

## **Health Overview and Scrutiny Committee**

1<sup>st</sup> December 2008 – At a meeting of the Committee held at County Hall, Chichester.

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

Apologies for absence were received from Mr Catchpole, Mr Mercer, Mr Mullins and Mr Kemp (LINK Steering Group). Mrs Ball was absent due to her suspension.

### **Declarations of Interest**

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

- Dr Walsh as a self-employed part-time GP in West Sussex.
- Mr Wilkinson's daughter is a nurse practitioner working for Harmoni (Out of Hours service provider).
- Cllr Dr Bloom is a GP employed by a practice in Crawley who are part of the Consortium awarded the contract for the Crawley Health Centre; he is the Darzi lead for the South East and South West on behalf of the Royal College of General Practitioners and his wife is an employee of the West Sussex PCT.
- Cllr Mrs Landriani as an employee of Care UK.
- Cllr Dr Mercer and Cllr Hotton as members of the Keep Worthing and Southlands Hospitals (KWASH) Campaign.

### **Minutes**

160. Resolved – That the minutes of the meeting held on 20<sup>th</sup> October 2008 be approved as a correct record and that they be signed by the Chairman.

### **Membership**

#### **(a) Business Planning Group**

161. The Committee was asked to appoint a further district or borough council member to its Business Planning Group, following changes to its Constitution.

162. Resolved – That Cllr Dr Mercer is appointed to the Business Planning Group.

#### **(b) North East Review Task Force**

163. Resolved – That the Mr Barrett-Miles is appointed to the North East Review Task Force as its Chairman.

### **Out of Hours Services**

164. The Committee considered a report by Pat Radley, Head of Primary Care Contracting, West Sussex PCT (copy attached to the signed minutes). Sarah

Creamer, Director of Strategy, West Sussex PCT, introduced the report which provided an update on Harmoni's first seven months of operation from April to October 2008. She confirmed that a single Out of Hours (OOH) provider was a critical plank to the emergency care strategy working with GPs (in hours), the Ambulance Service and Accident and Emergency departments. She advised that the PCT was extremely pleased with how the service had been implemented and was being taken forward.

165. The Committee discussed the report and made comments, including those that follow. Ann Smith Regional Director, Harmoni, South Coast, was in attendance to answer members' questions. Members: -

- Asked for further data on patient satisfaction. *Ms Smith confirmed that data from a survey of 1% of Harmoni customers was currently being analysed, but had been delayed as Harmoni were looking into whether it could be nationally benchmarked. Harmoni would share the results with the PCT Board as soon as possible. Ms Smith advised that patients were also encouraged to provide feedback through leaflets.*
- Expressed concern that calls were occasionally routed outside of West Sussex for triaging and GPs did not always know where local services were provided to enable them to direct patients. *Ms Smith said that the ability to expand the advice pool when there was increased demand or IT failure meant that there was always coverage. She said, however it was very rare that this happened.*
- Concerns were raised at the withdrawal of OOH service at the Queen Victoria Hospital in East Grinstead. *Ms Smith explained that it was a pilot until January, in response to poor take up of the service in East Grinstead. Of 370 available appointments only 30 had been used and it was not cost effective to continue to provide the service there when there were longer waits in other areas of the county. Harmoni were communicating with local GPs and monitoring whether there was an adverse impact. There was no data to substantiate this at the moment. Ms Creamer confirmed that the PCT would come back to HOSC if any permanent changes were planned as a result of the pilot. The HOSC asked the PCT to keep local councils and councillors better informed.*
- Were pleased with Harmoni's performance to date, particularly the reported complaints level of 0.03%. *Ms Creamer confirmed the number of complaints had fallen marginally compared to previous providers.*
- Asked whether training was provided to Harmoni staff. *Ms Smith confirmed that the vast majority of GPs were self-employed and many were part time, however an unscheduled care diploma was in progress and appraisals and mandatory training were in place.*

166. Resolved –

- (1) That the Business Planning Group monitors the Out of Hours service and updates members through its newsletter.
- (2) That an annual monitoring report is brought to the full Committee.
- (3) That the West Sussex PCT consults the HOSC on any permanent changes to Out of Hours Services at the Queen Victoria Hospital in East Grinstead as a result of the pilot.

