HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC)

MINUTES of a meeting of the Health Overview and Scrutiny Committee (HOSC) held at County Hall, Lewes on 21 November 2013

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PRESENT:

Councillor Michael Ensor (Chair), Councillors Frank Carstairs, Peter Pragnell, Bob Standley and Michael Wincott (East Sussex County Council); Councillor John Ungar (Eastbourne Borough Council); Councillor Dawn Poole (Hastings Borough Council); Councillor Angharad Davies (Rother District Council); Councillor Diane Phillips (Wealden District Council); and Julie Eason (SpeakUp).

WITNESSES:

Eastbourne Hailsham and Seaford CCG
Kay Muir, Operational Delivery Manager

East Sussex County Council
Sophie Clark, Strategic Commissioning Manager, Adult Social Care

East Sussex Healthcare NHS Trust (ESHT)
Stuart Welling, Chairman
Darren Grayson, Chief Executive
Dr Andy Slater, Medical Director (Strategy)
Dr Amanda Harrison, Director of Strategic Development and Assurance
Lucy Scragg, Head of Nursing (Cardiovascular Medicine)
Flowie Georgiou, Associate Director

Hastings and Rother CCG/Eastbourne, Hailsham and Seaford CCG
Amanda Philpott, Joint Chief Operating Officer and Accountable Officer
Catherine Ashton, Associate Director of Strategy and Whole Systems Working

LEAD OFFICER: Paul Dean, Scrutiny Manager

20. APOLOGIES

20.1 Apologies for absence were received from Councillor Ruth O'Keeffe and Councillor Elayne Merry.

20.2 Since the last meeting Dave Burke (SpeakUp) had resigned as the voluntary and community sector representative. HOSC wished him well and thanked him for all his work on the committee.

21. MINUTES

21.1 RESOLVED to confirm as a correct record the minutes of the meeting held on 12 September 2013.

22. DISCLOSURE OF INTERESTS

22.1 There were none.

23. REPORTS

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

24. MATERNITY AND PAEDIATRICS

24.1 The Committee considered a report by the Assistant Chief Executive which provided an update on *Better Beginnings* – the review of maternity and paediatric services in East Sussex. Amanda Philpott, Accountable Officer and Catherine Ashton, Associate Director of Strategy and Whole Systems Working (Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG) attended representing all the East Sussex CCGs.

24.2 The initial discussion phase, the engagement programme with all stakeholders, has concluded. This phase was designed to ensure that the CCGs fully understand the clinical case for change across Sussex. A summary of the outcomes of the engagement programme form part of the report before the committee. Models of care have been agreed and the next step will be to formulate a set of options to go to formal consultation. The HOSC meeting on 10 January 2014 will consider the pre-consultation business case which will have been agreed by meetings of the three East Sussex CCGs boards meeting on 11 December 2013.

24.3 The key findings from the engagement programme were reported as follows:

- The clinical case for change for maternity and paediatrics across Sussex, and its implications for East Sussex, are well understood by the respondents in theory; but that did not always translate into agreement that the services should be reviewed.
- There was a perception on the part of Eastbourne residents that the engagement was part of a wider plan to downgrade Eastbourne DGH
- People generally felt that the location of units impacts on choice and that more information was needed to enable women to make informed choices.
- There was a strong perception, and fear, that travelling further, whether planned or unplanned, increases risk to mothers and babies.
- There was a perception that being close to consultant-led obstetric services decreases fear in respect of potential unplanned events.
- Generally people report positive experiences of paediatric care. (The decision to centralise inpatient paediatric services was not based on perceived safety issues at the Eastbourne site.)
- People are prepared to travel further for expert paediatric help but want as much paediatric care as close to home as possible; there was a particular emphasis on the impact for families and carers of longer journeys.

24.4 Phase 2 of the process will go on to consider models of care in more detail. The outcome of this analysis will be included in the pre-consultation business case in the report to the January 2014 HOSC. All three clinical commissioning group governing bodies are meeting in public on 11 December 2013 to focus specifically on the pre-consultation business case for maternity and paediatrics so that their combined view can be presented to HOSC. The following points were made in response to the Committee's questions:

*Model of care and options*

- Only options considered by the CCGs to be realistic and deliverable will be brought forward for discussion and consultation with the public.
- The options will include both stand-alone midwife-led unit (MLU) options and co-located MLU options with an obstetrics unit.

