Health Overview and Scrutiny Committee

16th September 2010 – At a meeting of the Committee held at 10.30 a.m. at County Hall, Chichester.

Present: Mrs Field (Chairman), Mrs Bennett, Dr Bloom, Mrs Knight, Mrs Mills, Mr A.R.H Smith, Dr Walsh, Mrs Whitehead (WSCC), Cllr Ms Bradley (Worthing Borough Council), Cllr Mr Burgess (Crawley Borough Council), Cllr Mr Hotton (Adur District Council), Cllr Mrs Landriani (Mid Sussex District Council), Cllr Dr Skipp (Horsham District Council), Cllr Mrs Smee (Arun District Council), Mr Davies and Dr King (LINk).

Apologies for absence were received from: Mr Wilkinson (WSCC) and Miss Smith (LINk).

Declarations of Interest

68. In accordance with the code of conduct, the following members declared a personal interest in all matters relating to NHS West Sussex;

- Cllr Dr Skipp as a part-time GP and in Item 6 as his wife is an employee of the Western Sussex Hospitals NHS Trust;
- Dr Bloom as a part-time salaried GP in Crawley. His wife is also an employee of NHS West Sussex. Dr Bloom also declared an interest in Item 4 Department of Health White Paper as a member of the Council of the Royal College of General Practitioners;
- Cllr Mrs Smee as a staff bank member for NHS West Sussex;
- Mrs Knight declared a personal interest in Item 5, Mental Health Service Change as a trustee of Carers Support Service North & Mid Sussex;
- Mr Davies declared a personal interest in Item 5, Mental Health Service Change as a member of the North East Review and a member of Outreach 3 Way.

Minutes

69. Resolved – That the minutes of the meeting held on 8th July 2010 be approved as a correct record and that they be signed by the Chairman.

Department of Health White Paper – ‘Equity and excellence: Liberating the NHS’

70. The Committee considered a report by the Chairman of the Health Overview and Scrutiny Committee (HOSC) on the Government’s Health White Paper which set out plans to reform the NHS, with major restructuring of health services and local authority responsibilities (copy appended to the signed minutes).

71. Judith Wright Director of Public Health, NHS West Sussex provided an update on the latest position regarding the proposals in the White Paper for NHS West Sussex and the County Council. She explained that following the publication of the
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White Paper in July and five further complementary documents there had not been much further national information. Discussions were taking place locally at the Primary Care Trust and Strategic Health Authority on how to manage the transformation from the current system of health service provision to the system proposed by the new Secretary of State. Judith Wright advised that at this stage it was important not to pre-empt the outcome of the consultation or parliamentary approval. She explained that there were many aspects of the current health service locally which were strong including practice based commissioning, joint commissioning, a well established HOSC and the Joint Strategic Needs Assessment.

72. The Chairman reported that an item on the governance arrangements of the Joint Commissioning Board had been considered at the Policy and Resources Select Committee on 15th September. The new arrangements ensuring that the Board’s discussions would be more open and transparent in future were welcomed.

73. The Committee discussed the report on the White Paper. Members asked questions and made comments, including those that follow:- Members

- Welcomed the White Paper as it would result in a more democratically accountable NHS. There would be a wider role for local government councillors in formulating health policy. However, it was suggested more detail would be needed on how the policy and scrutiny functions will be developed.

- Described the challenge for the NHS regarding GP Commissioning. In particular a change of culture and training for GPs would be necessary in order for them to work in a more open, democratic and transparent way.

- Expressed concern about the scale of the commissioning task to face GPs and that the wealth of knowledge and skills within PCTs should not be underestimated or lost. There might be problems for local consortia in the commissioning of specialised services for smaller and rarer conditions. Judith Wright advised that the National Commissioning Board would be responsible for ensuring such commissioning issues were addressed.

- Asked about the role of the new National and Local Healthwatch and handling of complaints. Judith Wright advised that there were still a number of unknowns in the proposals and the National Commissioning Board would have a role to play. Handling of complaints could be a Healthwatch responsibility and County Councils will have a challenging role to ensure that the right services are commissioned locally.

