

Health Overview and Scrutiny Committee

20th October 2008 – At a meeting of the Committee held at County Hall, Chichester.

Present: Mr Barrett-Miles (Chairman), Mrs Ball, Mr Catchpole, Mr Chaplin, Mr M. N. Hall, Mr Mullins, Mr Waight, Dr Walsh, Mr Wilkinson (WSCC); Cllr Hotton (Adur District Council); Cllr Weekes (Chichester District Council), Cllr Arthur (Horsham District Council); Cllr Mrs Landriani (Mid Sussex District Council); Cllr Mrs Maconachie (Arun District Council); Cllr Dr Bloom (Crawley Borough Council) left at 11.30 a.m.; Mr Kemp, Mrs Oliver, Miss Smith (LINK Steering Group).

Apologies for absence were received from Mr Mercer (WSCC) and Cllr Dr Mercer (Worthing Borough Council).

Declarations of Interest

128. In accordance with the code of conduct, members declared the following personal interests:

- Mr Catchpole's wife is an employee of West Sussex PCT.
- Mr Hall as a member of Support St Richard's Hospital Campaign (Acute Trust Merger and Implications for Fit for the Future).
- Dr Walsh as a self-employed part-time GP in West Sussex.
- Mr Wilkinson's wife is a secretary in a GP practice and his daughter is a nurse practitioner in a GP practice.
- Cllr Mrs Landriani as an employee of Care UK (Acute Trust Merger and Implications for Fit for the Future).
- Cllr Dr Bloom as a GP in Crawley, a member of the Royal College of General Practitioners and his wife is an employee of the West Sussex PCT.
- Cllr Hotton as a member of the Keep Worthing and Southlands Hospitals Campaign.

Minutes

129. Resolved – That subject to Cllr Mrs Landriani's attendance being amended to reflect her full membership of the Committee, the minutes of the meeting held on 8th September 2008 be approved as a correct record and that they be signed by the Chairman.

Urgent Matters

130. The Chairman advised that a meeting was being held that morning between the Cabinet Member for Public Protection, the Coroner and representatives from the Surrey and Sussex Healthcare (SASH) NHS Trust, to discuss mortuary services at Crawley Hospital. He confirmed that he and the HOSC liaison members for the SASH NHS Trust would be provided with a debrief following the meeting.

Paediatric Services at Crawley Hospital

131. The Committee considered a report by the SASH NHS Trust (the Trust) (copy attached to the signed minutes). Dr Catherine Greenaway, Medical Director, SASH NHS Trust, introduced the report, which advised on interim changes to paediatric

care at Crawley Hospital (CH). She advised that the decision to provide paediatric surgery at East Surrey Hospital (ESH) in Redhill was a temporary measure due to difficulties in recruiting middle grade medical staff. The decision allowed the Trust to provide a safe and sustainable service pending a full review of paediatric services across the area that would feed into the North East Review chaired by Sir Graeme Catto. In addition, the West Sussex PCT provided an information paper, introduced by Brian Hughes, Director, West Sussex PCT, which advised on the work of the Children's Services Working Group (CSWG) in the North East of West Sussex.

