

Health Overview and Scrutiny Committee

16th March 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 Mullins, Mr Waight, Dr Walsh, Mr Wilkinson (WSCC); Cllr Hotton (Adur District Council), Cllr Weekes (Chichester District Council) arrived at 10.43 a.m., Cllr Dr Bloom (Crawley Borough Council), Cllr Mrs Landriani (Mid Sussex District Council); Mrs Oliver and Mr Kemp (LINK Steering Group).

Apologies for absence were received from, Mr Mercer (West Sussex County Council); Cllr Mrs Maconachie (Arun District Council), Cllr Arthur (Horsham District Council); Cllr Dr Mercer (Worthing Borough Council) and Miss Smith (LINK Steering Group).

Declarations of Interest

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

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

Minutes

261. The Committee noted that the minutes of the meeting held in 24th February were in preparation and would be submitted to the Committee's next meeting on 27th April.

Mental Health Services

Reprovision of Mental Health Services in Mid Sussex

262. The Committee considered a report from an informal meeting of HOSC members and stakeholders held on 18th February to review the implementation of the reprovision of mental health services in Mid Sussex (copy attached to the signed minutes).

263. The Chairman introduced the report. He advised that the meeting had been arranged following concerns expressed by service users regarding the implementation of the reprovision of services. It was agreed that the issue should be scrutinised locally and created a good opportunity to involve local councillors, service users and carers, and their local representative groups. He advised that the meeting had recommended that the sensitivities of service-users and their carers should be taken fully into account in future planning and consultation processes. The meeting also agreed to recommend that SPT should consider working more closely with local stakeholders and HOSC liaison members to ensure concerns were identified and addressed more proactively in future. He said SPT had agreed to take the recommendations on board. Cllr Mrs Landriani added that that it had been a very useful meeting, in particular hearing the views of service users and carers.

264. Dominic Ellett and Tom Insley from the West Sussex Mental Health Commissioning Team (MHCT) and John Rosser, Dr Heather Harper, Russell Hackett

and Mark Dinwiddy from Sussex Partnership NHS Foundation Trust (SPT) were in attendance.

265. The Committee discussed the report. Members: -

- Sought assurance that Child and Adolescent Mental Health Services (CAMHS) were also being addressed in Mid Sussex and expressed dissatisfaction with progress in this area of the county and on the coastal strip. *Dominic Ellett advised that the quality of CAMHS continued to be of concern, however, the opening of the Chalkhill facility at the Princess Royal Hospital (PRH) in Haywards Heath, was a positive step forward and he encouraged members to arrange a visit. He said that significant improvements had been made in terms of waiting times for assessment and treatment, with the 18 week target now being met, however, there were still gaps in some areas such as early identification. He advised that the MHCT wanted to prioritise Tier 2 services and hoped to have a strategy in the next three to four months. John Rosser added that CAMHS were not only the responsibility of SPT and advised that the Trust was also working with the PCT and County Council.*
- Commented that the North East Review had identified serious gaps in primary care mental health services and sought assurance that the PCT had taken this on board. *Mr Harris confirmed that the issues had been taken on board and added that low level interventions were under-invested and that schools must be part of the strategy.*

266. Resolved – That the Committee recommends that the Sussex Partnership NHS Foundation Trust -

- (1) Considers working more closely with local stakeholders, the local district or borough council HOSC member, and the HOSC Liaison Members, on an ongoing basis, to ensure concerns are identified and addressed more proactively in future.
- (2) Determines and considers the sensitivities of service-users and their carers when undertaking consultations.

Enhancing services and support for people with dementia: the new National Strategy and Implications for West Sussex

267. The Committee considered a covering report by the Director of Policy and Performance and Head of Democratic Services and a briefing paper by SPT and the MHCT (copies attached to the signed minutes).

268. Dominic Ellett introduced the briefing paper which provided information on the national Dementia Strategy and plans for improvements to services in West Sussex. He advised that dementia was expected to be the single most significant issue over the next few years as more people were living longer. He said that much could be done to alleviate the impact of dementia and services in West Sussex needed to improve. He advised that a review was undertaken last year and as a result the PCT planned to increase investment in recurrent terms by £2.5 million over the next three years in the following priority areas: -

- Introduction of high quality primary care services. Largely in early diagnosis and intervention and memory assessment clinics. This will help to reduce admissions to acute hospital beds.
- New services for people with complex needs e.g. people with mental health and physical needs. Money will be invested in three pilots across the county.
- Redesign of secondary care services to achieve targeted support for those in greatest need. Significant problems around supporting residential care homes and need for good input in acute hospitals for mental health issues.

