

Health Overview and Scrutiny Committee

19th January 2009 – At a meeting of the Committee held at County Hall, Chichester.

Present: Mr Barrett-Miles (Chairman), Mrs Ball, Mr Catchpole, Mr Chaplin, Mr M. N. Hall, Mr Mercer, Mr Mullins, Mr Waight, Dr Walsh, Mr Wilkinson (arrived at 12.15pm) (WSSC); Cllr Hotton (Adur District Council), Cllr Mrs Maconachie (Arun District Council), Cllr Weekes (Chichester District Council), Cllr Dr Bloom (Crawley Borough Council), Cllr Mrs Landriani (Mid Sussex District Council), Cllr Dr Mercer (Worthing Borough Council); Mr Kemp, Mrs Oliver, Miss Smith (LINK Steering Group).

Apologies for absence were received from Cllr Arthur (Horsham District Council).

Declarations of Interest

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

- Mr Catchpole's wife is an employee of the West Sussex PCT (Acute Trust Merger and Strategic Commissioning Plan)
- Mr Chaplin is a Non-Executive Director of Hyde Martlet (A Place to Live)
- Mr Hall is a member of the Save St Richard's Hospital Campaign (Acute Trust Merger)
- Dr Walsh is a self-employed part-time GP in West Sussex (Acute Trust Merger, Options for Change, Strategic Commissioning Plan)
- Cllr Dr Bloom is a salaried GP in Crawley and a Council Member of the Royal College of General Practitioners (Acute Trust Merger). His wife is an employee of the West Sussex PCT (Options for Change and Strategic Commissioning Plan)
- Cllr Dr Mercer is a member of the Keep Worthing and Southlands Hospitals Campaign (Acute Trust Merger), a member of a Department of Health Working Group on Health Commissioning (Strategic Commissioning Plan), and a member of the Royal College of Nursing – South East (Business Planning Group Report)
- Cllr Hotton is a member of the Keep Worthing and Southlands Hospitals Campaign (Acute Trust Merger).

Minutes

192. Resolved – That the minutes of the meeting held on 1st December 2008 be approved as a correct record and that they be signed by the Chairman.

Acute Trust Merger - Worthing and Southlands Hospitals NHS Trust and Royal West Sussex NHS Trust

193. The Committee considered a report by the Director of Policy and Performance, which included as an appendix a briefing paper by the Worthing and Southlands Hospitals NHS Trust and Royal West Sussex NHS Trust (copies attached to the signed minutes).

194. Stephen Cass, Chief Executive, and Mike Rymer, Medical Director, Worthing and Southlands Hospitals NHS Trust, gave a joint presentation to the Committee

(copy attached to the signed minutes). The presentation provided an update since the last presentation to the Committee in October 2008. Marianne Griffiths, Interim Chief Executive, Royal West Sussex NHS Trust, was also in attendance to answer members' questions. Key points from the presentation included: -

- Trust Boards approved merger on 15th December based on Full Business Case (FBC) - organisational not service change.
- Creates opportunities to improve quality of outcomes by ensuring clinicians receive sufficient experience to deliver key services and meet Royal College guidelines.
- Provides opportunities to ensure financial resilience, extend patient choice and to become a strong Foundation Trust (FT).
- Clinical Vision – over 80 clinicians from both trusts worked together to develop service visions at a specialty level and to make proposals for specific service improvements. Vision will underpin new organisation and subsequent FT development and reaffirms need to operate three good hospitals in West Sussex.
- Strong feeling amongst clinicians that consultant-led maternity, in-patient paediatrics and emergency surgery can continue on two sites, however must be supported by appropriate, evidenced service change. Fit for the Future drivers will be addressed through better use of resources within larger organisation.
- Beacon service improvements planned in three phases: (Phase 1 – colorectal surgery, cardiology, urology), (Phase 2 – Laboratories, Gynaecology, Ophthalmology), (Phase 3 – Maternity and Stroke).
- General operational benefits include greater choice of setting, flexible workforce planning, recruitment/retention of high quality staff, research and development and opportunities to develop best possible services.
- Trusts very clear plans must fit with commissioner expectations.
- Financial due diligence: conclusion of independent consultant that merged trust more financially resilient. Risk mitigation plan in place. Remodelling to reflect revised national tariffs before presentation to Strategic Health Authority (SHA) and Department of Health (DH).
- Legal due diligence – independent third party addressed impact of merger and did not identify any material risks.
- Staff consultation/stakeholder communication: number of staff/stakeholder events held. General level of support from staff/public for merger.
- Ambulance service capacity: merger itself does not have any impact.
- FT status allows more democratic accountability, but still subject to NHS standards/regulation and scrutiny by HOSC.
- Next Steps:
 - FBC to be reviewed by Trusts - first week of February
 - Review of proposal and approval by SHA– end February
 - Department of Health Transaction Board - February
 - Secretary of State permission - March
 - New merged Trust – 1st April 2009

195. John Wilderspin, Chief Executive, West Sussex PCT, was in attendance to answer any questions relating to the impact of the merger on Fit for the Future.