132. The Committee discussed the report and members made comments including those that follow. Members: -

- Expressed disappointment that the SASH NHS Trust had not notified the HOSC of the change to service provision in line with legislative requirements.
- Were concerned that the public would perceive the change as another permanent loss of service from Crawley, and sought assurance that it was a temporary arrangement. *Dr Greenaway said the intention was to provide best quality, safe and effective services for Children. The services on Jumbo Ward may change in the longer term, but provision of paediatric services would continue at CH. The North East Review (NER) would help to shape what services would look like.*
- Questioned why staff could not have moved to CH to provide the service there. *Dr Greenaway advised that the majority of children were already seen at ESH as the acute inpatient service was based there. For this reason it was not possible to transfer staff to CH.*
- Considered there was an opportunity, through the wider paediatric review, to look at the sustainability of providing a wide range of other services elsewhere. *Dr Greenaway confirmed the review would cover services provided at the Urgent Treatment Centre (UTC), GP practices and by Child and Adolescent Mental Health Services (CAMHS) and was an attempt to tie these together.*
- Considered the key was providing extra care urgently and suggested the UTC service should be extended to employ paediatric nurses.
- Asked what recruitment plans were in place and the estimated timescale for services to return to CH. *Dr Greenaway said the Trust was undertaking some good recruitment work, however there was a national shortage of junior and middle grade paediatric doctors and the European Working Time Directive also impacted. John Wilderspin, Chief Executive, West Sussex PCT, said that trying to replicate the service previously provided was not necessarily the best solution for the provision of services in Crawley. He said the big challenge was to ensure a good paediatric service for the whole county and there were a number of opportunities, which Dr Sheila Shribman, national Children's Tsar, was working on with the PCT.*
- Asked whether the number of children having to travel to ESH for day surgery had impacted on overnight stays. *Dr Greenaway advised that the change had not impacted and that children were still treated as day cases.*
- Asked whether an assessment had been undertaken to ascertain whether the children seen on the Jumbo Ward at CH could have been seen by a GP or other primary care service. *Dr Greenaway advised that with good provision in the UTC it would be possible for a number of children to be seen there.*
- Asked whether the Trust had considered employing GPs with Special Interests, retired GPs or doctors directly from the EU. *Dr Greenaway said it was important to get the model right first and present this to the NER Panel.*

With regard to recruiting directly from overseas she said that most of these doctors needed to work at a junior grade initially to ensure they had a thorough understanding of the NHS. They were usually unable to work autonomously in a middle grade position.

- Asked for clarity on the process for the wider review of paediatric services and who would be responsible for the implementation. *Dr Greenaway said implementation would be the joint responsibility of the PCT and the Trust. Mr Hughes advised that the CSWG would be presenting to the NER Panel on 11th November and 3rd December. He said it would become clearer in about a month's time as to whether the NER and CSWG could report simultaneously. To avoid limiting the work of the CSWG the timetable may be extended. He confirmed that co-design events and focus groups would be held over the next five weeks and details would be provided to HOSC officers.*
133. The Chairman summarised the discussion, highlighting a few points. He said it was generally considered that a pragmatic approach had been taken by the PCT and Trust, and there was now an opportunity to look at paediatric services in depth. He emphasised that it was very important that stakeholders, especially those in Crawley, were kept informed and suggested that more communication and involvement would be helpful. He added that the HOSC would want to scrutinise any future service changes in depth.
134. Resolved – That the Committee notes the report and emphasises the need for the Surrey and Sussex Healthcare NHS Trust to consult the HOSC at an early stage on any future service changes in line with legislative requirements.

Psychiatric Intensive Care & Low Secure Services in West Sussex

135. The Committee considered a report by the Sussex Partnership NHS Foundation Trust and a report by the West Sussex Mental Health Commissioning Team (copies attached to the signed minutes).

136. Sue Morris, Executive Director (West Sussex), Sussex Partnership NHS Foundation Trust (SPT), introduced the report. She advised that planning for the Langley Green Hospital in Crawley had commenced five years ago and over the years the changes had taken place in the development of mental health services such as the introduction of crisis resolution services. This had resulted in changing requirements for Psychiatric Intensive Care Services (PICS). The new provision at Langley Green Hospital in Crawley enabled the centralisation of a very skilled resource and a high quality service to be maintained. It also enabled the development of a female only PICU facility. The changes resulting from the closure of the Neptune beds in Chichester affected a small number of patients, who would return to their local acute ward following treatment. The changes meant an increase in the provision of low secure beds in the county. With regard to SPT had not met HOSC requirements. She advised that she had spoken to a representative of CAPITAL who said they would have benefited from formal documentation and that there were still some concerns from those who would have to travel to Crawley. Mrs Morris confirmed that SPT would work closely with the HOSC on the detailed plans for Older People's Mental Health Services.