*Engagement programme responses*

- The report reflects the views of those who responded and, by the nature of the exercise, cannot be seen as a reflection of all the people in East Sussex. Higher numbers of responses to the initial discussion phase were received from areas where there was the greatest concern about the possibility of losing services; proportionately fewer responses were received from the Hastings area compared to Eastbourne and Crowborough.
- All the background information behind the conclusions presented, such as the make-up of the focus groups, can be provided to HOSC.
- The next stage of the consultation will continue the conversation already begun to gather more evidence. Groups and individuals will be targeted as appropriate to ensure a fully representative response.

*Safety*

- Any model of care will include consideration of safe transfer and effective communication between midwives/consultants and mothers about thresholds for indicating where it would be best to give birth.
- Clinicians, including GPs, in contact with mothers are being actively involved in shaping the options and assessing their confidence in the care pathway options
- The large-scale national Birthplace Study (which examined the safety of births in a number of different settings) will provide valuable evidence to help identify the scale of each risk (for example associated with distance to travel) for all the options.
- ESHT's current experience and data from running two MLUs indicates that for women who are transferred from the MLU to the consultant led unit, the time after arrival to the point when they give birth is, on average, four hours. Midwives in an MLU operate a lower threshold for intervention and transfer than in a consultant-led unit; so decisions are made sooner. This provides assurance that there is time for transfer decisions to be made.
- ESHT's evidence since the changes in May 2013 supports the position that the centralised obstetric service at the conquest and the MLU at Eastbourne are now safer. There are no safety concerns about outcomes at Crowborough.
- For women assessed as low risk, delivery in a MLU is safe and can have better outcomes in terms of lower intervention rates and breast feeding etc.

*Commissioning*

- In the current NHS environment, as commissioners, CCGs commission services to the best standards on the best evidence. Potential providers are assessed for competence and appropriate skills to ensure, for example, that they have the right workforce and facilities in the right locations to deliver the services. It is up to providers to respond to the commissioning intentions of the CCGs. The development of suitable options has been undertaken through close working with ESHT clinicians and managers to get the best solutions.
- If a particular potential provider does not wish to, or is unable to, provide some or all of a service then the CCG would seek alternative providers who would deliver the preferred model resulting from the consultation.
- Darren Grayson stated, in his personal view as Chief Executive of the main current provider (ESHT), obstetrics should be located at one site in East Sussex on safety grounds. However he acknowledged that the CCGs would have the final decision as to what services are provided and where they would need to be located.

*Crowborough birthing unit*

- The perspective of the High Weald Lewes and Havens CCG is key in determining the future operation of the Crowborough Birthing Unit and in commenting on temporary closures there. Darren Grayson explained that safety grounds had led to recent temporary closures of the birthing unit and that, should the same circumstances re-occur, the same decision would be taken in future.
- The birthing unit at Crowborough is a highly regarded service. However, there has been a reduction in numbers of women using the unit from approximately 400 to 250 (per year) recently. The clinical and financial viability of any service that has seen such a significant reduction in demand is an issue for any provider.

24.5 RESOLVED to:
(1) Note the current position and responses to HOSC's exploratory questions.
(2) Circulate the more detailed background information behind the conclusions identified in the report, such as the composition of the focus groups etc.
(3) Receive a further report on proposals for the future of the services in January 2014.

25. <u>EAST SUSSEX HEALTHCARE TRUST (ESHT) CLINICAL STRATEGY</u>

25.1 The Committee considered a report by the Assistant Chief Executive which included an update from ESHT on progress with implementing reconfiguration of stroke, orthopaedic and general surgery services.

25.2 Darren Grayson, Stuart Welling, Dr Andy Slater, and Dr Amanda Harrison presented the report. Amanda Philpott represented the Clinical Commissioning Groups (CCGs). Flowie Georgiou and Lucy Scragg responded to HOSC questions on stroke services.

*Stroke*

25.4 EST representatives reported sustained improvements over the last quarter on the Accelerated Stroke Indicators (ASIs), including improvements for October 2013 which were not included in the report. Single siting at Eastbourne took place at the end of July 2013. Recruitment to key posts has progressed. Patient engagement projects are underway. Hyper acute beds are always available.

*Ward closures*

25.5 Darren Grayson reported that in the past three years ESHT has closed five medical wards across the trust, Polegate Ward being the fifth. This has been possible due to reduced length of stay for patients and efforts to drive down the number of people in acute hospital beds with more care being commissioned in community settings. This trend is likely to continue both nationally and locally in line with government policies and in response to financial pressures facing the trust. ESHT has not seen an increase in the numbers of delayed transfers of care as a result of the ward closures.