## North East Review Task Force Interim Report

167. The Committee considered a report by the HOSC Task Force (copy attached to the signed minutes). Cllr Dr Bloom, a member of the Task Force, introduced the report. He advised that the Task Force had been meeting since June and had been both inputting into and monitoring the North East Review (NER) process and had visited several health facilities in the north east area. The report focussed on the NER process to date, rather than its outcomes, which would be the subject of the Task Force's final report in February 2009. The Task Force recommendations were set out in the report.

168. Dr Bloom highlighted some of the Task Force's key findings. The Task Force:

- was so far, satisfied with the review process overall
- considered the NER had been carried out within a difficult context, particularly given the recent Fit for the Future consultation and the potential this created for public confusion
- would like to see longer lead-in times for such reviews, to enable input from the HOSC and local councils at the planning stage
- felt that a list or database of key consultees could be set up and shared by partners (e.g. local councils and the PCT)
- welcomed the work of the Children's Services Working Group, and was pleased that West Sussex County Council staff were involved in the process
- would like to see the development of stronger partnership working by the PCT and other NHS organisations with local councils (e.g. through meetings with district and borough councils and the County Local Committees)
- felt it was critical that there were tangible outcomes as a result of the NER, that could be seen to make a difference to health services in the north east of West Sussex.

169. The Chairman invited Brian Hughes, Director, West Sussex PCT, to comment on the Task Force report. Mr Hughes was very content in general with the comments made and was pleased that the Task Force felt that the NER process had been robust.

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

- Considered that capacity was one of the biggest challenges. *Mr Hughes advised that the PCT had commissioned external consultants to look at acute trust capacity now and planning for the future. He advised that a report was expected by the next NER Panel meeting.*
- Considered that location and accessibility were significant issues. *Mr Hughes confirmed that a key recommendation of the Panel was that the NHS needed to work with local councils on access and transport, as raised at the September HOSC meeting, and was setting up a Partnership for Transport. He said it merited more work, focus and support and would not be solved quickly. A pilot study to improve access north of the Downs was also being set up through one of the Local Area Agreement targets.*
- Suggested that innovative ways were needed for dealing with emergency care in rural areas and not just improved ambulance response times. *Mr Hughes referred members to a list of initiatives by the South East Coast Ambulance Service, presented to the PCT Board on 23<sup>rd</sup> October, to address the issues raised in the Fit for the Future process.*

- Asked whether any difficulties were anticipated in integrating the NER work with the Strategic Commissioning Plan (SCP). *Mr Hughes said the emerging themes from the NER would be fed into the SCP and the 2009/10 Operating Plan. He confirmed that the SCP was a five-year rolling process with an Operating Plan produced each year and that over the next two to three years a substantial number of outcomes from the NER would be incorporated.*
- Asked how the PCT would deal with the reality of delivering only what was achievable and whether finance was an issue. *Mr Hughes said the PCT already had a good idea of the Panel's recommendations as a draft report had been produced. He said it would be financially impossible to deliver all recommendations in the first year and the PCT would invest resources over the next two to three years working with providers to deliver in a phased way. He said the most difficult recommendations to deliver would be those requiring partnership working.*

171. The Chairman invited Stuart Henderson, Chairman of the NER Stakeholder Forum, to comment on the Task Force report. Mr Henderson said he was generally happy with the NER process, though attendance at Stakeholder Forum meetings had been patchy. He highlighted the importance of the third sector especially in terms of the delivery of primary care services. He also pointed out that transport issues went beyond the boundaries of the north east and were for the County Council and the NHS to resolve.

172. The Chairman advised that the NER Panel was expecting to report to the PCT Board on 29<sup>th</sup> January 2009. The Task Force final report and PCT response to the Panel report would be considered at a special meeting of the Committee on 24<sup>th</sup> February, 10am, Crawley Town Hall. He sought assurance from Mr Harris, PCT Chairman that the PCT decision would be reviewed in the light of the Task Force report and HOSC recommendations. Mr Harris, PCT Chairman, gave assurances that this would happen. The Chairman thanked the PCT, Task Force members and officers for their work.

