

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 17 June 2010

PRESENT:

Councillor Mrs Tidy (Chairman) Councillors Heaps, Howson, O'Keeffe and Taylor; Councillor Martin (Hastings Borough Council); Councillor Hough (Eastbourne Borough Council); Councillor Davies (Rother District Council); Councillor Phillips (Wealden District Council); Mr Dave Rogers, Vice-Chair, Hastings and Rother Health and Social Care Forum and Mr Maurice Langham, East Sussex Seniors Association.

WITNESSES:

Brighton & Sussex University Hospitals NHS Trust
Duncan Selbie, Chief Executive
Duane Passman, Director of 3Ts, Estates and Facilities

NHS East Sussex Downs and Weald and NHS Hastings and Rother
Murray King, Head of Primary Care
Nicky Murrell, Assistant Director of Strategy
Gillian Hamer, Service Improvement Lead
Sam Chittenden, Director of Strategy and Primary Care
Lisa Compton, Director of Assurance and Engagement

Sussex Partnership NHS Foundation Trust
Richard Ford, Executive Commercial Director

South East Health
Gilly Wilford, Director of Finance and Contracts

LEAD OFFICER: Claire Lee, Scrutiny Lead Officer

1. APOLOGIES

1.1 Apologies were received from Councillor Pragnell (ESCC), Councillor Rogers (ESCC), Councillor Lambert (Lewes District Council) and Janet Colvert, Chair, East Sussex LINK Core Group.

2. MINUTES

2.1 Subject to two factual matters being checked, RESOLVED to confirm as a correct record the minutes of the meeting held on 11 March 2010.

3. DISCLOSURE OF INTERESTS

3.1 None declared.

4. REPORTS

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

5. BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST – TEACHING TRAUMA AND TERTIARY (3Ts) PROGRAMME

5.1 The Committee considered a report by the Assistant Director, Legal and Democratic Services.

5.2 Duncan Selbie, Chief Executive and Duane Passman Director of 3Ts, Estates and Facilities at Brighton and Sussex University Hospitals NHS Trust (BSUH) updated the Committee on progress with the planned developments at the Trust.

5.3 Key points from the presentation included:

- Stage 1 of the planned development includes the relocation of neurosciences from Haywards Heath and replacement of the medical, care of the elderly wards and other departments currently located in the original Royal Sussex County Hospital buildings. This stage will establish the Royal Sussex County Hospital as a Level 1 Major Trauma Centre, enabling more patients with serious injuries to be treated within Sussex rather than being transferred to London.
- Stage 2 involves building a new cancer centre. This will include 6 Linear Accelerators (LINACs) which will enable more patients to receive chemotherapy within Sussex. Stage 3 involves demolishing the existing cancer centre and building a multi-storey car park.
- Stage 1 of the development involves demolition of buildings mainly housing office accommodation which can be moved off-site during the build. The exception is the nuclear medicine department, but this will remain on-site in a modular facility during the whole programme to enable diagnostic tests to be available on site throughout.
- Some outpatient services will be transferred temporarily (4-5 years) to the Brighton General Hospital site to enable building works to take place. The Trust will also consider how to make best use of the Princess Royal Hospital facilities to support provision of services during the redevelopment of the Brighton site.

5.4 The Trust representatives responded to questions including the following:

Safety aspects of the design

5.5 When asked for assurance that patient safety features had been factored into the design, Mr Passman indicated that the proportion of single rooms versus four-bedded bays (which facilitate easier observation of patients) had been influenced by patient safety factors. The whole development will incorporate approximately 65-70% single rooms but this varies from ward to ward dependent on specific needs and acuity of patients. Mr Passman emphasised that the design aspects must be seen alongside good working practices such as initiatives to free up nursing time for observation. Mr Passman agreed to share further information on criteria for determining the mix of single and four-bedded rooms.

Funding

5.6 Mr Selbie acknowledged the challenging and uncertain financial climate nationally, but indicated that the Trust had already received Department of Health funding of £18million in

order to prepare a full and detailed planning application. An application and case for the full funding would be made following the planning application.

Transport and accessibility

5.7 Mr Selbie highlighted the Trust's recognition that the Royal Sussex County Hospital's status as a tertiary centre entails serving a wide catchment population and patients who may be undertaking relatively long journeys. The need for appropriate parking facilities is therefore well understood. An initial parking assessment had suggested an additional 200 spaces are required. A more detailed study is underway to refine this assessment in the context of Brighton & Hove City Council's transport strategy.