137. Dominic Ellett, Assistant Director, West Sussex Mental Health Commissioning Team, introduced the report. He advised that the PCT had expressed regret to SPT consultation had not taken place early in the process. He confirmed, however, that the PCT supported the closure of the PICU beds. The PCT understood the travel issues affecting patients, relatives and carers, but saw an opportunity for improvements in mental health services as a consequence of the disinvestment in inpatient services. He recommended a three-month review by the PCT of mental health provision in the Chichester area and suggested that a report could be provided to the HOSC Business Planning Group in February. The review would aim to release as much investment as possible and Mr Ellett said he believed it would lead to an equitable and satisfactory conclusion.

138. The Committee discussed the reports and members made comments including those that follow. Members: -

- Were disappointed that SPT had not fulfilled its legal requirement to formally consult the HOSC in advance.
- Asked how carers had been consulted. *Mr Rosser advised that there were some practical difficulties in identifying carers. He said SPT recognised it was an important area and was working with the Carers Liaison Team and additional funding had been invested.*
- Congratulated SPT on the new Langley Green Hospital in Crawley and welcomed the introduction of single sex wards.
- Suggested that access issues should be looked at by SPT and the PCT and that some money should be reinvested to assist with travel arrangements.
- Asked how much money would be reinvested and where it would be targeted. *Mr Ellett said he would need to discuss with SPT how much money could be reinvested. He advised that there were some gaps in service, including CAMHS and crisis accommodation.*
- Asked about perinatal provision. *Mr Rosser confirmed that pilots were taking place in the obstetric departments at CH and Princess Royal Hospital in Haywards Heath, but that SPT did not currently provide mother and baby units.*
- Were disappointed that all HOSC members had not been invited to the opening of Langley Green Hospital and asked for a visit to be arranged.
- Requested feedback following the inquiry into the recent attack in Littlehampton.

139. Resolved –

- (1) That the Committee supports the proposed change to Psychiatric Intensive Care Services as outlined in the report.
- (2) That the Sussex Partnership NHS Foundation Trust consults the HOSC at an early stage on any proposals for service change, including its plans for Older People's Mental Health Services.
- (3) That a visit to Langley Green Hospital is arranged for HOSC members.
- (4) That feedback following the inquiry into the recent attack in Littlehampton is requested from the Sussex Partnership NHS Foundation Trust. *(Note: The Sussex Partnership NHS Foundation Trust has confirmed that the Serious Untoward Incident report will be*

a confidential report. However, a meeting has been arranged of all partner agencies in the Arun area, to consider the joint working surrounding this incident and will aim to build on what has to date been effective partnerships. This meeting will not address specific clinical information and SPT will endeavour to share the outcome of the meeting with the HOSC.)

Acute Trust Merger - Worthing and Southlands Hospitals NHS Trust and Royal West Sussex NHS Trust and Implications for 'Fit for the Future'

140. The Chairman updated the Committee on the position of the referral to the Secretary of State for Health by the Joint HOSC on Fit for the Future (FFF). He advised that the Secretary of State had written to the Independent Reconfiguration Panel (IRP) to ask them not to undertake a full review for the time being. He confirmed that if the proposals went ahead and a new trust was formed, it would be for the PCT and new Trust to review the proposals and present any changes to the original decision to the Joint HOSC for consideration. It is anticipated that the IRP will carry out its review if the 'FFF' decisions are unchanged. If the plans change the Joint HOSC will need to consider whether the new proposals are in the best interest of the local health service and whether or not a new referral would be appropriate.

141. The Committee considered a briefing paper by the Worthing and Southlands Hospitals (WASH) NHS Trust and Royal West Sussex (RWS) NHS Trust (copy attached to the minutes). Andrew Liles, Chief Executive, RWS NHS Trust, and Stephen Cass, Chief Executive, WASH NHS Trust were in attendance. They announced that the Trusts were launching a six-week engagement on the proposed merger, to run from 20th October to 28th November. Copies of the engagement document were circulated to members (copy attached to the signed minutes).

