

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 11 March 2010

PRESENT:

Councillor Mrs Tidy (Chairman) Councillors Heaps, Howson, O'Keeffe, Rogers OBE (Vice-Chairman) and Taylor (ESCC); Councillor Martin (Hastings Borough Council); Councillor Hough (Eastbourne Borough Council); Councillor Lambert (Lewes District Council); Councillor Davies (Rother District Council), Mr Dave Rogers, Vice-Chair, Hastings and Rother Health and Social Care Forum.

WITNESSES:

NHS East Sussex Downs and Weald and NHS Hastings and Rother

Mike Wood, Chief Executive

Jenny Phaure, Maternity Services Programme Manager

Lisa Compton, Director of Assurance and Engagement

Nicky Murrell, Assistant Director of Projects

Jane Strong, Programme Lead for Stroke and Long Term Neurological Conditions

Yvonne Le Brun, Interim Deputy Director for Strategy and Primary Care

Lisa Elliot, Lead Cancer Commissioner

Karrol Aldous, Cancer Commissioner

Sussex Partnership NHS Foundation Trust

Richard Ford, Executive Commercial Director

Andrew Dean, Service Director Secure and Forensic Services

Christine Bowman, Deputy Director – Strategic Development and Capital Projects

LEAD OFFICER: Claire Lee

LEGAL ADVISER: Angela Reid, Head of Legal Services

1. APOLOGIES

1.1 Apologies were received from Councillor Pragnell (ESCC), Councillor Mrs Phillips (Wealden District Council) and Ms Janet Colvert (Chair, LINK Core Group)

2. MINUTES

2.1 RESOLVED to confirm as a correct record the minutes of the meeting held on 20 November 2009.

3. DISCLOSURE OF INTERESTS

3.1 Councillor Heaps declared a non-prejudicial interest in relation to agenda item 8, in that she is a member of the Eastbourne Borough Council Planning Committee.

4. REPORTS

4.1 Copies of the reports dealt with in the minutes below are included in the minute book

5. EAST SUSSEX MATERNITY SERVICES STRATEGY

5.1 The Committee considered a report by the Director of Law and Personnel.

5.2 Mike Wood, Chief Executive and Jenny Phaure, Maternity Services Programme Manager at NHS East Sussex Downs and Weald (ESDW) and NHS Hastings and Rother (H&R), updated the Committee on the next steps with the finalised strategy for maternity services in East Sussex.

5.2 Key points from the presentation:

- The final Maternity Services Strategy, incorporating changes requested by the Maternity Services Development Panel and the Equality Impact Assessment, has been agreed and the focus has moved to implementation.
- Implementation is being driven by the Maternity and Newborn Services clinical sub-group. A further Primary Care Communications sub-group has been formed to strengthen engagement on community based provision, particularly with GPs.
- The role of HOSC in holding the NHS to account for performance against the strategy's objectives, particularly through use of the maternity 'dashboard', was welcomed.
- Funding negotiations with East Sussex Hospitals Trust in relation to the 2010/11 service level agreement were progressing well in difficult circumstances and the conclusion of the negotiations was imminent.
- NHS ESDW/H&R have accepted that a premium will be paid to East Sussex Hospitals Trust for maternity services over and above the nationally set tariff in order to maintain consultant-led services in Eastbourne and Hastings and to develop community midwifery as outlined in the strategy. This is likely to be £2-3million over the national rate, which will mean that this funding is not available to pursue investment in other services.
- The current maternity dashboard shows good progress made in some areas (e.g. a reduction in caesarean section rates at Eastbourne District General Hospital) but ongoing challenges in some other areas.
- A new policy on the recording of diverts has been agreed with East Sussex Hospitals Trust, linked to the Commissioning for Quality and Innovation (CQUIN) scheme. The policy means that a divert is recorded only when women in labour cannot be seen at either of the Trust's main maternity units. This is in line with other Trusts' policies.

5.3 Mr Wood and Ms Phaure responded to questions including the following:

Consistency between maternity units

5.4 Mr Wood agreed that ensuring consistent practices across Sussex, and particularly within the same Trust, was important where there was clear evidence in relation to best practice. He indicated that while some progress has been made over the past 12-18 months this was not sufficient and work would continue across Sussex and within East Sussex Hospitals Trust. Mr Wood highlighted that this is an issue which goes beyond maternity services.