5.8 The Trust's approach is also based on providing services in community locations, and at the Princess Royal Hospital where possible, to reduce pressure on the Brighton site. However, 80% of activity at the Royal Sussex County Hospital is emergency care and the Trust recognises that patients and families will tend to travel by car in urgent situations. The Trust is also investigating possible extension of the 40X bus service which operates between the two main hospital sites, although this would have a cost implication.

Neurosciences development

5.9 When asked whether the relocation of neurosciences represented a straightforward re-provision or an opportunity to develop services, Mr Passman indicated that the plans include an expansion of neurosciences capacity. Although Hurstwood Park Neurosciences Centre in Haywards Heath already offers a regional service, the new facility in Brighton would have increased inpatient capacity (from 40 to 55 beds) and look to offer new modalities and technologies which will enable more patients to receive care within Sussex rather than London.

Teaching facilities

5.10 When asked how the development would improve teaching opportunities, Mr Passman indicated that stage 2 of the development will include a major research facility to complement the teaching and research facilities which will be integrated throughout the development. The Trust is working closely with the Brighton and Sussex Medical School to ensure research themes align with services provided in Brighton. Mr Selbie added that work is underway to place local clinicians on the Air Ambulance for the first time.

Impact on other services

5.11 When asked for assurance regarding hygiene and safety of services remaining on site during lengthy building works, Mr Passman indicated that much had been learnt from other major building projects regarding measures to maintain safe and hygienic care. Working with the building company from an early stage would enable appropriate safeguards to be put in place. He assured the committee that this would be the Trust's top priority. Mr Passman also confirmed that an environmental impact assessment would be included with the planning application and that the impact on natural light in existing hospital buildings would be minimal.

5.12 In terms of decanting services out of the development area during construction, Mr Passman assured the Committee that this was clinically led and affected staff were being involved to ensure continued smooth running of services.

Opportunities for further development

5.13 When challenged as to the lifespan of the development and whether new facilities would be adaptable to future needs, Mr Passman confirmed that as much flexibility as possible had been built into the design, for example by standardising room shapes and sizes which

makes them more easily adaptable. He indicated that future expansion on the site would be limited by planning restrictions but that the Trust was investigating the possible purchase of a neighbouring site which would provide excellent development potential.

5.14 Mr Selbie added that networking between hospitals across Sussex, rather than centralisation of services in Brighton, would be the preferred way forward and he cited the proposed location of two LINACs in Eastbourne and two in Worthing, linked to the cancer centre in Brighton, as an example of this approach.

5.15 RESOLVED to: (1) Request further information on the criteria used to determine the mix of single and multi-bedded rooms.

(2) Request that the Committee is updated by email at key points in the programme's development.

6. IMPROVING MENTAL HEALTH SERVICES IN EAST SUSSEX

6.1 The Committee considered a report by the Assistant Director, Legal and Democratic Services which included an interim report prepared by the HOSC Task Group established to consider proposals for changes to mental health services in East Sussex.

6.2 Richard Ford, Executive Commercial Director, Sussex Partnership NHS Foundation Trust and Sam Chittenden, Director of Strategy, NHS East Sussex Downs and Weald/Hastings and Rother responded to the interim report. Key points made were as follows:

- The Task Group's conclusion that the proposals represent the right direction of travel is welcomed, as is the ongoing involvement of HOSC and service users in monitoring progress.
- The need to improve community mental health services is recognised and the developing 'Health in Mind' service in primary care and improved access to psychological therapies are steps towards this. These services will enable specialist mental health services to focus on service users with more complex needs.
- Issues raised by GPs will not have taken into account the additional support provided through the Health in Mind service, as this only became operational in April 2010.
- Sussex Partnership Trust recognises that delivery of the proposed commitments in relation to community services is vital and the Trust is committed to ensuring that when service users need an inpatient bed, they will be able to access one.

6.3 The following issues were highlighted in discussion:

Accessibility of inpatient units

6.4 Mr Ford confirmed that short-medium term plans involve retaining inpatient units in the current locations in Eastbourne and Hastings. The longer term possibility is to build one or two new facilities in East Sussex and views were invited on this through the consultation process. Mr Ford assured the Committee that access for service users, carers and families would be a key consideration in any future plans, balanced against other factors.