173. Resolved – That the Committee: -

- (1) Endorses the PCT's North East Review process to date, whilst noting the Task Force key findings set out in the report;
- (2) Recommends that the PCT gives longer lead-in times to all such reviews and engagement exercises, to enable input into the planning process by the HOSC and other key organisations (such as district and borough councils and County Local Committees);
- (3) Recommends that consideration be given by all key partners (local authorities and health organisations) to establishing a shared central list of key consultees for future consultation and engagement. This might be an issue for the West Sussex Local Strategic Partnership to consider;
- (4) Provides the Task Force with any specific comments or questions to be pursued further during its final phase of work;
- (5) Agrees that the Task Force should make its final report to the Committee at a meeting to be arranged in February 2009;

- (6) Notes that the PCT has confirmed that any decisions taken at the PCT Board meeting on 29<sup>th</sup> January 2009 regarding the recommendations of the North East Review Panel will be subject to any comments and concerns expressed by the HOSC at its meeting on 24<sup>th</sup> February 2009. Furthermore, the PCT has confirmed that, if necessary, the PCT Board will re-consider the recommendations of the North East Review Panel in the light of comments from the Health Overview and Scrutiny Committee at the Public Board meeting on the 26<sup>th</sup> February 2009;
- (7) Notes that the PCT has confirmed that the HOSC will be consulted at the earliest possible opportunity on any substantial variations or developments of services proposed as a result of the North East Review.

### **Annual Health Check Results 2007/08**

174. The Committee considered a report by the Director of Policy and Performance and Head of Democratic Services (copy attached to the signed minutes).

175. The Chairman introduced the report, which provided the overall Annual Health Check 2007/08 scores for West Sussex NHS Trusts. Trust representatives were not invited to attend the meeting, however questions regarding improvement plans were sent to the Trusts who had failed to meet some targets or provided insufficient assurance and a written response had been requested. The Trust responses were attached to the report.

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

- Sought assurance that the PCT was working with the Royal West Sussex and Worthing and Southlands Hospitals NHS Trusts to ensure any new merged trust improved on its performance for use of resources.
- Wanted to see much stronger emphasis on patient experience in terms of the Annual Health Check methodology and suggested that the 3<sup>rd</sup> sector could be involved in work on dignity and respect.
- Were concerned at increased activity levels experienced by the acute trusts. *Ms Creamer advised that the PCT was undertaking some analysis of activity levels and had pursued a strategy to refer patients back to their GP if an unrelated course of treatment was required. The PCT was working closely with the trusts around issues such as unplanned care and a number of interventions strategies to reduce attendances e.g. working with OOH service providers. Ms Creamer advised that some trusts had adjusted patterns to meet the 18-week target and the 0.8% increase fitted with the PCTs planning assumption.*
- Expressed concern that the Ambulance Service was being used to fill a gap in social care.
- Expressed concern that MRSA targets were not being met by all trusts.
- Commended the Surrey and Sussex Healthcare NHS Trust for improvements made and asked that the latest staff survey data be provided to the HOSC.
- Asked whether the PCT held a contingency to mitigate the risk of higher than planned activity levels. *Ms Creamer confirmed that the PCT had factored this in to its planning.*
- Were concerned that the PCT had not completed its Older People's Mental Health needs assessment.

177. Resolved –

- (1) That a letter is written to the Healthcare Commission to ask for improved and more structured patient involvement in future.
- (2) Liaison members should use the 2007/08 Annual Health Check data to identify key areas to explore with their Trusts and seek voluntary sector and patients' views (through patient representative groups) as part of the evidence-gathering process for the 2008/09 Health Check.
- (3) Liaison members to report to the 16<sup>th</sup> March HOSC meeting when the HOSC response to each of the NHS Trusts, for inclusion in their 2008/09 declarations will be agreed. Trusts may be invited to attend the HOSC meeting on the recommendation of liaison members.

### **Crawley Health Centre**

178. The Committee considered a report by Nicky Cambrook, Assistant Director – Out of Hospital Care Commissioning, West Sussex PCT (copy attached to the signed minutes). Ms Cambrook introduced the report. She advised that a number of tenders had been evaluated and Health4Crawley, a consortium of Crawley GP practices, had been appointed to provide the Health Centre service. The original site for the Health Centre was rejected by Crawley Borough Council Planning Committee and therefore the Centre will initially be co-located with the Urgent Treatment Centre (UTC).

