

Health Overview and Scrutiny Committee

10th September 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 Knight, Mrs Mills, Mr A. R. H Smith, Mrs Waight, Mrs Whitehead (WSCC); Cllr Mrs Smee (Arun District Council), Cllr. Weekes (Chichester District Council), Cllr. Gilroy (Crawley Borough Council), Cllr. Mrs. Landriani (Mid Sussex District Council), Cllr Ms Bradley (Worthing Borough Council), Mr Davies, Dr. King (LINK).

Apologies for absence were received from: Dr Walsh (WSCC), Cllr Hotton (Adur District Council), Cllr Dr. Skipp (Horsham District Council) and Miss Smith (LINK).

Declarations of Interest

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

- Dr Bloom as a part time salaried GP in Crawley and Assistant Chief Commander for St John Ambulance. His wife is also employed by West Sussex PCT.
- Mrs Knight as a member of the Sussex Partnership NHS Foundation Trust.
- Cllr Mrs Smee as a staff bank member for West Sussex PCT.
- Mr Davies as a lay member of the North East Review Panel.

Minutes

36. Resolved – That the minutes of the meeting of the Committee held on 16th July 2009 be approved as a correct record and that they be signed by the Chairman.

Membership

37. Resolved –

- (1) That the Committee confirms the appointment of Cllr Ms Bradley (Worthing Borough Council). Revised membership list (attached to the minutes).
- (2) That the Committee appoints the following members as substitutes to the Joint Health Overview and Scrutiny Committee on Fit for the Future: Mrs Bennett, Mrs Mills, Mrs Waight and Mrs Whitehead for the Conservative Group and Mrs Knight for the Liberal Democrat Group.

Stroke Services in West Sussex

38. The Committee considered a presentation by Rosemarie Standen, Programme Director for Stroke and End of Life Care, and Rachel Kemp, Programme Manager for Stroke, West Sussex PCT, (copy attached to the signed minutes).

39. Ms. Standen and Ms. Kemp introduced the presentation. Key points included:

- Stroke is the third largest killer in the UK and 25% of strokes occur in people under the age of 65. Outcomes in the UK compare poorly to other countries.

- Two types of stroke: Ischaemic caused by a blood clot and a haemorrhagic which is a bleed. Transient Ischaemic Attacks (TIA) are also known as minor strokes and can resolve themselves within 24 hours meaning that people are not always aware that they have suffered a stroke.
- Joint work between PCT and WSCC Adult Services: Member of staff from WSCC seconded to work on interface between health and social care. Working very well.
- Stroke Programme now hosted by the Mid Sussex Practice Based Commissioning Group (lead: Dr. Minesh Patel).
- National Stroke Strategy launched in 2007 – many projects within the programme. Three identified as priorities which could make most impact: -
 - Rapid Access TIA Services: Can reduce the risk of a full stroke by 80% and can prevent 500 people having a stroke each year. St Richard's Hospital, Chichester, fully operational since 1st April, Worthing Hospital fully operational on 15th June 2009. Princess Royal Hospital not yet operating rapid access service. West Sussex PCT is working with the Brighton and Sussex University Hospitals (BSUH) NHS Trust to get this in place as soon as possible. Government target: 60% of high risk TIA patients to be seen and treated within 24 hours by 2012.
 - Access to Acute Stroke Unit: Patients more likely to be alive, independent and living at home. Government target: 80% of patients spending at least 90% of their time on a stroke unit by 2012.
 - Specialist Neurological Rehabilitation (NR): Improves quality of life. Identified as a gap through process mapping exercise. Pilot planned in Crawley, Horsham, Chanctonbury and Mid Sussex. Developing outcome service specification with patients. Regular monitoring to ensure access to right care.

40. The Committee discussed the report. Members asked questions and made comments including those that follow. Members: -

- Asked where NR was currently provided. *Ms Kemp confirmed that all patients received NR while in an acute setting and were then be moved to an inpatient setting, either Bognor Regis War Memorial Hospital, Crawley Hospital, Sussex Rehabilitation Centre, Haywards Heath or Southlands Hospital, Shoreham by Sea. There were currently community NR teams in Worthing and Bognor Regis/Chichester area and plans to have small community teams in place in Crawley, Horsham and Mid Sussex by 1st February 2010 as part of the pilot.*
- Raised concerns about the gap in NR in the north east and asked to be kept updated on the outcomes of the new service to be piloted.
- Were concerned that there was no rapid access TIA service at the Princess Royal Hospital (PRH) in Haywards Heath and asked for feedback from the meeting between the PCT and the BSUH NHS Trust (due to take place the following week). *N.B. Post meeting note: The Rapid Access TIA Service at PRH is now due to start on 9th November.*
- Highlighted the need for support for families and carers. *Ms Standen advised that four carers worked across the county commissioned from the Stroke Association to provide carer/family support. She said this also formed part of the joint work between the PCT and County Council and it was hoped to move towards joint commissioning.*
- Highlighted the importance of joint working, discharge planning and the need to raise public awareness regarding the signs of stroke/TIA.
- Suggested that CT scanning was required to enable a decision on whether a clot or a haemorrhage to determine appropriate treatment.