Role of Ambulance Trust

6.5 Mr Ford confirmed that the ambulance service is a key part of the care system for people with mental health needs and that the Partnership Trust is working with the service to

improve service user experience. Ambulances are not designed for people with mental health needs and alternative responses are being developed, for example 'places of safety' as an alternative to Accident and Emergency departments.

Emergency mental health care

6.6 Responding to the Task Group's conclusion that access to crisis support 24 hours a day, 7 days a week is crucial to the confidence of service users and carers, Mr Ford agreed that the Trust would continue to investigate appropriate ways to provide an emergency response, for example through 'sanctuary' type facilities or locating staff in A&E departments.

6.7 RESOLVED to: (1) Endorse the interim report and recommendations of the HOSC Task Group; and
(2) Authorise the Task Group to finalise their report and forward it to the NHS on HOSC's behalf, for consideration as part of the decision making process.

7. IMPROVING ACCESS TO PRIMARY CARE

7.1 The Committee considered a report by the Assistant Director, Legal and Democratic Services.

7.2 Murray King, Head of Primary Care, NHS East Sussex Downs and Weald/NHS Hastings and Rother and Gilly Wilford, Director of Finance and Contracts, South East Health gave a presentation on the new GP-led health centres in Eastbourne and Hastings and other initiatives aimed at improving access to GP practice services.

7.3 Key points from the presentation:

- GP-led health centres need to be integrated into the local primary care system rather than operate in isolation from it.
- It is unlikely that the Eastbourne centre has had any significant impact on reducing Accident and Emergency (A&E) attendances. However, the centre may have helped stabilise demand for A&E.
- Satisfaction with GP access generally in East Sussex is slightly higher than the Sussex and national averages.
- Some practices felt that the results of a national GP access survey provided insufficient evidence to justify extended opening hours due to the small number of patients surveyed at each practice. As a result a local survey has been undertaken and this has resulted in an extra 12 practices participating in the extended hours programme.

7.4 Mr King and Ms Wilford responded to questions including the following:

Sexual health services in Hastings

7.5 Mr King confirmed that the sexual health clinic had been relocated from Ore to the new Station Plaza Health Centre, in a move designed to improve access. It was too early to say whether the relocation had improved take up of sexual health services. HOSC recommended this be assessed in 6 months time.

Health inequalities

7.6 When asked how successful the Eastbourne Centre had been at reaching groups known to have poorer health and/or less contact with health services, Ms Wilford confirmed that approximately 15% of attendees at the centre fell into groups which tended to be 'harder

to reach', such as gypsies and travellers and homeless people. The centre had also been successful in encouraging younger men to register.

Co-ordination with local practices

7.7 When asked what issues had arisen which necessitated a meeting being held with local GP practices, Mr King indicated that issues included ensuring information on patients attending the centre but registered elsewhere was fed back to their GP, and ensuring GPs received some feedback on the reasons if one of their patients decided to register at the GP-led health centre. Ms Wilford added that GPs wanted to discuss how the health centre fitted into the existing GP practice provision in Eastbourne, given that it a new way of bringing additional primary care into an area and GPs understandably had some concerns.

7.8 Ms Wilford confirmed that South East Health is now working in partnership with the Grove Road practice, following the Lighthouse Medical Group's decision to withdraw from the scheme.

Primary care access during staff training

7.9 HOSC raised concerns that the GP-led health centre had been closed for staff training during its advertised opening hours of 8am to 8pm, and at the same time as other local practices were also closed for training. Mr King highlighted the importance of practices having protected learning time (half day per quarter) for staff to share practice and learn from each other and that these closures are communicated by practices to patients in advance. However, he acknowledged that patients may have different expectations of the walk-in service offered by the health centre.

7.10 Ms Wilford agreed that it would be helpful to ensure the walk-in service was open during local practice training times in order to provide an alternative primary care service for patients. She undertook to investigate the possibility of achieving this through locating the service which normally provides cover during these periods at the health centre.