142. Mr Liles gave a presentation to the Committee (copy attached to the signed minutes). Key points included: -

- The merger was a structural reorganisation and not a service change.
- A clinical strategy would be developed to meet the needs of local people.
- The merger provided the best opportunity to achieve Foundation Trust (FT) status by 2010. This would mean more accountability to local people, building on strong staff engagement and public participation, greater financial freedom and ability to invest in new services.
- The Trusts both risk take over by a larger trust if FT status is not achieved. Currently RWS NHS Trust has a level of debt and poor liquidity, therefore making it difficult to achieve FT status as a single trust within the timescale.
- Meetings involving over 80 clinicians from both trusts have been held over the last few months to identify the potential benefits of merging.
- The drivers for change still apply, but the Trusts are not just concentrating on 'FFF' services.
- Benefits to patients: ability to meet changing needs, respond to changing models of care, Larger clinical teams could support sub-specialisation.
- 15 clinical work streams – most progress so far on acute surgery, which could potentially be sustained on both sites.
- Pre-consultation with staff - minimal disruption to majority of staff, more career development opportunities and development of local skills with integration over time.

- Formal stakeholder events and community information events scheduled (details in engagement document).
- Decision on merger by Trust Boards to be taken on 19th December 2008.
- Aim to establish new merged organisation by 1st April 2009.

143. The Committee considered a report by the West Sussex PCT on the implications of the Trust merger on 'FFF' (copy attached to the signed minutes). Mr Wilderspin, Chief Executive West Sussex PCT, introduced the report. He said the merger proposal was a substantial and significant development and that the PCT was right to suspend the 'FFF' decisions. He said there were advantages for local people if the Trusts were to merge and thanked Mike Rymer, Medical Director, WASH NHS Trust, for the huge amount of work undertaken.

144. The Committee discussed the reports and presentation and members made comments including those that follow. Members: -

- Commented that there was still uncertainty about the 'FFF' decisions and suggested that if the trust merger was agreed in December it would effectively mean the end of the 'FFF' process. *Mr Wilderspin confirmed that the PCT Board had not agreed an end to 'FFF', but had agreed that until such time as the merged trust was in place the 'FFF' decisions were suspended. He said that the drivers behind 'FFF' still remained regarding centralisation and sustainability of a small, but significant number of services. He said the merger presented an opportunity to re-look at solutions.*
- Agreed that FT status seemed to be the way forward, but suggested it brought with it an urgent lesson that change should be 'bottom-up' and patient-led as opposed to 'top-down'.
- Accepted that it would not be possible to provide all services on every site e.g. vascular surgery.
- Welcomed the merger proposals based on the information provided so far, but suggested that the HOSC would require more detail when available.
- Hoped the merger would allow some services would be repatriated.
- Sought assurance that the merger meant the downgrading of services at St Richard's Hospital in Chichester was less likely.
- Sought clarity on the future of services at each site, particularly if one hospital became more dominant. *Mr Liles advised that the purpose of the merger was not to look at the services affected by the 'FFF' decisions, but said that full A&E could be sustained on both sites, although Mr. Cass pointed out that any decision on services would be subject to further discussion with the PCT. He said there was more work to do on obstetrics and paediatrics, but it was not clear if it would be possible to retain full services on both sites. He advised that the Trusts were also actively looking at whether interventional radiology services could be provided otherwise this service would be lost to Brighton.*
- Asked how the merger would affect the trusts financially. *Mr Cass advised that there would be more clarity around savings in the full business case to be presented to the Trust Boards in December, however it was expected that savings of approximately £500k per year would be achieved. Although there would be one Chair there would be double management for the first two years.*
- Sought assurance that the internationally recognised vascular service at St Richard's Hospital would continue to be supported. *Mr Liles confirmed that if the Trusts were able to demonstrate the retention of acute surgery it was*

possible to keep vascular surgery at St Richard's and by joining forces they would have a catchment population of 750k. He advised that under 'FFF' the service would have been relocated to Portsmouth.

