle grade doctors**
Mr Grayson explained that middle grade doctors undertake much of the day to day clinical work on the labour ward, alongside midwives. They are either doctors in training (Specialist Registrars) or directly employed clinicians known as 'Trust' or 'Specialty' doctors. He stated that 8 middle grade doctors are required on each main Trust site.

The Trust normally expects to receive four Specialist Registrars each year from the postgraduate deanery. At the October 2010 annual rotation fewer than expected were received by the Trust, creating a shortfall. In addition, Mr Grayson and Mr Zaidi described how the Trust had found it difficult to recruit appropriate Trust/Specialty doctors on long-term or permanent contracts, resulting in the use of locums. They

indicated that a locum workforce is less stable and less familiar with the department, making it more difficult for the Trust to plan.

5.6 **Training of doctors**
Mr Grayson stated that Specialist Registrars are able to choose at which hospital they prefer to train and an insufficient number had chosen Eastbourne and Hastings. The two units are placed low in the rankings given by trainees. Mr Grayson indicated that one reason for this is that the smaller size of the units limits the training available. Mr Zaidi confirmed that certain training modules cannot be offered by units with a lower number of births and that the Royal College of Obstetricians and Gynaecologists had previously advised, from a training perspective, that a single maternity unit site would be preferable. Mr Grayson highlighted that training is one important factor but it must be considered alongside other issues.

5.7 **Staff and patient needs**
When challenged as to whether the needs or preferences of staff would be placed before the needs or preferences of patients, Mr Grayson responded that it would not be possible to provide the service without the appropriate staff therefore staff needs had to be taken into account alongside other factors such as access for patients. He assured the Committee that the process he had put in place would provide external challenge to the views of the Trust's clinicians and that the Trust would look at how other Trusts with similar sized units maintain appropriate staffing.

5.8 **Networking**
When asked whether improved networking with larger hospitals could provide a more attractive training package, Mr Zaidi confirmed that trainees already rotate within the local network. However, vacancies at other Trusts had limited the effectiveness of this approach. He clarified that there is no way that linking to other hospitals would provide the required case mix for the Trust to be able to offer additional training modules.

5.9 **Midwifery staffing**
Mr Grayson acknowledged that midwifery staffing had also been an issue for the Trust in the past. He indicated that staffing levels were currently good with a small number of vacancies and therefore this did not present a safety issue. He highlighted, however, that it is a fluid situation due to issues such as normal turnover and maternity leave. Ms Young explained that the Trust's midwifery staffing is below that recommended by the most recent calculation using the Birthrate Plus model, in common with many other Trusts. However, there had been an improvement and the Trust now compared well with others.

5.10 **Alternative staffing models**
When questioned on whether the Trust had examined alternative ways to staff the units which could reduce reliance on middle grade doctors Mr Grayson indicated that the strategy agreed in East Sussex had been to maintain two units with the current staffing structure. However, he assured the Committee that comparator Trusts would be contacted. Mr Zaidi stated that it was necessary for units accepting 'all risk' patients (including Eastbourne and Hastings) to have a resident doctor on site able to undertake emergency caesarean sections. A cited requirement for a doctor to be available within 30 minutes applies to consultants. He also stated that there are vacancies in training posts at other, larger hospitals, suggesting a general shortfall in trainees, but that larger hospitals have more flexibility in arranging cover.

With regard to the use of Advanced Midwifery Practitioners, Ms Young indicated that this would not alter the number of doctors required.

Mr Grayson stated that the Trust would not discuss specific options for staffing with the CQC as their role was restricted to assessing compliance with standards. The Trust would be responsible for taking any action in response to their findings.

5.11 **Sustainability**
Mr Grayson suggested that East Sussex had failed to plan a sustainable solution to maternity services and that a strategic solution was needed as the issues to be addressed are not amenable to short-term measures. He highlighted that the Trust receives £3.1m over and above the standard cost of maternity services to support the current configuration of services. Ms Parsons added that the maternity strategy had been developed over two years and it had been hoped that the additional funding by commissioners would address the issues. However, the same issues are still apparent.