Impact on Accident and Emergency (A&E)

7.11 Mr King confirmed that measures had been taken to encourage local people to use the health centre for less serious conditions as opposed to the hospital A&E department. For example, patients attending the hospital have been given information that the centre offers an alternative, and possibly quicker, service for minor injuries and illnesses. Mr King suggested that the GP-led health centres need to be seen as part of a wider plan to encourage and help patients access appropriate care for urgent needs.

7.12 RESOLVED to: (1) Recommend that NHS ESDW/H&R and South East Health take steps to ensure the walk-in service is consistently available during advertised opening hours, and particularly when local practices are closed for training.

(2) Request an assessment of the impact of relocating the sexual health clinic from Ore to Station Plaza in 6 months time.

8. CHOICE AND BOOKING UPDATE

8.1 The Committee considered a report by the Assistant Director, Legal and Democratic Services.

8.2 Murray King, Head of Primary Care, NHS East Sussex Downs and Weald/NHS Hastings and Rother presented a report on progress in offering choice of hospital and electronic booking to patients.

8.3 Key points from the presentation:

- There are two distinct issues to consider – (i) are patients getting a choice and an appointment booked appropriately; and (ii) are GPs using the ‘Choose and Book’ system.
- The evidence suggests that patients are generally receiving a choice and appropriate appointment but that the Choose and Book system is not generally well used.
- GPs tend not to have confidence in the electronic system (due to past problems) and use the paper based system instead. Clinical engagement is key, as evidenced by the fact that GPs who have been closely involved in developing the system have significantly higher referral rates through Choose and Book.
- There is a need to focus on developing the whole pathway of care, not just the small part which is the Choose and Book system. Various service transformation programmes are underway and choice and booking can be built in as part of these.
- Although the national patient survey no longer includes a question on choice, this has been added to the local East Sussex Hospitals Trust discharge survey which will enable access to choice of hospital to be monitored.

8.4 HOSC acknowledged the significant time the Committee had devoted to scrutinising the reasons for poor take-up of the Choose and Book system and the fact that further investigation would be unlikely to have significant impact. HOSC gained assurance from Mr King that information on choice and booking was still being made widely available to patients and that the offering of choice would continue to be monitored.

8.5 RESOLVED to cease active monitoring of choice and booking in order to focus on other priorities.

9. HERMES REFERRAL MANAGEMENT SYSTEM

9.1 The Committee considered a report by the Assistant Director, Legal and Democratic Services.

9.2 Nicky Murrell, Assistant Director of Strategy and Gillian Hamer, Service Improvement Lead at NHS East Sussex Downs and Weald/NHS Hastings and Rother presented a report assessing the impact of the HERMES system, designed to support referral of patients requiring urgent care to appropriate services.

9.3 Key points from the presentation:

- 8 months into the contract for HERMES, usage had exceeded expectations.
- One of the most valuable aspects has been the ability to record difficulties in accessing appropriate care and instances where an admission to hospital could have been avoided if alternative services had been available in the community.
- Future developments include a new IT system which will enable better data collection and analysis of usage, and the potential to widen access to other groups of health professionals.

9.4 Ms Murrell and Ms Hamer responded to questions including the following:

Quality standards

9.5 When asked for assurance about the quality standards in place, Ms Hamer confirmed that nursing input is from Registered General Nurses (RGNs) and that the quality standards for calls could be shared with HOSC.

Cost

9.6 Ms Murrell confirmed that the cost of the entire HERMES service, which covers East Sussex and Brighton and Hove, is c£0.5million and that the East Sussex contribution is approximately two thirds of this amount. This cost includes provision for the future developments outlined in the report.

Broadening usage

9.7 When asked which groups of health professionals are currently able to access the system and how this may be extended, Ms Hamer explained that the system is currently open primarily to professionals who have the ability to refer patients to Medical Assessment Units in hospitals. The scope could be extended in the future to include community health service staff such as community nurses. However, this would need to be carefully planned as these groups may have different needs.

Developing alternative provision

9.8 When asked what progress had been made in developing the services identified as potential alternatives to hospital admission, Ms Hamer indicated that progress varied depending on the nature of the service required. In some cases services already existed but access needed to be improved – this has been addressed quickly. In other cases a completely new service is required and the process of building evidence and a business case for these is underway. One high priority service is a Rapid Access Clinic for Older People, similar to one already operating in Brighton and Hove.