269. Mr Ellett confirmed that the next steps were: -

- To establish joint commissioning intentions with the County Council.
- To develop a service model for the north east of the county.
- To establish the trajectory of change to support the development of services.

270. John Rosser advised that agreement had been reached on the key principles, including the need for early intervention; to ensure a positive enabling process; to develop community settings and to provide services in a timely fashion through effective joint working. He said further work was needed to develop thinking but he believed the changes would result in fewer inpatient beds. He added that both SPT and the MHCT were agreed on the need to manage the process carefully and to engage with clinicians, service users and carers.

271. Mr Rosser confirmed that the key issues were the future of Clayton Ward at the PRH in Haywards Heath as this facility was not fit for purpose. He explained that this could not be separated from the work on the strategy for the development of community services and that this work needed to be taken forward by the Trusts involved. He confirmed that SPT and the MHCT were keen to seek HOSC support and advice on the best route for consultation and engagement on their plans.

272. The Committee considered the reports and presentation. Members: -

- Suggested that there was a need to engage and provide training for GPs and primary care teams to raise the profile of dementia and the importance of early diagnosis. *Mr Rosser advised that discussions had started with the Practice Based Commissioning Lead GP in Crawley. He said it was important to understand the whole care pathway, but primary care was critical.*
- Agreed that long term care was less dependent on beds but suggested emergency beds were lacking. *Mr Rosser advised that the majority of resources were tied up in beds and it was necessary to target resources at an earlier stage of the care pathway. He said current services could not respond quickly and the key was getting the right staff and systems to support people*
- Asked whether there was a separate strategy for working age dementia. *Mr Ellett confirmed that the current strategy would address both older people's and working age adult dementia.*
- Asked what training would be provided for professionals. *Mr Ellett advised that training would be addressed as part of the implementation process.*
- Emphasised the need for a quantum shift in dementia services and to deliver what was proposed in the strategy. *Mr Ellett said there were some examples*

of very good work taking place in some areas across the county. He reiterated the PCT's commitment to significant targeted investment over the next three years which would lead to more effective secondary care services. He also emphasised the importance of joint commissioning with the County Council. Mr Rosser said SPT was keen to deliver the aims of the strategy and intended to consult on the detail, taking plans through GPs, other stakeholders and the HOSC.

- Sought assurance that outcome measures on service user satisfaction would be built into implementation plans. *Mr Rosser confirmed that patient tracking systems would be introduced by SPT next year.*
- Expressed concern that many people with dementia were cared for by their spouses who did not access support services and suggested that easy access to respite and day care services was essential. *Mr Ellett confirmed that this was an aim of the national dementia strategy and agreed that there was a paucity of community services in West Sussex and a need for the services provided to be joined up at ground level by providers.*
- Raised the issue of education and information provision for carers of people with dementia and their families. *Mr Ellett said work was underway in this area and that the Alzheimer's Society had recently issued a job specification for Dementia Care Advisors which he hoped would be rolled out in Crawley.*

273. Sara Weech, Director of Operations Health, West Sussex County Council, advised that the County Council was looking at the impact on the health of carers starting with a piece of work in Crawley. She welcomed the recommendations for joint scrutiny by HOSC and the Adults Services Select Committee and confirmed that key stakeholder agreement on joint commissioning was needed, along with careful consultation on specific service changes, e.g. Clayton Ward at PRH.

274. Mr Harris, Chairman, West Sussex PCT, said some very valid points had been made and that joint commissioning was key. He said resources were an issue for both organisations and to make the planned investment there was a need to eliminate waste and decommission other services.