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

- Asked whether one site would have seniority over another if there were shared rotas. *Mr Rymer confirmed that there may be some centralisation, possibly to both sites, but this would possibly be of teams rather than services. He said there would be some early benefits of cross-over.*
- Asked about the relationship between the merger and the Fit for the Future (FFF) process. *Mr Wilderspin confirmed that a number of drivers were similar or the same for the Trust merger as for FFF, but reiterated that FFF was about the whole of West Sussex. He said the PCT was clear that in bringing FFF to a conclusion there was also a need to look at it in the overall context of the Strategic Commissioning Plan and to take account of new material evidence and circumstances since the FFF decisions, including the Darzi report. He confirmed that a meeting of all Trust Chief Executives and Medical Directors was taking place on Friday and proposals would be put to the PCT Board at its meeting on 29th January. He confirmed that the PCT was bound to review its intentions with the new merged Trust Board as directed by the Secretary of State when he agreed to suspend the review of the PCT's FFF decisions. Mr Wilderspin outlined the proposed process (due to be considered by PCT Board 29th January 2009) going forward and confirmed that the PCT would ensure that there was a dialogue with the Joint HOSC: -*
 - The PCT will work with local clinicians in primary, secondary and community care at all trusts, to develop a set of overall commissioning intentions, focusing on three key services (emergency surgery, maternity, in-patient paediatrics).
 - Will set up a clinical reference panel to ensure these intentions meet key national/international guidelines/best practice.
 - Ensure commissioning intentions match back to original FFF criteria (clinical and financial sustainability, deliverability and accessibility).
 - Present commissioning intentions to providers to ensure they can deliver.
 - The PCT Board will then consider lifting its suspension of FFF.
- Members asked about the timescale for the process outlined. *Mr Wilderspin said that in his view the new merged Trust Board would not want to make decisions as early as April and would want to ensure that any decisions were consistent with the aims of FFF. He suggested things would not be in place before the summer, but it was possible that decisions about other parts of the county may be made earlier. He reaffirmed his earlier comment that the PCT would take into account all material new evidence and circumstances across whole of West Sussex and would then review whether the PCT Board took the right decisions. Mr Cass confirmed that late summer/autumn would tie in with the cycle for FT applications as the Integrated Business Plan (IBP) would need to be submitted towards the end of the year. He added that it was important to manage expectations and to move at a safe pace.*
- Asked whether the Trusts could provide assurances that services would be retained over a five-year period. *Ms. Griffiths confirmed that the clinical strategy, which would be ready by September at the latest, was a five-year plan.*

- Emphasised the need to be clear with the public in terms of information about the merger and FFF.
- Sought assurance that there would be no diminution of services and access to them in the south east of the county and that there would be service improvements. *Mr Rymer advised that there may be advantages for particular areas of surgery and confirmed that any centralisation may be teams as opposed to services.*
- Asked whether the FFF decisions would ultimately be dropped. *Mr Wilderspin confirmed that the decisions were only suspended and that the drivers had not gone away. Mr Harris added that there was now an opportunity to come up with a better set of solutions.*
- Asked about the two-site solution to emergency care and maternity services, whether it was sustainable in the long-term and how much investment would be required. *Mr Rymer said with regard to maternity services it was very early days and there were significant financial issues. He said the strong drivers for centralisation had not entirely gone away e.g. workforce and financial. With regard to sustainability he said that instead of an element of competition clinicians were now working together and a flexible workforce would help to achieve the desired outcomes. He said it had to be an affordable service with the best use of current facilities. Mr Wilderspin added that it was an opportunity for all trusts to look at the issues together for the whole of West Sussex and come to a considered view.*
- Asked what risks had been identified for staff and service users. *Mr Cass said the key risks were maintaining the quality of care currently provided and retaining core staff. He confirmed that the majority of staff would be unaffected and in the longer term there would be more career opportunities.*
- Congratulated the campaign groups for their work throughout the FFF process.

197. Resolved – That the Committee: -

- (1) Notes the briefing paper by the Royal West Sussex NHS Trust and Worthing and Southlands Hospitals NHS Trust;
- (2) Formally welcomes the merger between Worthing and Southlands Hospitals NHS Trust and the Royal West Sussex NHS Trust, and the move to Foundation Trust status;
- (3) Welcomed the reappraisal of Fit for the Future in the light of new material evidence;
- (4) Reminds the Trusts that they have a duty to consult with the HOSC on any substantial development or change to services resulting from the planned merger; and
- (5) Requests that the West Sussex Primary Care Trust keeps the Joint Health Overview and Scrutiny Committee informed of its timetable for the consideration of the suspension of Fit for the Future and reasons

for any decisions taken so that the Joint Health Overview and Scrutiny Committee can act appropriately in the discharge of its duties.