Improvements to quality of care

5.5 When asked what evidence there was that the quality of care is improving, Mr Wood and Ms Phaure pointed to the work to reduce caesarean section rates, which is advanced compared to other areas, and the improvements in the number of hours of consultant presence on the labour wards. Mr Wood acknowledged that the target to reach 40 hours of consultant presence per week by April 2010 was challenging and had not yet been met, but that it was right to set high standards, and to see progress in the context of that made by similar sized units elsewhere.

Units outside East Sussex

5.6 When asked how the quality of care at units outside East Sussex (such as those in Brighton and Haywards Heath) is monitored, Mr Wood acknowledged that the local dashboard does not currently reflect these units. However, he assured HOSC that the revised strategy reflects the use of units outside East Sussex by local women and that NHS ESDW/H&R have performance management arrangements in place with neighbouring Trusts covering the range of services commissioned from them, including maternity. He also indicated that a South East Coast area maternity dashboard was in development which would enable key quality indicators for all maternity units to be monitored and compared.

Midwifery staffing levels

5.7 When asked whether the funded establishment of midwives currently reflected the nationally recommended Birthrate Plus level, Mr Wood confirmed that this was not yet the case. Ms Phaure explained that the current funded establishment at East Sussex Hospitals Trust is 134 full-time equivalent midwives which is a shortfall of 13.03 WTE against the latest Birthrate Plus calculation. This is affected by vacancy and recruitment issues as well as funding. Mr Wood highlighted that the Birthrate Plus methodology had recently been altered which resulted in a larger shortfall than had previously been identified and that this was a common issue for Trusts nationally. Many areas are finding it challenging to reach Birthrate Plus staffing levels.

5.8 Mr Wood indicated that although theoretically the national tariff for maternity services should be sufficient to fund Birthrate Plus staffing levels, this does not appear to be the case in practice. Staffing levels therefore form part of the discussion regarding the subsidy for maternity services, alongside consideration of how the services can work as efficiently as possible. When asked whether Birthrate Plus levels constituted a national target, Mr Wood indicated that this was not the case and that the calculation was an aspiration rather than a specific target with a deadline.

Caesarean section rates

5.9 Ms Phaure clarified that the aim is to reduce caesarean section rates at both the Eastbourne and Hastings units in line with best practice. The approach being taken is to more rigorously review the reasons behind elective caesarean sections and agree appropriate actions to address the issues identified. Ms Phaure indicated that this work was being led by clinicians across the two sites working together.

5.10 RESOLVED to (1) Agree that the Committee's future monitoring of progress should focus on key outcomes and quality indicators using the approach outlined in paragraph 3.3 of the report;

(2) Clarify that HOSC's monitoring will focus on outcomes for all East Sussex women and babies, not only those using East Sussex Hospitals Trust services, and to request that the reports from NHS ESDW/H&R reflect this; and

(3) To request a monitoring report in September 2010 and on a six monthly basis thereafter.

6. IMPROVING MENTAL HEALTH SERVICES IN EAST SUSSEX

6.1 The Committee considered a report by the Director of Law and Personnel.

6.2 Richard Ford, Executive Commercial Director, Sussex Partnership NHS Foundation Trust and Lisa Compton, Director of Assurance and Engagement, NHS East Sussex Downs and Weald/NHS Hastings and Rother presented a report on proposals to make changes to the provision of inpatient mental health services in East Sussex and the associated consultation process.

6.3 Key points from the presentation:

- Significant pre-consultation engagement work had been undertaken from autumn 2009 including stakeholder events which involved service users, carers, voluntary sector organisations and staff.
- Discussion had focused on taking forward the National Service Framework for Mental Health Services and the need to look at appropriate provision of inpatient care, having previously focused on the development of community services.
- As only c6% of the population are active users of mental health services there is a need to target consultation activity appropriately, particularly focusing on harder to reach groups and service user groups, whilst also catering for the wider public by offering public meetings.
- The consultation is also an opportunity to take the debate on mental health services to a wider audience and contribute to challenging stigma.
- It would be important to demonstrate to service users, carers and the public that key commitments in relation to community services were being met before making changes to inpatient services.
- The proposals are not intended to prevent access to inpatient care for service users who need it. The proposed reduction in beds reflects reduced lengths of stay in inpatient care and the increasing number of service users who can be supported in the community.
- The proposals reflect a medium-long term process of change which will be ongoing over the next five years.

6.4 Mr Ford and Ms Compton responded to questions including the following:

Feedback questionnaire

6.5 Responding to concerns that some questions in the feedback questionnaire in the consultation document could be regarded as ambiguous or leading, Ms Compton argued that the questions reflected a standard set used in many consultation documents and that there were options to express disagreement as well as agreement. She assured HOSC that the

questionnaire was only one way for people to respond to the consultation and that responses through other routes would be welcomed.