275. The Chairman asked for clarification on the consultation plans, including which organisation would lead and the timescale. Mr Ellett confirmed that there would be a set of commissioning intentions in the next two months, which would set the context for any service changes to be consulted upon. He confirmed that it would be a joint public consultation by the MHCT and SPT and that due to the integration with social care most of the work would be undertaken with the County Council. Mr Rosser advised that there would be comprehensive presentation and that the consultation process would be led by Dr Heather Harper.

276. The Chairman asked the MHCT and SPT to confirm their plans in writing to the HOSC and suggested that an update was brought to the Committee's next meeting on 27th April.

277. Resolved – That the Committee: -

- (1) Welcomes the briefing by Sussex Partnership NHS Foundation Trust and the West Sussex Mental Health Commissioning Team.

- (2) Agrees that a copy of the briefing should be forwarded to the Adults' Services Select Committee.
- (3) Agrees that any further scrutiny of plans for dementia services in West Sussex would best be carried out jointly by the West Sussex Health Overview and Scrutiny Committee (HOSC) and the Adults' Services Select Committee (ASSC).
- (4) Agrees that the HOSC and ASSC Chairmen should consider the most effective approach to scrutiny of these issues, and bring proposals to the April meetings of each Committee. Issues that may need to be scrutinised include:
 - Input into the development of commissioning intentions and the programme of dementia service change in West Sussex, and any related consultation;
 - The response to any formal consultation;
 - HOSC response to any proposed substantial developments or variations to services;
 - Implementation of recommendations arising from the ASSC Task Force on Services for Older People with Dementia.
- (5) Asks both Sussex Partnership NHS Foundation Trust and the West Sussex Mental Health Commissioning Team to notify HOSC of any specific plans for changes/developments to services at the earliest possible opportunity. This will enable the HOSC to discuss with them whether or not any proposals for service change are considered substantial.
- (6) That Sussex Partnership NHS Foundation Trust and the West Sussex Mental Health Commissioning Team should provide further detailed information on their plans for future dementia services in West Sussex in time for the HOSC to consider at its April meeting. This information should, include timescales, service changes and consultation and engagement plans.

Annual Health Check 2008/09

278. The Committee considered a report by the Director of Policy and Performance and Head of Democratic Services and comments on individual NHS Trusts tabled by HOSC liaison members (copies attached to the signed minutes). The report introduced by Helen Kenny, Scrutiny Officer, advised on the process for HOSC commentary for the 2008/9 Annual Health Check process. Each NHS Trust completes a self-assessment which involves gathering comments from key local stakeholders, including HOSCs. HOSCs are not required to make such comments, but any submissions they decide to provide may cover general comments about the Trust and/or detailed, evidence comments about specific aspects of the Trust's performance. At its meeting on 1st December 2008, the HOSC agreed that its Liaison Members would explore key issues with their Trusts and report back to this meeting.

279. The Committee discussed the report. Members agreed the general comments for each Trust as set out in Appendix A. They discussed the specific comments provided by liaison members as set out in the report and those tabled at the meeting. Some liaison members also provided verbal updates.

Brighton & Sussex University Hospitals NHS Trust

280. The Committee agreed the HOSC liaison member comments as set out in the report.

Queen Victoria Hospital NHS Foundation Trust

281. The Committee agreed the HOSC liaison member comments tabled at the meeting (copies attached to the signed minutes).

Royal West Sussex NHS Trust

282. The Committee agreed the comments tabled by HOSC liaison members (copy attached to the signed minutes). In addition Mr Chaplin said his perception was that there was very positive support for the merger between the Worthing and Southlands Hospitals NHS Trust amongst staff, but emphasised the need for the Trusts to monitor performance during the transition period.

South East Coast Ambulance Service NHS Trust (SECamb)

283. Dr Walsh confirmed that he would share his draft comments with Mr Wilkinson for agreement following the meeting. He said there were still some concerns regarding Call Connect standards especially in rural areas, although SECamb had put measures in place to improve performance including ambulances stationed at 'hot points' i.e. areas where call outs were most likely to be generated. The Trust was continuing with the introduction of paramedic practitioners and critical care practitioners, but there were still some problems with admitting patients to Accident and Emergency departments. The Trust was on target to breakeven this financial year and expected to make an application for Foundation Trust status in 2010. Mr Wilkinson supported the comments made by Dr Walsh and added that he had been very impressed by the efficiency and hard work of the staff at the Trust.