5.12 **Maternity dashboard**
A number of specific points were made in response to questions about the data set out in the maternity dashboard:

- Serious untoward incidents are unexpected events which may raise concerns about a practice or an outcome. They are recorded for transparency, to enable lessons to be learnt and to be reported to the Primary Care Trusts and the Strategic Health Authority.
- Admissions to the special care baby unit are recorded on the dashboard as actual numbers. As a proportion of births the indicator is rated green.
- A peak in births during October 2010 had led to an increased number of women being diverted within the Trust due to the Trust requiring more flexibility in order to meet the heightened demand. An analysis was being undertaken to establish whether there were any links between diverts and outcomes but no link had been identified as yet.
- Midwifery staffing ratio had received a ‘red’ dashboard rating as it was below Birthrate Plus level but the Trust ratio is good and compares well to elsewhere.

5.13 RESOLVED to request a further monitoring report in September 2011 or earlier should that become necessary.

6. EAST SUSSEX HOSPITALS NHS TRUST CLINICAL STRATEGY

6.1 The Committee considered a report by the Director of Governance and Community Services which presented an update on the East Sussex Hospitals NHS Trust clinical strategy.

6.2 Darren Grayson, Chief Executive and Amanda Harrison, Director of Strategy for the Trust introduced the Strategic Framework which formed the first part of the clinical strategy.

6.3 Dr Harrison made the following points by way of introduction:

- The Trust was now developing the second part of the strategy, the Strategic Delivery Plan, which would set out the service change and improvement required and how the Trust will deliver the outcomes set out in the Strategic Framework.

- A meeting had been held on 8th March 2011 to look at seamless services for older people – a priority area given the Trust's catchment population. This event had involved representatives from the Trust, East Sussex Community Health Services and Adult Social Care and there had been common ground between partners regarding what needs to change. There would be a focus on discharge planning.
- A report would be put to the Trust Board in April setting out proposed service change. The Trust will want to discuss this with HOSC.
- The report will set out what the Trust wants to achieve but not 'how'. The Trust will want to develop options for consultation.

6.4 The Trust representatives responded to questions including the following:

6.5 **Engagement with partners**
Dr Harrison assured the Committee that there had been good engagement with partner organisations. GP representatives attended each of the three workstream groups (planned care, emergency care and integrated care). There had been strong support from Adult Social Care, for example through joint commissioning managers, and Children's Services had also been engaged.

Dr Harrison also confirmed that the Trust was taking a pathway based approach and working with GP consortia to ensure every element of the patient pathway is covered and the Trust's contribution identified.

6.6 **Transforming Community Services**
When asked how the strategy addressed risks identified in a PCT report on the transfer of community health services to the Trust, Dr Harrison responded that although the clinical strategy is for the Trust, it recognises that there are some patient flows to other Trusts from community services. The Trust was working with neighbouring Trusts to ensure they will also be able to deliver change. Dr Harrison highlighted that many of the identified risks would be addressed by commissioners and that the Trust could not influence the referral patterns of GPs. She stressed that the focus on the strategy is to ensure the effective treatment of patients who access the Trust's services.

6.7 **Consultation**
Dr Harrison assured the Committee that the strategy was being developed in conjunction with staff and partners and that the Trust would undertake engagement and consultation as required on specific proposed service changes. She said that over 80 people had attended the recent event on older people and agreed to supply a list of attendees.

6.8 **Funding constraints**
Dr Harrison indicated that the partnership approach being taken enabled the Trust to take account of the constraints on partner organisations and ensure best use of resources. She highlighted the importance of the strategy being sustainable both clinically and financially.

6.9 RESOLVED to request an update on the Strategic Delivery Plan in June 2011.

7. IMPROVING MENTAL HEALTH SERVICES

7.1 The Committee considered a report by the Director of Governance and Community Services.

7.2 Martin Packwood, Joint Commissioning Manager for Mental Health, NHS East Sussex Downs and Weald/NHS Hastings and Rother and Lorraine Reid, Chief Operating Officer, Sussex Partnership NHS Foundation Trust were in attendance.