- General concern at inequality in service across the County as rapid access to stroke services and rehabilitation was vital.
- Asked about the work of the Ambulance Service on stroke. *Ms Kemp advised that the South East Coast Ambulance Service was very much part of the Stroke Programme and had identified a Stroke lead. She said the Trust had worked really hard on pre-hospital pathways and all paramedics knew how to respond and fast track patients who may be eligible for TIA services.*
- Highlighted the importance of public stroke awareness and need for improved communications.

41. Resolved –

- (1) That the Committee notes the presentation.
- (2) That the PCT provides feedback on its meeting with Brighton and Sussex University Hospitals NHS Trust regarding the provision of rapid access TIA service at Princess Royal Hospital in Haywards Heath.
- (3) That the PCT updates the Committee on the outcomes of the pilot Neurological Rehabilitation service in Crawley, Horsham, Chancetonbury and Mid Sussex.

South East Coast Ambulance Service NHS Trust – Consultation on Foundation Trust Plans

42. The Committee considered a presentation by Geraint Davies, Director of Business Development, South East Coast Ambulance Service (SECAMB) NHS Trust. Members also had before them a copy of the Trust's summary public consultation document (copies attached to the signed minutes).

43. Mr Davies introduced the presentation. Key points included: -

- Becoming a Foundation Trust (FT) would help SECAMB achieve its vision of becoming a world class ambulance service, achieve local accountability and more freedom allowing faster improvements in care than possible as a NHS trust.
- SECAMB would continue to be part of NHS with its services commissioned by the PCTs, but it would be performance managed by MONITOR.
- SECAMB's business grows by 5% per year with the largest growth in unscheduled care. Challenge to work with PCTs on demand management.
- Vision to move from transport service to mobile healthcare provider.
- Aiming to recruit 6,000 members within three years. Since consultation commenced in July 1,000 members recruited.
- FT approval expected August/September 2010.
- Councils of 26 Governors to be formed which would meet four times a year. Plans include 18 elected Governors: 4 staff and 14 public governors, plus eight appointed governors, including one local authority and one acute trust.
- The public consultation document sought responses to seven questions.
- There are no plans to change services as a result of the bid for FT status, although SECAMB will be reviewing the configuration of its estate.

44. The Committee discussed the presentation. Members: -

- Were concerned about the governance arrangements and accountability of FTs, particularly regarding holding Board meetings in public. *Mr Harris, Chairman, West Sussex PCT, highlighted a letter that he had sent to each prospective FT providing services to West Sussex residents, urging them to hold public board meetings. Mr Davies confirmed that SECAMB was committed to maintain six Trust Board meetings a year in public.*
- Discussed the proposed composition of the Council of Governors and suggested that flexibility should be built in for Boards that covered large geographical areas to allow for more than one local authority to be represented. There were some concerns regarding how accountable the Council of Governors would be, and a suggestion that there should be more public governors from West Sussex.
- Suggested that there should be a place for a Local Involvement Network representative on the Council of Governors. *Mr Davies agreed to take the suggestion on board.*
- Asked whether there would be any changes to services as a result of the Trust becoming a FT. *Mr Davies confirmed that there were no plans to change services as result of FT status, but the Trust was planning to review its estates. There were no plans to alter Emergency Dispatch Centres and the only perceived changes would be in terms of the continued development of response posts and make ready depots to respond to the demands being placed on the service.*
- Asked about the costs of achieving FT status. *Mr Davies advised that SECAMB had allocated £500k to fund the bid, which covered the cost of a Programme Manager, legal advice and the public consultation process.*
- Suggested that a public consultation meeting should be held in Mid Sussex. *Mr Davies agreed to take the suggestion on board.*
- Asked about the disbenefits of becoming a FT. *Mr Davies advised that Trusts that did not achieve FT status risked being taken over by successful FTs.*

45. It was agreed that the Committee's response to SECAMB's consultation would be prepared by officers, based on comments made by members at the meeting and that any additional comments should be provided to officers by 30th September.

46. Resolved – That the Committee notes the presentation and that a response to the consultation is prepared by officers on behalf of the Committee for submission to the Trust by the 16th October deadline.

