

## Health Overview and Scrutiny Committee

8<sup>th</sup> October 2009 – At a meeting of the Committee held at 10.30 a.m. at County Hall, Chichester.

Present: Mrs Field (Chairman), Mrs Bennett, Dr Bloom, Mr Coleman, Mrs Mills, Mr A.R.H Smith, Mrs Waight, Dr Walsh, Mrs Whitehead (WSCC); Cllr Hotton (Adur District Council), Cllr Weekes (Chichester District Council), Cllr Dr Skipp (Horsham District Council), Cllr Mrs Landriani (Mid Sussex District Council), Cllr Ms Bradley (Worthing Borough Council), Mr Davies, Dr King and Miss Smith (LINK).

Apologies for absence were received from: Mrs Knight (WSCC), Cllr Mrs Smea (Arun District Council) and Cllr Gilroy (Crawley Borough Council),

### Declarations of Interest

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

- Dr Bloom as a part time salaried GP in Crawley. His wife is also an employee of NHS West Sussex (formerly West Sussex PCT).
- Cllr Mrs Landriani as an employee of Care UK (Item 4)
- Mr Davies as a member of the Maternity Patient Reference Panel established by West Sussex PCT as part of its review of commissioning intentions.
- Dr King as a member of the Western Sussex Hospitals NHS Trust Patient and Public Involvement Group on the development of its clinical strategy (see bullet 72.)

### Minutes

58. Resolved – That the minutes of the meeting held on 10th September 2009 be approved as a correct record and that they be signed by the Chairman.

### Chairman's Introduction

#### Foundation Trusts

59. The Chairman referred to concerns previously raised by the Committee, regarding NHS Foundation Trust (FT) Board meetings being held in private. The Queen Victoria Hospital and Sussex Partnership NHS Foundation Trusts had so far rejected calls to hold their board meetings in public. The Chairman advised that she intended to talk to the Leader of the Council on the Committee's behalf to ask if the County Council-appointed Governors could pursue this issue with both Trusts. It was noted that the South East Coast Regional HOSC Chairmen had written to the Secretary of State for Health expressing concerns and it was agreed that this letter would be forwarded to all HOSC members for information.

#### Tender Process for Medical Cover at Community Hospitals

60. The Chairman reminded the Committee that, following discussions at its meeting in July, and then with the Business Planning Group in August, it was agreed that an update on the tender process for medical cover at community hospitals in West Sussex would be brought to this meeting. She advised, however,

that West Sussex Health/South Downs Health NHS Trust had announced that it was not going forward with the tender process at this stage, and therefore that there was no need for the issue to be discussed by the Committee at this stage. She confirmed that the Business Planning Group would continue to monitor the issue and would keep HOSC members informed.

### **Fit for the Future / Review of Commissioning Intentions (Maternity, Inpatient Paediatrics & Emergency Surgery)**

61. The Committee noted a letter from the Chief Executive, NHS West Sussex (formerly West Sussex PCT), to Joint HOSC Members, on the timetable for the review of its Fit for the Future (FFF) decisions/ Review of Commissioning Intentions (maternity, inpatient paediatrics and emergency surgery) (copy attached to the signed minutes).

62. The Chairman reminded members that the West Sussex HOSC had delegated its power of scrutiny of FFF to the Joint Health Overview and Scrutiny Committee (Joint HOSC) and that the item was therefore an update for members and an opportunity to raise issues to forward to the Joint HOSC for further consideration. It was noted that the Joint HOSC would be reconvened following any decisions by the NHS West Sussex Board to lift the suspension of its original Fit for the Future decisions.

63. Brian Hughes, Assistant Chief Executive, NHS West Sussex, updated the Committee on the process and timetable for the review of commissioning intentions. He confirmed that NHS West Sussex was currently reviewing the formal responses from the acute trusts to the agreed commissioning intentions and would apply the eight FFF criteria (e.g. affordability, clinical sustainability) to the responses and wanted to ensure that the services were right for the people of West Sussex. He advised that the aim was to complete this process by 5<sup>th</sup> November, when a NHS West Sussex/Western Sussex Hospitals NHS Trust Board to Board meeting was planned.