9.9 RESOLVED to: (1) Request details of the quality standards for calls; and
(2) Request that HOSC be notified of new service developments as they come forward.

10. MOVING TOWARDS A SINGLE PRIMARY CARE TRUST FOR EAST SUSSEX

10.1 The Committee considered a report by the Assistant Director of Legal and Democratic Services.

10.2 Sam Chittenden, Director of Strategy and Primary Care and Lisa Compton, Director of Assurance and Engagement at NHS East Sussex Downs and Weald/NHS Hastings and Rother presented their report on proposals to create a single Primary Care Trust (PCT) for East Sussex and the arrangements for consultation with local organisations.

10.3 The following issues were highlighted:

- The aim is to create a strong commissioning organisation but retain a focus on localities, particularly GP practice clusters.
- Stakeholders have been engaged, particularly GPs, who have highlighted the need for increased management support for practice-based commissioning.
- The merger presents an opportunity to save £600k per annum (£350k in the first year) without impacting on front-line services. The other main financial issue is the impact on practice-based commissioning budgets which, it is proposed, will be maintained as they

currently are in the short to medium term, before a phased redistribution based on analysis of needs.

- The Strategic Health Authority will be responsible for consultation with interested parties about the merger. The consultation will include the groups previously recommended by HOSC. A six week consultation period is anticipated, with a concise consultation document setting out the case for the creation of a single PCT. Responses will be analysed by the Strategic Health Authority.

Timescale

10.4 HOSC requested clarity on the proposed timescale for the merger. Ms Compton indicated that the most likely merger date, should the proposals be approved, would be 1 April 2011. The timetable is dependent on SHA agreement as to how soon the consultation is able to begin.

Travel costs

10.5 When asked whether the anticipated savings would be reduced by increased travel costs for staff, Ms Chittenden indicated that there would be a slight increase in the number of cross-county meetings staff would be required to attend, but that video conferencing was being considered as a way to offset these costs. Ms Chittenden agreed to supply information regarding the impact of additional travel at a later stage.

10.6 RESOLVED to: (1) Request further information on travel costs when available; and
(2) Agree that the consultation document will be circulated to HOSC in due course and that the Chairman and Vice-Chairman may agree a response on behalf of the Committee, taking into account comments from HOSC Members.

11. INDIVIDUAL HOSC MEMBERS' ACTIVITY

Cllr Sylvia Tidy

11.1 Activities included:

- **29th March** – Met with Darren Grayson, new interim Chief Executive of East Sussex Hospitals Trust to discuss his priorities for the Trust.
- **12th April** – Meeting with South East Coast Ambulance Service regarding their Quality Account and general service development issues. Also visited the Hastings Ambulance Depot on **4th June** to learn more about the Trust's 'make ready' system for cleaning and maintaining ambulances.
- **12th May** – Meeting with Mike Wood, Chief Executive of NHS East Sussex Downs and Weald/Hastings and Rother which focused on future strategic plans for health services and the financial climate. A HOSC seminar has been arranged for September to examine these issues in more detail.

Cllr Ruth O'Keeffe

11.2 Attended a South East Coast Ambulance Service 'Shaping the Future' event which included helpful input from carers and considered issues arising when a carer is taken into hospital by ambulance, leaving the cared for person requiring assistance.

Cllr Diane Phillips

11.3 Attended the Board meeting of NHS East Sussex Downs and Weald.

Cllr Eve Martin

11.4 Attended the Healthier Hastings Partnership Board and the Local Involvement Network annual meeting.

Cllr Barry Taylor

11.5 Advised HOSC that a planning application for a new helipad at Eastbourne District General Hospital had been approved by the Eastbourne Borough Council Planning Committee.

Adult Social Care Scrutiny Committee Update

11.6 Issues arising from the meeting of the Committee on 10th June 2010 included:

- The Committee agreed to undertake a short review to monitor the delivery of the Integrated Plan for Health, Social Care and Wellbeing in East Sussex. HOSC Members will be invited to sit on this review board.
- The committee discussed the changes to the management of Adult Social Care staff previously managed under agreement with Sussex Partnership NHS Foundation Trust. A report is already scheduled to be brought to the Committee in November outlining the impact of these changes.

11.7 RESOLVED to note and update the HOSC work programme.

The Chairman declared the meeting closed at 12.45pm