Surrey & Sussex Healthcare NHS Trust

284. Mr Mullins was pleased to confirm that the Surrey and Sussex Healthcare NHS Trust only expected to declare 'not met' against one core standard in 2008/9 – C4c (decontamination). To achieve compliance with this standard it was noted that it was necessary to build a new decontamination unit at the Redwood site which should be completed by December 2009. Mr Mullins confirmed that the Trust expected to declare 'met in year' on standards C1b (safety alerts), C7e (discrimination), C13c (information security), C24 (emergency planning). It was noted that this was an improvement on the Trust's 2007/8 performance when it failed to meet eight of the core standards. With regard to patient feedback, Mr Mullins was pleased to confirm that the Trust had invested in a number of portable, fixed electronic devices which would enable patients to respond in real time to a range of questions about their experience of the Trust. The machines will use an international language base making the system accessible to many more patients. He also confirmed that the Trust was expecting a 'fair' rating for the use of resources, which was consistent with its 2007/8 rating and that the Trust was making progress towards the objective of single sex wards.

Sussex Partnership NHS Foundation Trust

285. Mr Kemp confirmed that the Trust expected to be compliant with all standards in 2008/9. He expressed some concern about forthcoming changes to personnel and the effects on continuing engagement with HOSC Liaison Members. He emphasised the need to ensure that staff were aware of the Liaison Member role and the need for advance notification of service changes/key issues. He hoped that regular liaison meetings could be arranged in future.

West Sussex Primary Care Trust

286. The Committee agreed the comments tabled by the Liaison Members (copy attached to the signed minutes).

Worthing & Southlands Hospitals NHS Trust

287. Dr Walsh advised that a meeting with Trust had been cancelled at short notice and he had therefore not been able to prepare comments for the meeting. He said however that he received the Trust Board meeting papers and there were no serious areas of concern. Mr Rymer said he would talk to his colleagues at the Trust to get a HOSC Liaison meeting arranged.

288. Resolved – That the Committee agrees: -

- (1) The general comments for each of the NHS Trust as set out in Appendix A and the liaison member comments included in the Appendix or provided at the meeting.
- (2) That the HOSC liaison member comments should be forwarded by Scrutiny Support Officers to the individual NHS Trusts for inclusion in their Annual Health Check 2008/09 declarations to the Care Quality Commission.
- (3) That where Liaison Members have not yet submitted written comments, these will be agreed following this meeting by the appropriate Liaison Members in conjunction with the HOSC Chairman.
- (4) That a report on any future health check process is brought to the HOSC once the Care Quality Commission has formally assumed responsibility for monitoring NHS Trust performance.

Business Planning Group Report

289. The Committee considered a report by the Business Planning Group from its meeting on 12th February (copy attached to the signed minutes). The Chairman introduced the report, which covered the scrutiny of mental health services, Upper Gastrointestinal (GI) Cancer care pathway for Worthing and planning for future HOSC meetings.

290. The Chairman advised that the Business Planning Group had agreed to recommend that the proposed change to the Upper GI Cancer Care pathway for Worthing should not be subject to further scrutiny, however, Mike Rymer, Medical Director, Worthing and Southlands Hospitals NHS Trust (WASH), had since raised concerns that the Trust had not been fully consulted by the West Sussex PCT.

291. Mr Rymer and Alison Hempstead, Programme Director for Cancer and Planning, West Sussex PCT, were in attendance for this item.

292. Mr Rymer said he wanted to ensure that the HOSC was aware of the potential difficulties of moving the Upper GI cancer service in Brighton. He advised that the move to the Royal Surrey County Hospital in Guildford had always been an interim arrangement, but that a good service had been created for patients, with the consultant from Worthing travelling to Guildford and video conferencing facilities in place for clinicians to meet virtually. He said his main concerns were regarding access, however he said that if the proposal from the North East Review to provide more radiotherapy services in West Sussex was implemented this may change the thinking. He asked for the opportunity to create the same level of care, currently provided at Guildford, in Brighton and said that this may not happen overnight. He sought assurance from the PCT that it would ensure that long term the Brighton and Sussex University Hospitals NHS Trust (BSUH) was able to provide a sustainable service in terms of patient numbers and said he would welcome some more time to discuss this further with BSUH.