Referral to mental health services

6.6 When asked to clarify how service users are referred to mental health services in the case of an urgent need, Mr Ford outlined the various routes which can be via GPs, A&E or the police amongst others. He explained that crisis resolution teams are in place in Eastbourne and Hastings, operating 24 hours a day, 7 days a week, 365 days a year to respond to urgent needs.

6.7 Mr Ford also highlighted the new 'Health in Mind' service which would commence in April 2010, building up to full capacity over 15 months. This service will work directly with GPs and practice staff in primary care to better identify mental health needs and ensure appropriate referral to specialist services. This links to the Improving Access to Psychological Therapies scheme which is delivering 70 additional psychological therapists in East Sussex. Mr Ford agreed to supply HOSC with a separate briefing on the Health in Mind service.

Services for armed forces personnel

6.8 Mr Ford advised HOSC that, rather than developing services specifically for armed forces personnel, people would access appropriate services dependent on their specific needs. He indicated that the Trust would be developing specific services to support people experiencing post-traumatic stress disorder, a condition which may be more prevalent amongst people serving in the armed forces in conflict areas.

RESOLVED to: (1) Agree that the proposals outlined in Appendix 1 constitute a 'substantial development or variation' to services requiring statutory consultation with the Committee under the health scrutiny legislation;

(2) Nominate Councillors Heaps, Pragnell, Rogers and Tidy to form a task group to consider the proposals in more detail and to undertake joint work with colleagues from West Sussex and/or Brighton & Hove HOSCs should that become necessary; and

(3) Request a briefing note from Sussex Partnership NHS Foundation Trust on the Health in Mind service.

7. REVIEW OF STROKE CARE IN EAST SUSSEX

7.1 The Committee considered a report by the Director of Law and Personnel.

7.2 Nicky Murrell, Assistant Director of Projects and Jane Strong, Programme Lead for Stroke and Long Term Neurological Conditions, NHS East Sussex Downs and Weald/NHS Hastings and Rother presented a report on progress with the recommendations from HOSC's review of stroke care.

7.3 Key points from the presentation:

- The local stroke strategy is now moving into its second year of implementation, overseen by a multi-agency programme board.
- There is a particularly high demand for stroke services in East Sussex compared to other areas, linked to the older age profile of the county.

- The strategy takes a whole system approach with specific workstreams looking at each stage of the pathway of care. For example, a new stroke pathway has been developed for the acute stage in conjunction with East Sussex Hospitals Trust.
- The main challenge is the recruitment of suitably qualified staff. This is being addressed through training programmes for existing staff and the development of a new stroke module within nurse training which will bring new staff into the field.

7.4 Ms Murrell and Ms Strong responded to questions including the following:

Availability of scanning

7.5 Ms Strong confirmed that from the 1 April 2010 scans will be available 24 hours a day, 7 days a week to support the introduction of 24/7 thrombolysis for appropriate stroke patients in Eastbourne and Hastings. A Radiographer would be available to interpret the scans and telemedicine was being considered as a longer term option.

7.6 When asked to clarify which definition was being used to record the time taken for patients to access a scan, Ms Strong confirmed that, following debate, it had been decided to record data against both of the commonly used definitions. One definition relates to the time from onset of symptoms to receiving a scan (this is used in the National Sentinel Stroke Audit). The other relates to the time between the patient arriving at the hospital and receiving the scan. Ms Murrell confirmed that both sets of data would be available and that both are valid and useful indicators.

Impact of FAST campaign

7.7 Ms Strong reported that it appears more people are recognising symptoms as a potential stroke and raising the alarm more quickly since the introduction of the national FAST campaign. However, this is not universal and Ms Strong was hopeful that the impact of extending access to thrombolysis would help people recognise the need for swift action when a stroke is suspected.

Availability of health checks

7.8 When asked why a smaller proportion of GP practices in East Sussex Downs and Weald had introduced vascular health checks than in Hastings and Rother, Ms Murrell responded that the programme is still ongoing. The aim is for all practices to sign up and progress is being monitored closely. She also explained that the system involves use of software to identify patients at risk, who are then divided into high, medium and low risk groups. The practices target high risk patients first, which means that not all patients eligible for a health check will have received an invitation yet.

7.9 Ms Strong added that the management of programmes to improve care for stroke and for cardio-vascular disease had been brought together which would be beneficial in terms of preventative work, given the similar risk factors for the two conditions. Ms Strong agreed that the engagement of GPs was a priority in delivery of the strategy.

