

Health Overview and Scrutiny Committee

27th April 2009 – At a meeting of the Committee held at 10.00 a.m. at County Hall, Chichester.

Present: Mr. Catchpole (Chairman), Mrs. Ball (left at 12.45 p.m.), Mr. M.N. Hall, Mr. Mullins, Dr. Walsh (arrived at 10.35 a.m.) (WSCC); Cllr. Hotton (Adur District Council), Cllr. Weekes (Chichester District Council), Cllr. Dr. Bloom (Crawley Borough Council), Cllr. Mrs. Landriani (arrived at 10.45 a.m.) (Mid Sussex District Council), Cllr. Dr. Mercer (left at 1.00 p.m.) (Worthing Borough Council); Mr. Kemp, Mrs. Oliver and Miss Smith (LINK Steering Group).

Apologies for absence were received from: Mr. Barrett-Miles, Mr. Chaplin, Mr. Mercer, Mr. Waight and Mr. Wilkinson (WSCC) and Cllr. Mrs. Maconachie (Arun DC).

Chairman's welcome

301. The Chairman advised the Committee that Mr. Barrett-Miles was unwell, so he was chairing the meeting in his absence.

Declarations of Interest

302. In accordance with the code of conduct, members declared the following personal interests (see also minute 315):

- Mr. Catchpole's wife is employed by West Sussex PCT.
- Cllr. Dr. Bloom is a salaried GP in Crawley and his wife is employed by West Sussex PCT.

Minutes

303. The Committee noted a drafting error in minute 280 of the meeting held on 16th March 2009, that the word 'comments' should be inserted after 'members'.

304. Resolved –

- (1) That the minutes of the meeting of the meeting of the Committee held on 24th February 2009 be approved as a correct record and that they be signed by the Chairman.
- (2) That, subject to the amendment in minute 303 above, the minutes of the meeting of the Committee held on 16th March 2009 be approved as a correct record and that they be signed by the Chairman.

Regional Centre for Teaching, Trauma and Tertiary Care: the '3T Strategy'

305. The Committee received a presentation from Nick Groves (Assistant Programme Director, Brighton and Sussex University Hospitals NHS Trust) (copy of slides appended to the signed minutes), which outlined the Trust's plans to modernise buildings and develop services to strengthen secondary and tertiary care and provide a major trauma centre at the Royal Sussex County Hospital campus at Brighton. This would include enhanced cancer and neurosciences treatment and it

was hoped that more patients in Sussex could use services at Brighton rather than having to travel to more distant locations.

306. Sarah Creamer (Director of Strategy, West Sussex PCT) advised that the PCT was working closely with the Trust as a member of the Programme Board and was examining the business case to jointly agree planned levels of activity for West Sussex residents for each service. A formal response would be made to the business case. The PCT was supportive of the principle of developing tertiary care at Brighton, but was emphasising the need to work in partnership with neighbouring Trusts and Hospital sites, particularly the Western Sussex Hospitals Trust.

307. The Committee made comments including those that follow. Members:

- Welcomed plans to expand tertiary care services but hoped that plans would be affordable and asked how the plans fitted into the Unplanned Care Strategy. *Mr. Groves confirmed that funding options would be considered as part of the business case in discussion with the Strategic Health Authority, the Department of Health and the Treasury. Around 100 major trauma patients were currently treated per annum at Brighton and this was likely to rise to 350-450, partially through receiving most major trauma cases to the east of Bognor Regis, many of which might currently go to Southampton or London. The Royal London Hospital was currently the best example of major trauma care and its operational model was being examined for Brighton. John Wilkinson (Clinical Planning Manager, Brighton and Sussex University Hospitals NHS Trust) advised that bed numbers would be remodelled across both the Brighton and Haywards Heath campuses to ensure that all services would continue to be provided during the building work. Ms. Creamer advised that the PCT was developing its approach to trauma within its Unplanned Care Strategy, which could be shared with the HOSC in due course.*
- Asked how decisions would be made about where trauma patients would be sent and hoped that patients would not have to travel excessive distances to reach treatment. *Mr. Groves advised that the Sussex Trauma Network would agree protocols based on modelled criteria. Clinical staff in ambulances would make decisions on a case by case basis using these protocols to determine whether a patient should be stabilised in a local accident and emergency unit prior to transfer to a major trauma centre, or whether they should be taken directly to the nearest trauma centre. He emphasised that the national Clinical Director for Trauma Care was highlighting that there was not a 'golden hour' for access to trauma services in the way that there was for some other acute services, but that it was important to get people to the right range of services.*
- Hoped that patient choice would not be compromised by the centralisation of services at Brighton for example in access to radiotherapy services. *Ms. Creamer emphasised that the PCT's policy was that most care should be provided at a local level and that centralisation should only take place when absolutely necessary to improve patient outcomes. Radiotherapy services were under review, but stood to be expanded within West Sussex acute hospital sites and would not be at risk from the developments at Brighton.*
- Expressed concern about access to the Brighton campus, particularly if patient and staff numbers rose as a result of the plans. *Mr. Groves advised that*