- Suggested that the proposals were more difficult within 2-tier areas, and asked about the role of district and borough councils in the new system and their role with regard to the Health and Wellbeing Boards. Judith Wright advised that it was proposed that Health and Wellbeing Boards would sit with the upper tier of local authorities. Strong connectivity would be maintained with local health boards and Local Strategic Partnerships. She felt that there would not be much further information nationally and that it would be for PCTs and local authorities to introduce new ways of working locally, with the SHA providing an overview. It will be important to consider where all the current PCT/SHA functions will go in the new system, and West Sussex County Council will have a responsibility for leading and challenging the
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system, and ensuring that the right services are being commissioned and delivered.

- Questioned the ambiguous role of the Health and Wellbeing Boards, with both executive and non-executive membership, and questioned its ability to carry out the scrutiny role. In addition, the impact of the new public health role for local authorities should not be underestimated.

- Asked about the consequences of overspending by GP consortia. Judith Wright advised that Monitor will be the national NHS economic regulator and that the National Commissioning Board would oversee GP commissioning.

**Action:** Helen Kenny to circulate the Centre for Public Scrutiny paper ‘Towards transparent, inclusive and accountable GP Commissioning’ to all members of HOSC.

74. Resolved – That

1. a formal response is made to the White Paper or the consultation on Local Democratic Legitimacy in Health (as set out at Appendix B of the Committee Report);
2. the response from HOSC to the White Paper or related consultations is based on comments made in the discussion at the meeting on 16th September (minute 73 above refers), and is signed off by the HOSC Chairman and Vice Chairman, before being submitted to the Department of Health by the deadline of 11th October 2010; and
3. the response submitted to the Department of Health is also forwarded to the Leader of West Sussex County Council to help inform any future discussions regarding the implications of the White Paper.

**Mental Health Service Change**

75. The Committee considered a report by the Chairman of the Mental Health Service Change Task Force which had been set up to scrutinise NHS West Sussex (NHSWS) and Sussex Partnership NHS Foundation Trust’s (SPFT) proposals to change mental health services in West Sussex, (copy appended to the signed minutes).

76. The Chairman introduced the Task Force report and highlighted key points;

- on balance, the Task Force felt that the proposals for service change are in the best interests of the people of West Sussex, and should therefore be endorsed (and not be delayed by a referral to the Secretary of State for Health for review);

- the need to provide a seamless, ageless mental health service, reduce stigma and bring mental health into the centre of society;

- the need to improve community mental health problems in advance of any reduction in inpatient beds – and that these improvements should be monitored by HOSC;
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- the Task Force had concerns about the quality, extent and access to services for mental health for patients and carers, and highlighted the need for improvement in the management of in-patient beds;

- the Task Force had acknowledged that the impact of the change would differ across the County and this had resulted in a recommendation for monitoring the impact in the Mid Sussex area. The Chairman referred to the advantages of having a pan Sussex organisation (SPFT) as the provider of services particularly for cross border arrangements.

77. The Chairman reported that a letter of referral had been received from the LINk. HOSC had been asked to consider whether the procedural deficiencies in the consultation process would mean that the consultation was invalid. Dr King stated that whilst LINk was not completely satisfied with the response received from NHS West Sussex to a number of issues about the consultation process, it did agree with the Task Force’s conclusion that on balance the overall process had been satisfactory and it would not be in the best interests of service users and their families/carers if the consultation had to be re-run.

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

- Welcomed the ten high impact changes agreed by the NHS West Sussex Board alongside the changes to inpatient services, in particular the improved services for dementia patients.

- Questioned whether the target delivery dates set out in the Task Force Report were achievable. Richard Ford, Executive Commercial Director SPFT advised that work on the implementation of a number of the changes was already being carried out, including working with the PCT and recruiting staff. He was confident the timescales were achievable. He referred to the crisis resolution service and the need for this service to be available for adults of all ages.

- Asked whether the service would be available on a 24 hours a day basis. Dominic Ellett, Director Mental Health Commissioning NHS West Sussex advised that if a patient required 24 hour support it would be available but resources needed to be used wisely and available according to need.

- Emphasised the need to work with ethnic minorities about the services provided. Dominic Ellett confirmed that there was an ongoing dialogue with a number of different communities.