*Full business case (FBC)*

25.6 ESHT representatives reported that the Full Business Case (FBC) was currently with the Trust Development Authority (TDA) which is the new body responsible for overseeing NHS trusts and agreeing their requests for capital funds; discussions were ongoing about the process and the wider financial issues. A copy of the FBC would be made available to HOSC when it becomes a public document, probably by the end of December 2013. A response from the TDA was anticipated by March 2014.

25.7 In response to HOSC's concerns about the delays to the completion of the FBC (and it being made publicly accessible) and the consequential delays to realising the full implementation of the agreed elements of the Clinical Strategy, ESHT representatives:

- considered that the delays in finalising the FBC were due to reasons outside their control, a stance accepted by the CCGs; the reasons included the complexity of the changes, especially the 'estate' implications, and having to deal with new and previously unknown requirements of TDA processes
- highlighted that many beneficial elements of the Clinical Strategy had proceeded in any case and many of the benefits were being realised now

25.8 RESOLVED to: (1) request that the Full Business Case, and the TDA response, be made available to HOSC Members as soon as it is released as a public document; (2) note that a HOSC Member visit to the Stroke Unit was being arranged; (3) agree that the next scheduled meeting of the Clinical Strategy Task Group on 19 December 2013 was likely to be its final meeting.

26. END OF LIFE CARE

26.1 The Committee considered a report by the Assistant Chief Executive which outlined the progress being made on improving end of life care in East Sussex since the Adult Social Care and Community Safety Scrutiny Committee seminar on this issue in February 2013.

26.2 Kay Muir, Operational Delivery Manager for Eastbourne, Hailsham and Seaford CCG, and Sophie Clark, Strategic Commissioning Manager for the County Council's Adult Social Care department attended to present the report and answers questions from HOSC members.

26.3 RESOLVED to: note the key developments and recent progress in the areas of: the Liverpool Care Pathway; workforce development; Advance Care Planning and better capturing, communicating and sharing patient preferences and priorities for their care.

27. DEMENTIA SERVICE REDESIGN

27.1 The Committee considered a report by the Assistant Chief Executive which provided an update on the outcome of a review of dementia assessment beds by the Clinical Commissioning Groups (CCGs) and outlined a range of options for the future which are currently subject to consultation.

27.2 Catherine Ashton, Associate Director of Strategy and Whole Systems Working (Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG) was in attendance. She thanked the Task Group for its work and report which was welcomed by the CCGs and Adult Social Care.

27.3 The HOSC report would be considered, along with other evidence and data collected, at the CCG Board meetings on 11 December 2013. A view would be reached on the level of service needed, the number of assessment beds and possible locations. In reaching a view consideration would be given to the views of SPFT (the provider), travel and access implications. Above all the decision would 'future proof' the service against fluctuations in likely demand.

27.4 RESOLVED (1) To endorse the report, conclusions and recommendations of the HOSC Mental Health Task Group, namely:

1) There appears to be a sound rationale for reducing the number of dementia assessment beds currently located at the Beechwood ward in Uckfield Community Hospital and at the ST Gabriel's ward in the St Anne's Centre at the Conquest Hospital in Hastings.

2) There appears to be a sound rationale for locating the dementia assessment beds at a single site. However, any reconfiguration to a single site should not be undertaken before a suitable site has been identified with appropriate physical surroundings, facilities and levels of care for patients.

3) Consideration should be given, where practicable, to locating the single site near to an acute hospital so that the multiple health needs typical of this group of patients can better be handled.

4) The innovative ideas emerging around alternative models of support (including step-down facilities) need further development and must be in place before the reconfiguration can be undertaken.

5) East Sussex County Council should seek to persuade district and borough council planning departments to notify Adult Social Care when they receive pre-application enquiries relating to private sector care home planning applications.

(2) That the East Sussex clinical commissioning groups be requested to respond to HOSC's recommendations and report its decision to HOSC in due course.

28. WORK PROGRAMME

28.1 HOSC agreed to participate in a joint committee with Brighton and Hove City Council HOSC and West Sussex County Council HASC to explore a number of issues with the Chief Executive of the Sussex Partnership Foundation Trust (SPFT).

28.2 RESOLVED to appoint Councillors Ensor, Pragnell and Wincott to sit on the joint committee and report back to HOSC in due course with any findings and recommendations.

28.3 RESOLVED to note the increased HOSC focus on maternity and paediatrics for the coming months but to recognise the importance of not overlooking other important issues in the meantime. With the special HOSC meetings in January and February 2014, additional issues will be able to be considered.

28.4 The Chair declared the meeting closed at 12.35pm

COUNCILLOR MICHAEL ENSOR
Chair