Scope of strategy

7.10 Ms Murrell assured HOSC that the local stroke strategy encompasses all East Sussex residents, not just those using East Sussex Hospitals Trust services. She also indicated that the Sussex Stroke Network is in place to make links between areas and that a South East Coast stroke dashboard is used to monitor quality of care at all hospitals used by East Sussex residents and to compare progress across the region. Ms Murrell agreed to reflect this wider picture in future reports to HOSC.

7.9 RESOLVED to: (1) Welcome progress to date on implementation of the HOSC recommendations on stroke care and the wider stroke strategy.

(2) Request confirmation of the policy on patient choice in relation to health checks (i.e. if a patient declines to take up the invitation)

(3) Request further monitoring reports in September 2010 and March 2011.

8. RADIOTHERAPY SERVICE PROVISION FOR EAST SUSSEX

8.1 The Committee considered a report by the Director of Law and Personnel.

8.2 Yvonne Le Brun, Interim Deputy Director for Strategy and Primary Care, Lisa Elliott, Lead Cancer Commissioner and Karrol Aldous, Cancer Commissioner, NHS East Sussex Downs and Weald (ESDW)/NHS Hastings and Rother (H&R) presented a proposed service model for the provision of radiotherapy in East Sussex.

8.3 Key points from the presentation

- Access to radiotherapy had been identified as an issue, particularly for Hastings and Rother residents. There is evidence that some patients have chosen not to complete their treatment due to lengthy journeys and this clearly has a negative impact on outcomes.
- Comparative data shows that outcomes for patients in the Hastings and Rother area for colorectal and lung cancers compare poorly with other areas of the country.
- NHS ESDW/H&R are mindful of the likely increased demand for radiotherapy in the future due to projected increases in cancer rates associated with an ageing population and the older age profile of East Sussex.
- The proposal to introduce a radiotherapy service based at Eastbourne District General Hospital follows a nine month project to review provision and develop a new model.
- The proposed location of the service on an acute hospital site has the advantage of access to other specialist services and skilled staff. This back-up also means that it is possible to treat older, frailer patients for whom lengthy journeys may be a particular issue, thus increasing the range of patients able to access a more local service.
- The proposal will reduce the average journey time for radiotherapy for Hastings and Rother patients from up to two hours to within 45 minutes.
- If the proposal is approved it could take three to four years to deliver and is dependent on successful application for capital funds from the Department of Health and successful application for planning permission.

8.4 Ms Le Brun, Ms Elliot and Ms Aldous responded to questions including the following:

Space at Eastbourne Hospital

8.5 Ms Elliot advised HOSC that a proposed location on the Eastbourne site had been identified and that it would involve a new-build rather than using an existing building. She explained that it would be necessary to dig a bunker for each Linear Accelerator (LINAC) machine – initially it is proposed to site two LINACs at Eastbourne, but a third bunker may be

installed to allow for potential future expansion. Ms Elliot agreed to check whether the space identified would impact on availability of car park space.

Impact on cancer centre expertise

8.6 When challenged as to whether the development of further sites for the provision of radiotherapy would dilute the expertise built up by specialist cancer centres, Ms Elliot assured HOSC that this would not be the case. She indicated that the service would be provided by the Brighton cancer centre on an outreach basis and would be delivered by the same team of staff. Ms Elliot confirmed that the care provided would be overseen by the specialist cancer centre and that the proposal for an additional service in Eastbourne was in response to a need to increase radiotherapy capacity as well as to improve access for patients.

Waiting times

8.7 Ms Elliot confirmed that the additional capacity would have a positive impact on waiting times for treatment. She indicated that the standard is for treatment to be received within 31 days of diagnosis, which is currently challenging, and that swift treatment would impact positively on outcomes for patients.

Patients not completing treatment

8.8 When asked about the reasons why patients may choose not to complete their treatment, Ms Elliot explained that, as well as the journey time issue already highlighted, radiotherapy may not be the only treatment option available. Some patients may opt for chemotherapy which is available in either Eastbourne or Hastings. Ms Le Brun also indicated that some patients choose not to pursue treatment for their own personal reasons and that, while people should be supported to access care if there are practical issues, individual patient choices must also be respected, including the right to refuse treatment.

8.9 RESOLVED to (1) Welcome the proposal to introduce radiotherapy provision within East Sussex; and

(2) Request that HOSC be kept informed of progress.