Options for Change

198. The Committee considered a report by Susan Onslow, Programme Manager, Options for Change, West Sussex PCT, (copy attached to the signed minutes). The report advised that the PCT Board had agreed in July 2007 to the transition of the provider services to an arms length organisation – now known as West Sussex Health (WSH). In line with the Darzi report: NHS Next Stage Review, it was now proposed that WSH should move to an independent organisation.

199. Neil Ferrelly, Finance Director, West Sussex PCT, gave a presentation to the Committee (copy attached to the signed minutes). Key points included: -

- Part of national picture of PCTs moving away from providing services.
- Government policy that PCTs review requirements for community services, provide more patient choice and continue to improve quality of care.
- Local drivers included, creating a level playing field for all providers and enabling the PCT to concentrate on becoming “World Class Commissioners”.
- Discussion process started in August 2008 with staff information events and seminars in partnership with NHS Elect.
- Core assessment criteria used to draw up a list of organisational options: -
 - Option 1: West Sussex Health as Community Foundation NHS Trust
 - Option 2: Social Enterprise
 - Option 3: Integration with Acute Trust (Queen Victoria Hospital NHS Foundation Trust) – this was subsequently withdrawn
 - Option 4: Integration with South Downs NHS Trust
 - Option 5: Social Enterprise with Innovations in Primary Care.
- Next Steps:
 - January - Draft evaluation criteria to be approved by PCT Board
 - 7th January to 6th March - Staff consultation
 - 30th January – Stakeholder event
 - 26th March 2009 – PCT Board to agree preferred organisational model
 - 1st May 2009 – HOSC to review PCT Board decision
 - April 2009 – March 2010 – Development of organisational model.

200. The Committee discussed the report and presentation. Members: -

- Asked how the PCT was involving local patient groups in the process. *Mr Ferrelly advised that the change was a management change as opposed to service change and advised that a stakeholder event was being held on 30th January.*
- Asked whether the different organisational models would have different governance arrangements. *Mr Ferrelly advised that there were two social enterprise and two NHS Trust options. A social enterprise would be a stand alone organisation with different regulations, but subject to an NHS contract.*
- Considered that staff would want to continue to be employed by the NHS and may be concerned if this was likely to change.

- Expressed concern about the ability of a social enterprise to fund staff pension schemes and training and development. *Mr Wilderspin agreed that clarity around pensions was not as clear. He confirmed that social enterprises were NHS organisations with a value set that was NHS focussed. Their income was provided through the same tariffs from commissioners.*
- Asked whether the first year of activity would be under the PCT's control. *Mr Wilderspin confirmed that the objective was to create an arms length organisation by 2010. Until then the PCT would retain overall accountability.*
- Considered that the general public were not aware of the programme and suggested that GP surgeries were an important avenue of communication.
- Expressed concern about implementation and sought assurance that service delivery would not be affected during the transition period.

201. It was agreed that the PCT would come back to the 1st May HOSC meeting with representatives from the approved provider and that their presentation should outline implementation plans, risks and plans for communications with the public.

202. Resolved –

- (1) That the Committee notes the report and presentation and is satisfied with the process and criteria used by the West Sussex PCT in its commissioning decision.
- (2) That the West Sussex PCT and new provider organisation attend the HOSC meeting on 1st May 2009. The presentation should outline implementation plans, risks and include communications with the public.

A Place to Live - Task Force Report

203. The Committee considered a report by the HOSC Task Force (copy attached to the signed minutes). The report provided an update on progress since the paper to HOSC in June 2008. Along with the officer report (attached as an appendix) it set out the key proposals for the reprovision plan for the NHS campus accommodation and the individuals concerned.

204. Mrs. Millson, Chairman of the Task Force, introduced the report. She advised that in most cases relatives and carers were supportive of the proposals. With reference to the extended timetable she confirmed that at the Project Board on 13th January the Sussex Partnership NHS Foundation Trust (SPT) had agreed to support the extension, subject to a number of conditions (set out in the report). She stressed that there was a need to manage the financial risks to the Registered Social Landlords, but confirmed that the Task Force had every confidence in the management arrangements, including the regular monitoring/reporting of progress, key risk areas and financial position. She advised that on a positive note the extension had allowed the Project Team to undertake more work with families. Mrs Millson thanked all members of the Task Force for their work over the last five years, and the officers for their support.

205. Amanda Godfrey, Project Manager – A Place to Live, Katie Glover, Strategic Joint Commissioning Manager, Debbie Allman, Head of Scrutiny, West Sussex County Council and Hazel Rumsey, Director of Child and Adolescent Mental Health Services and Learning Disabilities, Sussex Partnership NHS Foundation Trust, were in attendance to answer questions.