- *Asked about the future of Southlands Hospital in Shoreham. Mr Cass advised that the Improving Hospital Services programme had not been delivered in its entirety because of capital building regulations. He confirmed that there would not be major acute inpatient beds at the Hospital in future, but it would have day surgery, diagnostic services and a greater primary care presence.*
- *Asked the PCT to consider abandoning the 'FFF' proposals after the Trust Board decisions in December. Mr Wilderspin said there was a need to develop services across Sussex and neighbouring counties as a whole and this was a challenging, logistical exercise to think through. He confirmed that finance had been a large driver at the beginning of 'FFF' and there was a need now to look at other factors, including the proposed merger. He said it should be recognised that in other parts of the county retaining acute services was not possible and the PCT's role was to tick all boxes. He said no particular discussions had taken place regarding maternity and paediatrics. He did not want to pre-empt any decisions and confirmed that he didn't know if the 'FFF' decisions would change as a result of the merger. He appreciated that people wanted an answer now but said that due diligence needed to be given by the PCT.*
- *Asked about continuity of leadership. Mr Liles confirmed that 99.9% of staff would move with the new organisation. At Board level a new Chair and Chief Executive would be appointed in late March/early April 2009. One member of each Board would also continue with the new trust.*
- *Questioned why emergency surgery and cardiology services, for example, needed to be tied up with 'FFF' if it was possible to find a solution to the provision of these services. Mr Liles said the Trusts were planning on the basis that the decision to merge would be taken. Mr Cass added that there was a need to engage before any changes could be made. He said there was also a need to ensure that the Trusts worked in tandem with the PCT as the commissioner of services. Mr Wilderspin said the PCT had to take the role of a strategic planning authority and a provider-led approach was not necessarily the best way. He advised that the PCT was working with the National Centre for Involvement to look at how to involve service users.*
- *Expressed concern around the short timetable for the merger and suggested that careful consideration should be given to this prior to the decision.*
- *Asked about the identified risks. Mr Cass said that finances had been looked at both historically and in the future. The risks were that future income flows which would be affected by the national tariff. The Trust's had worked on an assumption of zero growth. He said a range of scenarios had been considered and the full business case would not be approved by the Board if they could not demonstrate that all scenarios had been considered.*
- *Questioned how cardiology services, for example, could be provided across two hospitals. Mr Liles confirmed that the proposal was not to provide a 24/7 service at St Richard's Hospital, but a daytime elective service. 24/7 cover would be provided in Brighton on a rota basis.*

145. The Chairman commented that there appeared to be a general consensus amongst members that the proposals were welcomed. He asked members to submit any further comments to officers by 14th November for inclusion in the HOSC's formal response to the engagement process.

146. Resolved –

- (1) That the Committee welcomes the proposed merger between the Royal West Sussex NHS Trust and Worthing and Southlands Hospitals NHS Trust.
- (2) That members provide any further comments to HOSC officers by 14th November for inclusion in the HOSC's response to the Trusts.

Strategic Commissioning Plan 2009–2014

147. The Committee considered an updated version of the PCT's Strategic Commissioning Plan (SCP) for 2009-2014 and a summary document (copies attached to the signed minutes).

148. Sarah Creamer, Director of Strategy, West Sussex PCT, advised that the SCP needed to be amended in light of comments received from the PCT Board at its meeting on 25th September and confirmed that the final document would be approved by the Board in February. She said the PCT recognised the need to work with stakeholders in more depth and the Committee's comments made on 8th September had been taken on board. She suggested that as the timescale for approval had been extended the Committee may wish to consider setting up Task Force to look at the SCP in more detail to feed in to the February Board meeting.

149. The Committee discussed the document. Members asked whether there was a relationship between the Director of Public Health Annual Report and the SCP. Ms Creamer confirmed that the Director of Public Health Annual Report was fundamental to the development of the SCP and that the PCT was completely committed to focussing on health and wellbeing.

150. The Committee agreed that a Task Force should be established which would report to the Committee in January for a final response to be submitted to the PCT prior to its Board meeting in February. It was agreed that members should submit their comments on the SCP to the Task Force.