64. Mr Hughes said he understood, through discussions with officers, that a meeting of the Joint HOSC was likely to be convened in mid November to review the process to date. The key NHS West Sussex Board meeting, at which a decision on the original FFF decisions would be made, was scheduled for 26<sup>th</sup> November. A Joint HOSC meeting was tentatively scheduled for 2<sup>nd</sup> December to review the decision and the Committee's referral to the Secretary of State. Depending on the outcomes of the decisions by the NHS West Sussex Board there may be a further Board meeting held at the end of December with a Joint HOSC meeting following in early January, however all dates needed to be confirmed. He confirmed that a Stakeholder engagement event was planned in mid November and that HOSC Members would be informed of the date.

65. Members asked questions and made comments, including those that follow: -

- Asked whether the same weighting and scoring methods would be used to evaluate the acute trusts' response. *Mr Hughes said the range of criteria was narrower and more focussed and it would not be appropriate to score the proposals in exactly the same mechanistic way as before. He said NHS West Sussex would be looking for a judgement (from clinicians and finance etc.) and that the Board would then debate this as opposed to weighting and*

*scoring against criteria. He emphasised that the aim was to find a joint way forward.*

- Were pleased that the approach was less adversarial than previously.
- Questioned the definition of an Accident and Emergency (A&E) department and whether these would be based at each hospital. *Mr Hughes confirmed that the decision taken by the PCT Board on 7<sup>th</sup> May 2008 was that A&E departments would remain on each hospital site. The decision that still needed to be made was on the location of emergency surgery.*
- Questioned the sustainability of A&E departments at each hospital pending the decision on the location of emergency surgery. *Mr Hughes advised that the Brighton and Sussex University Hospitals NHS Trust model for the Princess Royal Hospital in Haywards Heath and the Royal Sussex County Hospital in Brighton was an example of how a range of services could be provided across two sites with major trauma services provided at one site only.*
- Asked about risks to A&E services with the opening of the new Queen Alexandra Hospital in Portsmouth. *Marianne Griffiths, Chief Executive, Western Sussex Hospitals NHS Trust, said the St. Richard's Hospital A&E department had not seen a diminution of services and that attendances were up by 8% in Chichester and 5% in Worthing on the previous year. She advised that some loss had been factored into the Trust's clinical strategy, but that she did not think it would affect the Trust's plans.*
- Considered that the message regarding A&E services needed to be reinforced in communications to the public and emphasised the importance of clear information, including the separation of A&E and major/multiple trauma.
- Considered that it was in everyone's interest to resolve and conclude the FFF process before the end of the year.

66. The Committee considered a report by the West Sussex Local Involvement Network (LINK) (copy attached to the signed minutes). Dr King, Chairman of the LINK Stewardship Group, advised that the report was initiated by NHS West Sussex to evaluate patient and public involvement in the Fit for the Future/Commissioning Intentions Review. She drew members' attention to the recommendations which she hoped would be considered by NHS West Sussex when undertaking future consultation.

67. Mr Hughes welcomed the report. He acknowledged that processes were sometimes driven by time but gave assurance that NHS West Sussex would do its best to take the recommendations on board through the rest of the FFF/Review of Commissioning Intentions process.

68. The Chairman thanked the LINK for its report.

69. Resolved – That the Committee notes the letter and report.

### **Western Sussex Hospitals NHS Trust Future Strategy**

70. The Committee received a presentation from Marianne Griffiths, Chief Executive, Western Sussex Hospitals NHS Trust, which outlined the Trust's developing clinical strategy (copy attached to the signed minutes). Key points from the presentation included: -

- Key drivers: to improve services, achieve financial sustainability and become a Foundation Trust (FT). Need to underpin by a clear robust clinical strategy.
- Real opportunities as a merged trust: bringing together staff, clinicians, public in a coalition. Significantly greater clinical engagement and believe can achieve greater access and more efficient/effective services.
- First draft of clinical strategy to be ready by end November, fully costed strategy by end March 2010.
- Aiming to achieve FT status by 1 May 2011, although timetable challenging so could be some slippage.
- Full range of acute services to be provided at Worthing and Chichester sites, including maternity, inpatient paediatrics and emergency surgery.
- Southlands Hospital, Shoreham, to continue to provide ambulatory care and day surgery as Worthing and Chichester Hospitals already operating at capacity.
- Orthopaedic inpatient surgery to be relocated to Worthing Hospital.
- Support for Brighton as key provider of tertiary care.
- Aiming to achieve University Hospital status by the end of the year in affiliation with Brighton Medical School subject to approval.
- Significant improvement in recruitment and retention and greater flexibility created by European Working Time Directive.
- Financial challenges facing NHS in the future and will have to work together and look at different ways of working. FT status allows revenue to be reinvested.
- Trust committed to involving patients and stakeholders in development of clinical strategy. Committed to holding Board meetings in public.
- Quality of care and patient safety core priority throughout.