9. SECURE AND FORENSIC SERVICES IN EAST SUSSEX – DEVELOPMENT PROGRAMME

9.1 The Committee considered a report by the Director of Law and Personnel.

9.2 Andrew Dean, Service Director for Secure and Forensic Services, Sussex Partnership NHS Foundation Trust, presented an update on outcomes from the public consultation on proposals for redevelopment and expansion of secure and forensic inpatient services at Hellingly, near Hailsham. Christine Bowman, Deputy Director – Strategic Development and Capital Projects was in attendance.

9.3 Key points from the presentation:

- 40 responses to the consultation were received, of which 37 were positive.
- The main concerns highlighted were the safety and security of the local population and landscaping issues, particularly given the location of the site close to a housing development.
- Sussex Partnership Trust has responded to the security issues by agreeing to organise some roadshows and open days where residents can see the existing security

arrangements and what the redevelopment will include. There appears to have been some misunderstanding of what a 'medium secure' facility looks like and these activities will help to address these misconceptions.

- Landscaping was already included in the proposals but this may not have been sufficiently visible in the plans. The comments have been taken into account.

9.4 When asked to clarify the timescale for moving the project forward, Ms Bowman explained that a planning application was imminent and if this was approved it was intended that the new build element of the project would begin in July 2010 and take 12 months to complete. The aim would be to open the new building at the end of 2011 and move service users from the current accommodation to the new building whilst the second phase of works – a 20 week refurbishment of the current accommodation – was completed. The entire development should be operational from April 2012.

9.5 RESOLVED to: (1) Reiterate HOSC's support for the proposed development; and
(2) Request that HOSC Members be invited to the planned open days.

10. HOSC RURAL EVENT REPORT

10.1 The Committee considered a report by the Director of Law and Personnel.

10.2 The Chairman updated the Committee on a discussion at the South East Rural Partnership Forum which had resulted in the Forum initiating contact with HOSCs in the region in relation to rural health issues. The Rural Event report had been shared with all HOSCs in the South East Coast region as a result and was helping to promote debate.

10.3 The following issues were highlighted in discussion:

- The event demonstrated that there are health inequalities in rural, as well as urban, areas and will help HOSC ensure that the needs of the whole varied population of East Sussex are considered when planning healthcare and addressing poor health.
- The discussion crystallised the important balance to be struck between needs and access to services.
- The event brought out the importance of primary care and the central role of the rural GP practice as a 'hub' for the provision of services.
- The importance of engaging local community groups and networks in supporting vulnerable people, particularly in difficult circumstances such as adverse weather, was evident.

10.4 RESOLVED to: (1) Endorse the report from the event
(2) Agree that the issues raised at the event will primarily be addressed through integrating rural issues throughout HOSC's work as described in paragraph 2.3 of the report.

(3) Forward a copy of the report to the Royal College of Physicians to raise awareness of the role of rural GP practices.

11. INDIVIDUAL HOSC MEMBERS' ACTIVITY

Cllr Sylvia Tidy

11.1 4th February – attended one of the regular meetings of South East HOSC Chairmen and South East Coast Strategic Health Authority. Topics covered included winter pressures, the Better by Design mental health proposals and the national consultation on car parking.

11.2 3rd March – attended a regional meeting of HOSC Chairmen. Topics included practice based commissioning, role of the Care Quality Commission, and a specialised commissioning update.

11.3 4th March - attended the Adult Social Care Scrutiny Committee which discussed the development of an older people's joint commissioning strategy – this is a joint enterprise between the NHS and Adult Social Care and will touch on areas of particular interest to HOSC such as stroke care.

11.4 Has been attending regular meetings of the Maternity Services Development Panel as an observer.

Cllr David Rogers

11.5 14th December – attended Sussex Partnership NHS Foundation Trust's launch of their Better by Design mental health services strategy.

11.6 10th February – attended Sussex Partnership NHS Foundation Trust's launch of their dementia strategy which demonstrated the need for integrated working with Adult Social Care.

Cllr Carolyn Heaps

11.7 Attended the opening of Milton Grange, a refurbished Adult Social Care facility in Eastbourne for the care of service users with dementia.

11.8 Highlighted the retirement of Mr George Bordoli from the Coronary Care Unit at East Sussex Hospitals Trust following many years of service to East Sussex patients.

Cllr Eve Martin

11.9 10th February – attended Sussex Partnership NHS Foundation Trust's launch of their dementia strategy

11.10 10th March – attended the Healthier Hastings Partnership Board

11.11 17th March – will be attending a South East Coast Ambulance Service NHS Trust event near Gatwick.

The Chairman declared the meeting closed at 12.20pm