7.3 The Chairman of the HOSC Mental Health Task Group presented the Group's report and recommendations to the Committee.

7.4 Mr Packwood welcomed the report and recommendations and the thoroughness of the Task Group's work. Ms Reid also welcomed the report and commented that the process had added additional rigour to the change programme.

7.5 Issues covered in questions and discussion included the following:

7.6 **Improving Access to Psychological Therapies (IAPT)**
Mr Packwood updated the Committee on progress with this programme, in which East Sussex had been a first wave pilot. He stated that all Cognitive Behavioural Therapists (CBTs) and Psychological Wellbeing Practitioners (PWPs) were in post. The last tranche of CBTs would become fully qualified in April 2011 and the final tranche of PWPs in October 2011, which would complete the IAPT structure in terms of the government programme.

Mr Packwood acknowledged that there had been some issues regarding high demand which had led to increased waiting times, up to 3-6 months in some places. He outlined actions in place to address these issues including working with GPs to ensure best use of the service and asking patients to confirm their interest in the treatment once they had received further information about what is involved.

7.7 **Restructure of community mental health services**
Ms Reid clarified that a restructure of Community Mental Health Teams was to begin in April 2011. The Trust had taken a phased approach to its modernisation programme by making changes to services which directly support inpatient beds first, followed by more general services. This would also enable the Trust to minimise redundancies by enabling redeployment of staff.

7.8 **Changes to Eastbourne Department of Psychiatry**
When asked why planned improvements to the ward areas had not already begun, Ms Reid explained that improved gender separation could begin following approval of the timescale for planned bed reductions but that it was not possible to convert Heathfield ward into an integrated ward until work could begin on the other ward areas following bed closures.

7.9 **Views of psychiatrists**
Ms Reid said that she was not aware of any Trust psychiatrists who disagreed with the bed closures. Three psychiatrists had raised issues with her regarding use of bank staff in community teams. This had been part of the process of transition to enable staff redeployment and this rationale had since been discussed with the psychiatrists.

7.10 The Committee noted the content of an Eastbourne Borough Council motion and the Chairman of the Task Group indicated that he had provided the Group's draft report to the proposer.

7.11 RESOLVED by 9 votes to 1 to:
(1) support the recommendations made by the Mental Health Task Group; and
(2) request a further progress report in September 2011.

8. NHS REFORM – IMPLEMENTATION IN EAST SUSSEX

8.1 The Committee considered a report by the Director of Governance and Community Services.

8.2 Dr Diana Grice, Director of Public Health, Ali Parsons, Strategy and Projects Manager, NHS Downs and Weald/NHS Hastings and Rother, Barbara Deacon, Policy Officer, East Sussex County Council and Darren Grayson, Chief Executive of East Sussex Hospitals NHS Trust were in attendance.

8.3 Ms Parsons gave a presentation covering the transitional arrangements in place in East Sussex and the Quality, Innovation, Productivity and Prevention (QIPP) programme. The following points were made in response to questions:

8.4 **PCT Cluster arrangements**
Ms Parsons confirmed that the intention is that the Sussex Cluster arrangements will include a locality manager for each area, including East Sussex. She assured the Committee that maintaining local focus and relationships was considered essential.

8.5 **GP commissioning consortia**
Ms Parsons noted the Committee's comments with regard to the differences between the High Weald and Havens areas but emphasised that it was for GPs to decide their preferred consortia arrangements. She added that the proposed governance structure for consortia was becoming clearer and Department of Health guidance suggested that consortia would have to meet certain criteria at various stages on their route to authorisation. In relation to the Pathfinder status allocated to two consortia in East Sussex, Ms Parsons indicated that this was conferred by the Department of Health and it was not yet clear what it would mean in practice.