discussions were underway with Brighton and Hove City Council as the planning authority and it was hoped that a 280 space car park would be provided (200 new spaces and 80 replacement spaces), which would improve access. Although there would be an increase in tertiary patients, the overall number of patients at the site was likely to decrease as more minor services such as outpatients appointments were provided in the community in future. Ms. Creamer agreed that transport to Brighton was an issue that had to be addressed to ensure that access was possible – a new PCT lead officer was now considering patient transport. She emphasised that patients would be given a choice of NHS locations when embarking on a local course of treatment and that flexibility in appointment times was possible to make journeys by public transport easier.

- Asked whether staff currently delivering Neuroscience services in Haywards Heath would be made redundant when the service transferred to Brighton. *Mr. Groves confirmed that no redundancies were anticipated as the service would be enhanced and expanded at Brighton, together with other tertiary services.*
- Hoped that the training of different types of medical students at the site would be integrated. ***Action: Nick Groves*** to ask Professor Cohen of the Brighton Medical School to respond to the point in writing.

308. Resolved – That the report be noted and the direction of travel welcomed.

PCT Public Engagement

309. The Committee had before it a report by the Director of Communications and Public Engagement, West Sussex PCT (copy appended to the signed minutes).

310. The report was supported with a presentation from Steven Pollock (Director of Communications and Public Engagement, West Sussex PCT), which included the points that follow:

- The PCT is moving to mainly being a commissioner of services, which led to new challenges for public involvement – people clearly feel strongly about local services but it was also important to conduct meaningful engagement on commissioning decisions. The PCT was strongly committed to continuous and meaningful engagement and this also linked to national NHS direction.
- A recent MORI poll had shown that although 78% of people questioned had stated that they felt there were good NHS services in West Sussex, only 26% believed that services would improve and 21% believed that they could influence decisions. Most results were in line with other PCTs in the area, although the level of belief that services would improve was lower, perhaps as a consequence of the Fit for the Future consultation in 2007/08.
- A three tier involvement structure was planned: a countywide membership scheme that aimed to recruit around 1000 people in the first year, broadly similar to NHS Foundation Trust membership; work with practice based commissioning consortia on a locality basis; and working with existing patient participation groups (PPGs) in operation in about 50% of GP practices in West Sussex, as well as helping to establish more of them.
- More work would be undertaken to use all available methods to engage with hard to reach groups, such as through electronic means or attending existing community groups or meetings.

- The patient advisory liaison services (PALS) and the complaints services in the PCT were being integrated into a customer service unit to ensure more advocacy for patients and to ensure that feedback of patient experiences helped to inform future service developments and commissioning decisions.