151. Neil Ferrelly, Finance Director, West Sussex PCT, gave a presentation on the financial aspects of the Strategic Commissioning Plan (copy attached to the signed minutes). Key points from the presentation included: -

- 2009/10 financial allocation not yet notified, but had assumed an 18% increase (£200m) between 09/10 to 12/13. - 5.5% in 09/10 and 10/11 and 3% in 11/12 and 12/13.
- Payment by Results (PbR) tariff not yet published, but had assumed a 2.8% increase in 09/10 and 10/11 and 0% in 11/12 and 12/13.
- Financial allocation and PbR tariff expected to be published in October with financial plan to be taken to PCT Board for approval in November.
- Acute services - £417m in 2008/09 to £479m in 2012/13.
- Holding 1% contingency and increasing (£725k each year) surplus year on year to £2.9m in 2012/13.
- Largest increases were in prescribing costs and inflation in redeployment of services outside the county.
- Specific investment: -

- Acute: Demand management £24.9m / 18 week completion £3.8m and high drug costs£3.2m.
- Specialist: 8.53% growth
- Ambulance: £2.5m
- Community: Crawley Health Centre - £750k; East Arun Hospital - £2.3m; Urgent Care/Night Sitting service - £612k; Demand re-provision - £14.9m
- Partnerships for Older People's Projects - £1.7m.

152. The Committee discussed the presentation and made comments including those that follow. Members: -

- Asked whether extra money would be invested in health education and whether sufficient resources were available for the SCP. *Ms Creamer said there was a distinction between the SCP and the Annual Operating Plan. Some plans would need to be subject to business cases and exact costs would be worked out over time.*
- Urged the PCT to look at the national problem of high prescribing costs.
- Considered that the community services investment was not matched up with the plans set out in 'A Breath of Fresh Air' and 'FFF'.
- Sought assurance that an update on the East Arun Community Hospital would be provided to the Committee in December. *Ms Creamer advised that the logistics of securing the capital were commercially sensitive and made a commitment to provide a report in December.*

153. Resolved –

- (1) That the Committee agrees to establish a Task Force to consider the Strategic Commissioning Plan to report to the HOSC in January for a final response to be submitted to the PCT prior to its Board meeting in February. The following members are appointed to the Task Force: Dr Walsh (Chairman), Mr Chaplin, Cllr Dr Bloom and Cllr Hotton. *(Note: Cllr Dr Bloom has subsequently decided to step down from the Task Force due to other commitments which have affected his ability to attend Task Force meetings).*
- (2) That a report on the Arun Community Hospital is provided to the HOSC, by the West Sussex PCT, in December

Business Planning Group Report

154. The Committee had before it a report by the Business Planning Group (copy attached to the signed minutes). The Group had discussed the following issues: -

- North East Review Task Force Update
- Meeting with Practice-Based Commissioning GP Leads
- South East Coast Ambulance Service NHS Trust Stakeholder Event
- Joint Strategic Needs Assessment - Rural Symposia - 19th September
- Healthcare Commission Study Visit - 6th October
- HOSC Work Programme 2008/9

155. Resolved – That the Committee notes the report.

Information Items

156. The Committee considered reports and letters on the following issues: -

- **Options for Change** – A new direction for community services (copy attached to the signed minutes).
- **Improving Hospital Services** – Worthing and Southlands Hospitals NHS Trust Progress (copy attached to the signed minutes).
- **Enhancing Local Transport Services to Surrey and Sussex Healthcare NHS Trust** - Letters from the HOSC Chairman to the Surrey and Sussex Healthcare NHS Trust (copies attached to the signed minutes).
- **New Health Centre at Crawley** - Letter from the HOSC Chairman to the Chairman of the West Sussex PCT (copy attached to the signed minutes).

157. Resolved – That the above items are noted.

Date of Next Meeting

158. The next scheduled meeting of the Committee will be held at 10.00 a.m. on Monday 1st December 2008.

The meeting ended at 1.12 p.m.

Chairman