8.6 **Shadow consortia**
Ms Parsons explained that GPs would be elected to form a committee to lead the shadow consortia, and that GP Board members of Commissioning Consortia would be remunerated for their roles.

8.7 **Commissioning support**
Ms Parsons informed the Committee that national policy on commissioning support for GP consortia was still developing. It was anticipated that a Human Resources Framework would provide guidance on the alignment of existing commissioning staff to new structures. However, GP consortia will also be able to seek support from elsewhere such as the private sector, local authorities or enterprises formed from PCT clusters.

8.8 **Patient and public involvement**
Ms Parsons confirmed that GP consortia would be subject to existing duties in relation to patient and public involvement.

8.9 **Localism**

Mr Grayson noted that the policy direction towards increased tailoring of services to local need would inevitably lead to increased variation, something that may present challenges for the NHS and HOSC to consider.

8.10 **Provider reforms**

Mr Grayson outlined the proposed reforms to NHS providers, which the Chief Executive of the NHS had indicated would be of greater significance than commissioning reforms in the longer term:

- All Trusts to become Foundation Trusts or to have their services absorbed by another Foundation Trust. East Sussex Hospitals Trust aims to become a Foundation Trust by 2013.
- Expansion of the role of Monitor to promote competition. A recent change of policy had removed the possibility of competition on price from the Health and Social Care Bill.
- Any organisation registered with CQC will be able to provide services if GPs refer patients to them, with the aim of opening up the NHS to competition from private, voluntary and other providers – a significant change.

Mr Grayson indicated that a number of issues had been raised in response to these proposed changes including interdependence of services, viability of core services and education and training.

8.11 **Performance management of Foundation Trusts**

Mr Grayson stated that the Government intends Foundation Trusts to behave more like private companies. The Board is accountable for performance and is answerable to a Council of Governors elected by its membership. Monitor will hold the Board of Directors to account for delivery against the Trust license (covering standards, safety and finance).

8.12 Dr Grice gave a presentation on the Public Health White Paper and its implications for East Sussex. The following issues were raised in discussion:

8.13 **Health and Wellbeing Board**

Ms Deacon explained that the County Council was working with other Councils in England to assess the wide variety of models being considered for this proposed statutory board. She expected a paper with various options to be considered by the County Council's management team, then by the Cabinet and Council. Ms Deacon highlighted that certain aspects of the Board's structure and membership were set out in the Health and Social Care Bill but that there is flexibility alongside this. She confirmed the County Council's desire to engage District and Borough Councils and the wider public with the work of the Board but added that the Board needed to be a manageable size in order to function effectively.

Ms Deacon indicated that further national guidance on the role of the Boards is anticipated but it was clear that a primary role would be to ensure that local commissioning plans reflected local needs. In terms of timescale, she expected a shadow Board to be in place in East Sussex by September 2011, but emphasised that the Board would continue to evolve beyond this, particularly as some key partners, such as emerging GP consortia, may not be in a position to participate fully by September.

8.14 **Role of scrutiny**

Ms Deacon assured the Committee that it would have an opportunity to comment on the proposed structure and remit of the Health and Wellbeing Board before it is considered

by Council. The Committee noted that it would need to consider its relationship with the Board and how it would be held to account through scrutiny.

Dr Grice highlighted that further information was anticipated on the role of local authorities in relation to health protection and that this could potentially be an area requiring scrutiny.

8.15 **Tobacco control**
Dr Grice confirmed that the NHS in East Sussex works actively with the County Council's Trading Standards service in relation to tobacco control. She indicated that this was an area she would be looking to take forward, potentially through a regional approach, and it may be possible to commission more work in this area in the future.

8.16 RESOLVED to:
(1) add specific aspects of the health reform agenda to the Committee's work programme as appropriate over the coming year.
(2) write to the two pathfinder GP consortia in East Sussex to begin the process of forming a relationship with them
(3) request further information on the areas and population covered by GP consortia in the county and contact details for consortia.