311. The Committee made comments including those that follow. Members:

- Highlighted that many members of the public were sceptical about whether the PCT listened to feedback and emphasised that the PCT would be judged on the implementation of the new strategy and demonstrating that the public could really influence its policies. *Mr. Pollock acknowledged that tough policy decisions would still need to be made, but it was vital that a genuine two way dialogue was in place. He felt that significant improvements had been made over the last 18 months to ensure that engagement became more embedded in the culture of the PCT and he believed that the recent north east review was a good demonstration of this. Sarah Hawke (Assistant Director of Public Engagement, West Sussex PCT) advised that the main council of the membership scheme would have a direct link to the PCT Board.*
- Expressed concern that the proposed structure for engagement could be seen as bureaucratic and expensive. It was hoped that it would not duplicate with other engagement mechanisms such as the West Sussex LINK. *Mr. Pollock emphasised that the whole West Sussex population was around 770,000 people, so did not feel that the structure would duplicate with other groups, although it was important to work together to guarantee this. Working with existing local community groups could be a way of reaching out to more people. **Action: Steven Pollock** to share cost details of the proposed membership scheme structure with the Committee.*
- Emphasised the importance of GPs actively engaging with PPGs and to ensure that the groups were fully supported to ensure that they could be effective. *Ms. Hawke agreed that some were not currently well supported, but reported that the PCT was working with the National Association of PPGs to help their further development in West Sussex. A funding programme will be made available to strengthen existing PPGs.*

312. Resolved – That the report be noted.

Options for Change Programme

313. The Committee considered a report by the Programme Director, West Sussex PCT (copy appended to the signed minutes).

314. The report was introduced by Neil Ferrelly (Finance Director, West Sussex PCT), who advised that the PCT had been exploring options to move its provider services to an arms-length management organisation, taking emerging Government guidance into account. The PCT's preferred option was to achieve this through integration with South Downs Health NHS Trust. A business case for this was now being developed with the aim of putting a contract into place with South Downs Health NHS from July 2009 to April 2011. Clinical staff would still be employed directly by the PCT, which would retain ultimate accountability for services.

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

- Mr. Catchpole as a non-Executive director of NHS Direct
- Dr. Walsh as a part time GP practising in Arun.

316. The Committee made comments including those that follow. Members:

- Hoped that the positive service developments such as 'A Breath of Fresh Air' would not be compromised by the movement of services to South Downs Health and hoped that the organisation would be able to work effectively across West Sussex, which was quite different to the City of Brighton and Hove, where South Downs Health's main area of work was currently focussed. *Mr. Ferrelly confirmed that changes to management arrangements should not affect the direction of clinical services set out in the Commissioning Plan – any plans for the development of clinical services themselves would be brought to the Committee. Simon Turpitt (Chairman, South Downs Health NHS Trust) advised that the Trust was already experienced in community provision across Sussex during its 15 years of operation and was aware of the challenges of diverse communities. **Action: Simon Turpitt** to circulate a map of South Downs Health NHS Trust's current area of activity to HOSC members.*
- Asked whether staffing implications had been taken into account, such as whether staff still employed by the PCT would be fully accountable to managers within South Downs Health. *Mr. Ferrelly reported that the aim was to provide effective management arrangements on a local level. A number of vacancies existed in these staffing areas so redundancies were not anticipated. Mr. Turpitt advised that trade unions had been consulted and were satisfied with the plans and both South Downs and West Sussex Health Staff Side Trade Unions endorsed the appointment of South Downs as the best option for staff in developing sustainable community services in West Sussex and Brighton and Hove.*

317. Resolved – That the report be noted and that a progress report be brought to the Committee's Business Planning Group to consider if an update should be submitted to the Committee in due course.

North East Review Implementation

318. The Committee received a report by the Director of Policy and Performance and Head of Democratic Services (copy appended to the signed minutes), which introduced the PCT's response to the Committee's recommendations.

319. The PCT's response was introduced by Brian Hughes (Assistant Chief Executive, West Sussex PCT), who advised that an action plan had been put in place to implement the recommendations of the independent panel that had undertaken the north east review over the next couple of years. Access and transport issues would be co-ordinated to attempt to lead to improvements. The majority of actions were now mainstreamed within the PCT's work programme, but implementation would be a long term task. He emphasised that the concept of a new district general hospital in the north east of West Sussex had not been supported by the independent panel.