North East Review

47. The Committee considered a response from the Cabinet Member for Adults' Services to its recommendations made at its meeting on 24th February (copy attached to the signed minutes).

48. The Committee considered the West Sussex PCT's latest North East Review (NER) Action Plan update, along with an updated response to the HOSC's NER recommendations (copies attached to the signed minutes).

49. Brian Hughes, Assistant Chief Executive, West Sussex PCT, introduced the reports. He confirmed that it was the third quarterly report and that some good progress had been made. He advised that the North East Partnership for Health Board was holding its first meeting on 15th October and the PCT saw this group taking a strategic overview of the implementation of the North East Review recommendations, and of healthcare in the north east.

50. The Committee discussed the reports. Members: -

- Were very pleased with progress made and congratulated the PCT on its work.
- Sought clarity on the Community Hospitals Strategy referred to in the Action Plan. *Mr Hughes confirmed that it was not a stand-alone strategy and that the integration of the PCT provider arm West Sussex Health (WSH) with South Downs Health NHS Trust (SDH) would determine how community hospitals were used in future. In addition, the capacity mapping work being carried out in the North East of the County would also be reviewing use of community hospitals.*
- Asked about the plans for the location of Linear Accelerators (for radiotherapy treatment) and possible health campus in the north east. *Mr Wilderspin, Chief Executive, West Sussex PCT, said the PCT needed to review its estate and his view was that a LINAC should ideally be provided within the County, though it should be noted that this would be a service for both West Sussex and Surrey residents.*
- Asked about the impact of the current financial climate and anticipated restriction on NHS budgets on implementation of the recommendations. *Mr Wilderspin said the PCT would need to review its financial plans for new services/developments into the future as it was highly likely there would not be the level of growth that the NHS had anticipated before the "credit crunch". He said the PCT should not scale back on its ambitions but should focus harder on clinical effectiveness, meeting best standards/practice and productive delivery.*
- Suggested that the PCT would need to notify HOSC of any proposals for service change as a result of the review. *Mr Wilderspin agreed that the PCT would need to give HOSC early notice of any proposals for service change and would wish to work collaboratively with HOSC. Mr Harris added that efficiencies alone would not deliver enough savings and that the PCT would need to focus its priorities on where it had evidence of a good health return on the investment it was making.*
- Asked how the PCT planned to carry out this work. *Mr Wilderspin advised that it would be a three level process with the Strategic Commissioning Plan objectives due to be reviewed at the end of November against a number of possible financial scenarios, the Operational Plan would then be developed driving as much efficiency and productivity from services commissioned, and at the same time the Practice Based Commissioning Groups would be looking at how best to provide services locally.*

51. Resolved – That the Committee notes the response by the Cabinet Member for Adults' Services and the updated PCT Action Plan and response to the HOSC recommendations.

Business Planning Group

52. The Committee considered a report by its Business Planning Group (copy attached to the signed minutes). The Chairman introduced the report which provided an update on the issues discussed at the Group's last meeting on 19th August: -

- Tender process for medical cover at community hospitals in West Sussex
- Planning for HOSC meeting in October
- Scrutiny of Local Area Agreements and Corporate Plan
- Update from West Sussex PCT

53. Resolved – That the Committee: -

- (1) Notes the report.
- (2) Agrees that an item on the Tender Process for Medical Cover at Community Hospitals be scheduled for the 8th October HOSC meeting, to include representatives from the South Downs Health NHS Trust and West Sussex Health.
- (3) Agrees that the issue of scrutiny of the Local Area Agreement and Corporate Plan be covered as part of the item on Public Health at the 5th November HOSC meeting and that the Business Planning Group monitors performance against the National Indicators with reports on an exceptions basis.
- (4) Notes the revised HOSC work programme.

Liaison Members with NHS Trusts

54. The Chairman welcomed Mr Turpitt, Chairman, South Downs Health NHS Trust, to the meeting. Mr Turpitt suggested that the Committee may wish to consider appointing liaison members with South Downs Health NHS Trust and West Sussex Health. The Committee agreed that this should be considered by the Chairman.

55. Resolved – That the Committee notes the revised list of Liaison Members with NHS Trusts (copy attached to the signed minutes) and considers appointing Liaison Members with South Downs Health NHS Trust and West Sussex Health.

Date of Next Meeting

56. The next meeting of the Committee will be held at 10.30 a.m. on Thursday 8th October 2009 at County Hall, Chichester. The agenda is likely to include: -

- Fit for the Future/Review of Commissioning Intentions
- Western Sussex Hospitals NHS Trust Clinical Strategy

The meeting ended at 12.40 p.m.

Chairman