71. The Committee discussed the presentation. Members asked questions and made comments, including those that follow: -

- Asked about the Trust's plans to become a University Hospital employing junior doctors/staff and the provision for engagement with senior staff. *Ms Griffiths confirmed that the Trust already provided training for approx. 50% of doctors from Brighton. She confirmed that the Trust had increased the number of consultant posts and had appointed Chiefs e.g. Chief of Surgery, Medicine, Women and Children, who would also be part of the Clinical Board. A Director of Medical Education had also been appointed.*
- Referred to the Trust's outstanding repair bill for its estates which was reported to be £87m and asked how this was being dealt with. *Ms Griffiths advised that the serious backlog maintenance had been reduced and that a fair share of the annual allocation of £16m capital had been allocated to prioritise the backlog. In addition the Trust was exploring the option of bidding for £15m from the Strategic Health Authority for the repatriation of orthopaedics and ophthalmology to the Worthing site. £5m would go towards two new laminar flow theatres at Worthing for Orthopaedic surgery. Ophthalmology would go to Southlands.*
- Questioned how the Trust could put forward a proposal at this stage to NHS West Sussex when it would not have a fully costed clinical strategy until the end of March. *Ms Griffiths confirmed that the proposal only included plans for the future of maternity, inpatient paediatrics and emergency surgery and that the Trust had focussed on these key areas initially to enable it to respond to the commissioning intentions.*

- Raised the issue of the ageing population in West Sussex and whether the Trust had sufficient expertise in this area. *Ms Griffiths confirmed that the Trust employed 14 consultants specialising in medicine for the elderly and that it was one of the key planks of the clinical strategy. She also highlighted that social services was a key part of the provision of care. Mr Hughes added that investing in primary care and mental health provision was vital.*
- Asked whether the Trust was currently facing any recruitment and retention issues. *Ms Griffiths said there had recently been two recruitment drives and 60 new nurses had been recruited. She admitted that the previous establishment had not been right, contributing to an overspend, but has now been addressed.*

72. Dr King declared a personal interest as a member of the Patient and Public Involvement Group set up by the Trust to input into the Clinical Strategy.

73. Resolved – That the Committee notes the presentation and continues to monitor the development of the Trust’s clinical strategy and Foundation Trust bid.

### **Director of Public Health & Well-Being for West Sussex**

74. The Committee welcomed Judith Wright, new Director of Public Health & Wellbeing for West Sussex, to the meeting. Ms Wright introduced herself and told the Committee that her key focus was the health gain that could be achieved through the NHS and local government working together more closely. She advised that she would be developing a five year health plan and asked members to indicate areas that they would particularly like to hear to cover in her presentation to the Committee on 5th November.

75. Members identified issues, including childhood obesity (specifically the recommendations of the HOSC/Children & Young People’s Services Select Committee Task Force), work being undertaken to engage with BME Groups, eating disorders, school-age vaccination programme for tuberculosis, cross-links with health protection issues and autistic spectrum disorders. Ms Wright agreed to incorporate as many of the issues as possible into her presentation but suggested that some may best be dealt with in a separate briefing.

76. Resolved – That the Director of Public Health and Well-being provides a presentation to the Committee at its meeting on 5<sup>th</sup> November, including the areas highlighted by members above.

### **Liaison Member Report**

77. The Committee considered a report by the Head of Policy & Democratic Services and three tabled reports by Liaison Members (copies attached to the signed minutes). The reports provided a summary of the feedback from HOSC Liaison Members on their recent meetings with NHS Trusts.

78. The Chairman advised that she planned to attend as many of the district and borough council overview and scrutiny meetings as possible to discuss the role of HOSC and how district and borough councils input into the work of the Committee.

79. Resolved – That the Committee notes the report.

### **Date of Next Meeting**

80. The next meeting of the Committee will be held at 10.30 a.m. on Thursday 5<sup>th</sup> November 2009 at County Hall, Chichester. The agenda is likely to include: -

- 2008/9 Annual Health Check Results
- Presentation by Director of Public Health & Well-being for West Sussex

The meeting ended at 12.05 p.m.

Chairman