293. Alison Hempstead said the PCT also wanted to ensure that the service was sustainable. She advised that the PCT had been formally asked by the Sussex Cancer Network to look at the care pathway as the service at Brighton did not comply with the guidance based on the current catchment population. She confirmed that the PCT was still consulting on the proposal and that she was meeting with the Upper GI Cancer Carers Group this week.

294. Members discussed the issues and raised the following issues: -

- Sought reassurance that the proposed change fitted with the plans of the merged Western Sussex Hospitals NHS Trust. *Mr Rymer confirmed that patients assessed by the Royal West Sussex NHS Trust in Chichester currently had their surgery in Portsmouth, but there would be a need to see how the proposed change fitted with the merged Trust's strategic planning. He said however, that not all pathways would change and that there may be a need for more than one model for some services.*
- Suggested that patients were very happy with the service currently provided at Guildford and some would not want to travel to Brighton.
- Expressed concern about the effect on patients if laparoscopic surgery was not available at Brighton and asked that the new service be allowed to embed for a minimum of six months before a permanent move was agreed. *Mrs Hempstead confirmed that there was no intention to change the care pathway until the new service was in place, but advised that BSUH would need a commitment from the PCT before investing in the service.*
- Expressed concerns that WaSH clinicians had not been consulted and sought assurance that consultation was now taking place. *Mrs Hempstead confirmed that consultation was now taking place with WaSH and that clinicians would be having discussions about the proposed change.*
- Asked whether patients would have a choice to be treated at Guildford or Brighton. *Mrs Hempstead confirmed that patients assessed by the Surrey and Sussex Healthcare NHS Trust would continue to be treated at Guildford.*

295. The Chairman emphasised that any decision to change the care pathway must be in the interests of patient safety and asked the West Sussex PCT to delay implementation of the proposed change to enable further discussions between Brighton and Sussex University Hospitals NHS Trust and Worthing and Southlands Hospitals NHS Trust.

296. Resolved – That the Committee: -

Scrutiny of Mental Health Services

- (1) Agrees that regular meetings should be arranged with HOSC Liaison Members and Sussex Partnership NHS Foundation Trust, to discuss current issues and to identify future issues to be brought to HOSC, including any proposed substantial developments/variations to services.
- (2) Agrees that the Mental Health Commissioning Team should provide HOSC information on the outcomes of pilot projects outlined at the meeting (providing psychological support for people with heart disease, chronic obstructive pulmonary disease (COPD) and diabetes).
- (3) Agrees that the following areas should be subject to further scrutiny by HOSC (and will be included in the Committee's future work programme planning process): -
 - Child and Adolescent Mental Health Services (CAMHS)
 - Older People's Mental Health Services (OPMHS), in particular Dementia services
 - Primary care services
 - Health and well-being of carers
 - Consultation and Engagement processes

Upper Gastrointestinal (GI) Cancer Care Pathway for Worthing

- (4) Recommends that in the interests of public safety the West Sussex PCT should delay implementation of the proposed change (to the Upper Gastrointestinal Cancer Care Pathway) to enable further discussions between Brighton and Sussex University Hospitals NHS Trust and Worthing and Southlands Hospitals NHS Trust.

Planning for Future HOSC Meetings

- (5) Notes the HOSC work programme for 2009/10.

Response from West Sussex PCT to HOSC recommendations – 1st December 2008

297. The Committee had before it a response from Mr Wilderspin, Chief Executive, West Sussex PCT, to the Committee's recommendations made at its meeting on 1st December 2008.

298. The Committee discussed the response. Members expressed strong views that the new hospital should be named 'Littlehampton Hospital' and agreed to write to the PCT to request that this be revisited as proposed by Mr Wilderspin at an appropriate point in the planning process.

299. Resolved – That the Committee notes the PCT response and that the Chairman writes to Mr Wilderspin to request that the name of the East Arun Hospital be reviewed.

Date of Next Meeting

300. It was noted that the next meeting of the Committee would be held at 10.00 a.m. on Monday 27th April at County Hall, Chichester. (This replaces the meeting scheduled for 1st May).

The meeting ended at 12.09 p.m.

Chairman