9. REVIEW OF CHILDREN'S CARDIAC SURGERY IN ENGLAND

9.1 The Committee considered a report by the Director of Governance and Community Services which outlined a national consultation on changes to the provision of children's heart surgery.

9.2 RESOLVED to:
(1) agree that the proposals do not represent a 'substantial development or variation' to health services for East Sussex residents as set out in health scrutiny legislation.
(2) agree that a regional response to the consultation should be prepared by the South East Coast HOSC Chairmen Network as described in paragraph 4.4 of the report.

10. HOSC ACTIVITY UPDATE

10.1 Individual HOSC Members' activities included:

10.2 **Cllr Sylvia Tidy**

27th January – meeting of HOSC Chairmen with the South East Coast Strategic Health Authority which focused on NHS changes.

3rd February – Public Health stakeholder event in Eastbourne.

25th February – meeting with a local Care Quality Commission representative to discuss how they wish to work with scrutiny committees.

28th February – Centre for Public Scrutiny regional event which included an update on the Health Bill and workshops on the NHS constitution and the ageing society.

3rd March – Adult Social Care Scrutiny Committee which discussed NHS changes and changes to the Community Equipment Service.

Various meetings with the Chief Executives of East Sussex County Council, East Sussex Hospitals Trust, Sussex Partnership Trust and East Sussex PCTs which focused on NHS changes and current local issues.

10.3 **Ms Janet Colvert**

Ms Colvert gave an update on activities of the Local Involvement Network (LINk) which included:

- Work towards the development of Healthwatch – including participation in a scrutiny review of the LINk model and discussion with the County Council on transitional arrangements.
- Visits to residential homes to assess nutrition and hydration.
- Gathering views on people's experiences when leaving hospital.
- Meetings regarding breast screening, which had been subject to delays but had recently seen improvement. A further follow-up meeting would be held.
- Visits to Eastbourne and Conquest hospitals to observe aspects of privacy and dignity – a draft report had been submitted to the Hospitals Trust.
- Review of wheelchair service report due to be published.
- Monitoring patient and public involvement in the NHS changes.

10.4 **Cllr Barry Taylor**

- Attended a visit to the Department of Psychiatry in Eastbourne.

10.5 **Cllr Carolyn Heaps**

- Attended visits to the Department of Psychiatry and Health in Mind.
- Attended a paediatric palliative care event in Eastbourne.
- Visited the Pevensey Ward at Eastbourne Hospital and had viewed the limited facilities and space available in the day care chemotherapy unit.

10.6 **Mr Dave Burke**

- Attended the visit to the Department of Psychiatry and had been impressed with the staff commitment.
- As mental health in primary care lead for the LINk would be attending a meeting to discuss specific issues regarding community mental health services.

10.7 **Cllr Eve Martin**

- Attended two meetings of the Healthier Hastings Partnership Board.
- Attended a meeting of the South East Coast Ambulance Service Patient Opinion Group which considered issues for the service arising from increased levels of obesity.

10.8 **Cllr Diane Phillips**

- Attended a meeting of the PCT Boards which discussed the transfer of community health services where concerns had been raised about the impact on services in the north and west of the county. The business case would now go to the Strategic Health Authority for approval.

10.9 **Cllr Alex Hough**

- Attended the visit to the Department of Psychiatry.
- Attended the Centre for Public Scrutiny regional event which had included a helpful session on dignity in care.

10.10 **Cllr David Rogers**

- Attended visits to the Department of Psychiatry and Health in Mind.
- Various events and meetings in role as Chair of the Local Government Group's Community Wellbeing Board.

10.11 The Chairman thanked Cllr Eve Martin for her contribution to the Committee over many years. It was expected to be Cllr Martin's last HOSC meeting.

10.12 The Committee noted a consultation document issued by Brighton and Sussex University Hospitals NHS Trust on their proposals for becoming a Foundation Trust and agreed to forward comments to the Chairman for inclusion in a letter of response.

10.13 RESOLVED to note and update the HOSC work programme.

The Chairman declared the meeting closed at 1pm