320. The Committee made comments including those that follow. Members:

- Hoped that positive partnership working undertaken during the north east review would be carried on by the PCT at the implementation stage and that benefits analysis would be undertaken. *Mr. Hughes confirmed that a Partnership for Health Board comprising local partners was proposed for the north east of the county to oversee implementation work. Other patient and public involvement groups would be engaged and the patient and public involvement leads in the affected NHS Trusts would work together. Although it was difficult to quantify some benefits, the PCT had established a list of criteria against which schemes were judged.*
- Emphasised the need to extend services currently delivered at Crawley and Horsham Hospitals to relieve East Surrey Hospital and provide a better service for local residents. *Mr. Hughes advised that an external consultant would be appointed by the PCT to look at the capacity at Crawley and Horsham Hospitals to meet local health needs – the PCT's policy was that services should be provided locally wherever possible. This could include bringing wards currently being used as offices back into medical use. The PCT had agreed to fund an initial 12 month extension to the opening hours of the minor injuries unit at Horsham Hospital and its implementation was now being discussed. Out of hospital commissioning was being discussed to increase community provision and a fair access strategy would be developed to address transport issues.*
- Asked for an update on plans for maternity services in West Sussex. *Ms. Creamer advised that maternity plans in the rest of West Sussex were being discussed and would be likely to be finalised at the PCT Board on 2nd September 2009 as part of the Fit for the Future process (FFF) – regular discussions were taking place in commissioning policy groups, with minutes available on the PCT website. Mr. Hughes advised that there were three likely scenarios – to confirm the FFF proposals and centralise services, to retain the status quo or a partial centralisation. The PCT was seeking legal advice on whether it would need to undertake public consultation on these scenarios. Helen Kenny (Scrutiny Officer) confirmed that any future scrutiny of this stage in the FFF process would be carried out by the Joint HOSC, but the Committee would be kept informed.*
- Suggested that female GP provision in Crawley for hard to reach groups could be increased through amending the 'Health for Crawley' rota patterns.
- Highlighted the importance of involving carers as well as patients in discussions about service changes.

321. Resolved –

- (1) That the report be noted.
- (2) That the Committee will continue to monitor the implementation of the 45 recommendations through an update to the Business Planning Group and a report back to the Committee in due course, to include the following in particular:
 - Progress with capacity mapping work and the terms of reference of the group
 - Work on expanding the capacity of community hospitals

- The new Partnership for Health Board and how it links to other partnership groups in the area.

Healthcare Commission Hygiene Inspection Test – Information Item

322. The Committee had before it a briefing note and action plan by West Sussex PCT (copy appended to the signed minutes) for information.

323. In response to members' questions, Eileen Clark (West Sussex PCT) acknowledged that there had been gaps in the supervision of cleaning staff, but confirmed that a robust policy was in place and more networking was ensuring that better teamwork and training became a reality across Horsham Hospital to provide a better standard.

324. Resolved – That the report be noted and that the PCT be asked to confirm in writing at the end of May 2009 that all issues have been resolved.

Primary Angioplasty Options Appraisal Group – Information Item

325. The Committee considered a report by the Deputy Programme Director, Unscheduled Care and Long Term Conditions, West Sussex PCT (copy appended to the signed minutes).

326. The report was introduced by Tina Wilmer (Deputy Programme Director, West Sussex PCT), who advised that an options appraisal group had been established to take forward the work. At its inaugural meeting it was agreed there would be three sub-groups to advise the main group: a clinical sub-group, chaired by a clinician and with some lay representation; a technical sub-group; and a public reference panel. This Panel would have 6 members which would include representation from the LINK.

327. The Committee hoped that the outcome of the group would see services extended more widely with 24 hour cover.

328. Resolved – That the report be noted.

Written Responses from PCT

329. The Committee had before it the following responses from West Sussex PCT (copies appended to the signed minutes):

- The name of East Arun Community Hospital – it was noted that discussions were underway and that it may be named 'Littlehampton and District Community Hospital', subject to PCT approval.
- Upper Gastrointestinal Cancer Care Pathway for Worthing – Alison Hempstead (West Sussex PCT) confirmed that the availability of minimally intrusive surgery at Brighton was a key requisite before transfer of any patients. A request was made that Mike Rymer of Western Sussex Hospitals NHS Trust should write to the Committee to confirm its support.
- Annual Health Check 2008/09 **Action: Sarah Creamer.**

330. Resolved – That the responses be noted.

Date of Next Meeting

331. The Chairman thanked outgoing members of the Committee for their work, including the interim LINK Steering Group representatives.

332. It was noted that the next meeting of the Committee would be held at 10.00 a.m. on Thursday 16th July 2009 at County Hall, Chichester.

The meeting ended at 1.08 p.m.

Chairman