179. Dr. Geraint Thomas, a representative of Health4Crawley, the appointed provider of the Crawley Health Centre service, was also in attendance to answer members' questions. He confirmed that the initial concept was to have very accessible premises and therefore a town centre site had been chosen. The Planning Committee had decided that the location was too high profile for the town centre and didn't fit with the Council's strategy to regenerate the town centre as a retail area. Health4Crawley were talking to the Planning department about premises and locations that they considered suitable, but a new site would not be ready by 1<sup>st</sup> April when the service was due to open. He added that co-location with the UTC for the first three months of operation would enable links and partnerships to be formed and services to be migrated.

180. The Committee noted a letter from Mr Harris, West Sussex PCT Chairman, in response to a letter from the HOSC Chairman outlining the HOSC's concerns raised at its meeting on 8<sup>th</sup> September.

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

- Asked how the services to be offered by the health centre service differed from those already provided locally. *Dr Thomas advised that Health4Crawley was engaging other agencies and trying to identify and look at how to reach 'hard to reach' groups in a proactive way.*
- Were pleased that the health centre service was being implemented and welcomed the opportunities for forging partnerships.
- Asked how the finances worked if patients already registered with a Crawley practice visited the health centre. *Ms Cambrook advised that it was a volume and activity based payment and if an unregistered patient visited the health*

*centre the visit would be paid for on a tariff basis. She said there was a need to monitor any duplication.*

- Were concerned that the health centre would be a financial drain on the PCT and could be to the detriment of services in other parts of the county.
- Also expressed concern that non-West Sussex residents' healthcare and prescriptions would be paid for by the PCT due to the transient population in Crawley during working hours. *Ms Cambrook said there were double payments in the system and the reasons for this needed to be addressed. She advised that the Department of Health was investing extra money into the baseline for the service and that finances and payments would be monitored carefully for the first six to 12 months.*
- Expressed concern that Crawley residents would be getting better service than the rest of the county. *Mr Harris reminded the Committee that this was a pilot project and would be closely monitored. He said that Key performance indicators would be used and the PCT was developing local as well as using national indicators.*

182. Resolved – That the HOSC notes the report and letter and that an update report on the Health Centre Service is provided to HOSC after the first full year of operation.

### **Information Items**

#### **(a) Sussex Rehabilitation Centre**

183. The Committee considered a report by Sarah Creamer, Director of Strategy, West Sussex PCT (copy attached to the signed minutes). The report updated the Committee on developments regarding the Sussex Rehabilitation Centre service, an approach previously agreed by the HOSC in January 2008.

184. Resolved – That the Committee notes the report.

#### **(b) East Arun Community Hospital**

185. The Committee considered a report by Sarah Creamer, Director of Strategy, West Sussex PCT (copy attached to the signed minutes). The report provided an update on the East Arun Community Hospital.

186. Members considered the report and suggested the hospital should be called "The Littlehampton Hospital" as this was how it was known by the local population. Ms Creamer agreed to take this view back to the Steering Group. Members also suggested that communication with local groups was needed, particularly with the Joint Eastern Arun Area Committee, Arun District Council and the HOSC.

187. Resolved – That the Committee notes the report and that the West Sussex PCT keeps the Joint Eastern Arun Area Committee and Arun District Council and the HOSC informed of progress.

#### **(c) Response from Sussex Partnership NHS Foundation Trust**

188. The Committee noted a letter from Lisa Rodrigues, Chief Executive, Sussex Partnership NHS Foundation Trust, in response to a letter from the HOSC Chairman (copy attached to the signed minutes).

## **Date of Next Meeting**

189. The next scheduled meeting of the Committee will be held at 10.00 a.m. on Monday 19th January 2009. Agenda items are likely to include: -

- A Place to Live Task Force Update
- Outcome Review of Re-provision of Mental Health Services in Mid Sussex
- Strategic Commissioning Plan - Task Force Report
- Acute Trust Merger Update
- Options for Change Update
- Local Involvement Network (LINK) Update

190. It was noted that the Adults' Services Select Committee would be receiving an update on the LINK at its meeting at 10.30 a.m. on 16<sup>th</sup> December 2008 and that HOSC members were invited to attend for this item.

The meeting ended at 12.28 p.m.

Chairman