- Asked whether the percentage of carers receiving an assessment should be higher than 25%. Dominic Ellett explained that the 25% level was a high standard and in the top quartile statistically. Members emphasised the importance of ensuring that the needs of carers were a high priority.

- Asked about engagement of staff in the process. Richard Ford gave assurances that staff had been fully involved in the formation of the proposals. Mrs Field added that the Task Force had received assurance from Amanda Rogers (Director of Operations, Adults) at WSCC that engagement with County Council staff had improved.
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- Asked what monitoring of para-suicides was undertaken, and whether there were protocols for referring such patients from A&E to the necessary mental health support service. Richard Ford agreed to provide this information for the Committee (to be circulated to members).

  **Action: Richard Ford SPFT**

- Thanked the Task Force for its thorough and detailed work on the proposals for Mental Health Service Change.

79. Resolved – That the Task Force report is noted and that the recommendations as set out in Appendix E of the report are agreed.

**Western Sussex Hospitals Trust (WSHT)**

**Foundation Trust 2011**

80. The Committee received a presentation by WSHT on plans for consultation on Foundation Trust status (copy appended to the signed minutes).

81. Giles Peel, Director of Corporate and Foundation Trust Development WSHT advised that subject to approval by the Strategic Health Authority on 21st September, the consultation would commence on 22nd September and run until 15th December. He explained that 7 public meetings would be held but if attendance was low the Trust had contingency plans in place to ensure that the views of the public were received.

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

  - **Members**
    - Expressed concern about the membership of the Council of Governors and felt that the plans to have just one representative from 6 local authorities was contrary to the vision on the Health White Paper with an emphasis on greater local accountability. Members urged the Trust to re-think this proposal.
    - Some members felt that the proposed membership in the Council of Governors from the staff constituency was disproportionate in relation to the local authority proposal, i.e. there would be six governors representing 6,500 staff and one governor representing 500,000 residents. Giles Peel confirmed that these views would be considered and responded to. He explained that the reasoning behind the proposals was to achieve a Council of manageable size.

83. Resolved – That the presentation on plans for consultation trust status is noted and that the comments made on the membership of the Council of Governors (Minute 82 refers) are forwarded to the WSHT.
Service Redesign for Quality

84. The Committee received an update and a draft report on the communications and consultation strategy for the WSHT and NHS West Sussex Service Redesign for Quality 2010 – 2012 (copy appended to the signed minutes).

85. Nick Fox, Director of Strategy WSHT advised that the Trust was working closely with GPs given their new role as set out in the Department for Health Revision to the Operating Framework for the NHS in England. One of the new tests is that reconfiguration proposals have to demonstrate support from GP commissioners. He advised that there were elements of detail which needed to be discussed further and as a result the consultation on the Service Redesign which had been planned to run concurrently with the Foundation Trust consultation, would now commence in late 2010 or early 2011.

86. The Committee discussed the update and report. Members asked questions and made comments, including those that follow:

- Some members expressed some strong views about the validity of pre-engagement work in the Adur and Worthing area as set out in the draft report on the communications and consultation strategy and asked for clarification about a planning application for building work submitted to Worthing Borough Council. Nick Fox reassured members that the planning application was for work that was required anyway and it was in no way connected to the proposals for Service Redesign which were to be subject to consultation.

- The Chairman proposed that in order to prevent any further delays to the consultation process, HOSC should discuss this matter in the most appropriate way given the timing and release of further information on the consultation plans.

87. Resolved – That

(1) the update on plans for consultation for Service Redesign is noted;

(2) further discussion on the consultation plans will held with the Chairman, Vice-Chairman, local members of HOSC representing areas most affected by the proposals or the Business Planning Group depending on the timing of and release of further information.

Business Planning Group Report

88. The Committee considered a report by the Chairman of the Business Planning Group (copy appended to the signed minutes).

89. Resolved – That

(1) the report is noted;

(2) no further scrutiny of the re-modelling of the Positive Behaviour Support Team provided by the SPFT is required.
Date of Next Meeting

90. The next meeting of the Committee will be held at 10.30 a.m. on Thursday 4th November at County Hall, Chichester. The agenda is likely to include:

- Themed meeting on community health services (including rural health issues).

The meeting ended at 12.45 pm.

Chairman