206. The Committee discussed the report. Members asked about the ability of SPT to continue to deliver services now that the timetable had been extended. *Ms Rumsey advised that the SPT Board had agreed to the extension at its November meeting, however there would be risks if the timetable slipped further than September 2010. She confirmed that relationships and communications had improved within the team.*

207. The Chairman thanked the Task Force members and officers for their hard work.

208. Resolved – That: -

- (1) The HOSC supports the implementation of the move-on plan.
- (2) A copy of the report to the Health Overview and Scrutiny Committee is shared with the Adults' Services Select Committee for information.
- (3) In terms of future involvement, that:
 - a short report summarising the key outcomes from the Task Force is shared with both Adults' Services Select Committee and the Health Overview and Scrutiny Committee for information (March 2009);
 - Task Force members continue to receive monthly officer highlight reports to keep up-to-date on progress with the programme;
 - unless there are significant amendments to the proposals outlined in this report, the Task Force meets at the end of April 2009 to monitor progress before the end of the current Administration.

Strategic Commissioning Plan - Task Force Report

209. The Committee considered a report by the HOSC Task Force (copy attached to the signed minutes). Dr. Walsh, Chairman of the Task Force, introduced the report, which advised on the work of the Task Force and made recommendations for HOSC approval. He thanked Task Force members, officers and the PCT for their support. He advised that the Task Force had found the SCP to be broadly sound and in the right direction and had considered evidence from other members and district councils. The Task Force recommendations covered areas including obesity, strokes, dentistry, rural access and partnership working and were set out in the report.

210. Sarah Creamer, Director of Strategy, West Sussex PCT, confirmed that the PCT had reflected on the Task Force comments and had made changes to the SCP accordingly. She advised that the full draft SCP had been sent to 800 stakeholders

for comments and the final SCP was due to be approved by the PCT at the end of February.

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

- Recommended that the SCP should provide the HOSC with a framework to monitor the PCT's commissioning performance over the next five years.
- Made a plea for more partnership working between the PCT, local councils and other health providers. *Mr Wilderspin reiterated the PCT's thanks to the Task Force for its contributions and added that it would be helpful to be joined by other partners in answering the Committee's questions in future.*
- Sought assurance that the financial plans behind the SCP were deliverable. *Ms Creamer advised that the Finance Director was working through the newly published national Healthcare Resources Groups version 4 (the means of determining fair and equitable reimbursement for care services delivered by providers) to identify the impact on the SCP and Operating Plan to ensure that the financial plans were deliverable.*
- Asked about the shift in funding from acute to primary and community care. *Ms Creamer said the PCT was broadly working on a 5% shift but that it would vary in each specification. Mr Wilderspin added that the financial allocations had now been published for the next three years and the PCT had ended up with less funding.*
- Asked whether the outcomes of the North East Review would have any impact on the SCP. *Mr Wilderspin said that key areas for improvements identified through the NER would be reflected in the SCP. However, he pointed out that the SCP related to the whole county and that it was important not to focus efforts on just one area.*
- Suggested that waiting times in relation to chronic fatigue services should be addressed by the SCP.

212. Members discussed how the HOSC would monitor the delivery of the SCP objectives. It was agreed that this would be through the Committee's Business Planning Group and input from other HOSC members with recommendations made to the HOSC as to which areas should be scrutinised in more detail.

213. Resolved – That the Committee agrees the Task Force recommendations as set out in the report and that the Committee's Business Planning Group monitors implementation of the Strategic Commissioning Plan.

Business Planning Group Report

214. The Chairman introduced the report by the Business Planning Group (copy attached to the signed minutes). The report updated the Committee on the last meeting of the Business Planning Group held in December 2008 and made recommendations regarding the Committee's work programme.

215. Resolved –

- (1) That the outcome review of the reprovision of Mental Health Services in Mid Sussex should include a meeting of representatives of the local community and key interest groups (e.g. Mid Sussex District Council, local CLC members and patients/carers and staff). The outcomes of this meeting should be reported to the HOSC for consideration. The timing of this meeting, and the subsequent HOSC consideration, to be discussed with Sussex Partnership NHS Foundation Trust.
- (2) That an informal work planning session is arranged, following the HOSC meeting on 16th March, to provide all HOSC members with an opportunity to look at future/outstanding issues and to make recommendations to the newly appointed HOSC due to hold its first meeting on 16th July 2009, following the elections in June.

Date of Next Meeting

216. The next scheduled meeting of the Committee will be held at **10.00 a.m.** on **Tuesday 24th February** at **Crawley Town Hall**. This meeting will focus on the PCT's review of health services in the north east of West Sussex.

The meeting ended at 12.52 p.m.

Chairman