HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 26 March 2015

PRESENT:

East Sussex County Council Members
Councillors Michael Ensor (Chair), Ruth O'Keeffe (Vice-Chair), Frank Carstairs, Peter Pragnell, Alan Shuttleworth, Bob Standley and Michael Wincott

District and Borough Council Members
Councillors John Ungar (Eastbourne Borough Council), Sue Beaney (Hastings Borough Council), Bridget George (Rother District Council), and Mrs Diane Phillips (Wealden District Council)

Voluntary Sector Representatives
Julie Eason (SpeakUp)
Jennifer Twist (SpeakUp)

ALSO PRESENT:

Eastbourne, Hailsham and Seaford Clinical Commissioning Group (CCG) / Hastings and Rother CCG
Amanda Philpott, Chief Officer
Jessica Britton, Associate Director of Strategy and Governance
Allison Cannon, Chief Nurse

High Weald Lewes Havens CCG
Wendy Carberry, Chief Officer
Alan Beasley, Chief Financial Officer
Ashley Scarff, Head of Commissioning and Strategy
Dr David Roche, Area Chair

East Sussex Healthcare NHS Trust
Darren Grayson, Chief Executive
Dr Amanda Harrison, Director of Strategic Development and Assurance
Mr Dexter Pascall, Clinical Unit Lead/Consultant Obstetrics and Gynaecology
Jenny Crowe, Head of Midwifery

East Sussex County Council/CCGs
Martin Packwood, Head of Joint Commissioning (Mental Health)
Paul Gorvett, Programme Director East Sussex Better Together (ESBT)
Member Services Manager (ESCC)
Paul Dean

32. MINUTES OF THE MEETING HELD ON 27 NOVEMBER 2014

32.1 The minutes of the meeting held on 27 November 2014 were agreed as a correct record.

33. APOLOGIES FOR ABSENCE

33.1 Apologies for absence were received from Councillors Angharad Davies (Rother District Council) and Jackie Harrison-Hicks (Lewes District Council). Cllr Bridget George was present as a substitute representing Rother District Council.

33.2 The Chair announced that this would be the last meeting attended by Councillor Di Philips (Lewes District Council). The Chair paid tribute to Councillor Phillips' work on HOSC over the last 10 years since HOSC started and wished her well for the future.

34. DISCLOSURES OF INTERESTS

34.1 Cllr Sue Beaney declared a non-prejudicial interest in respect of item 8 (update on the acute mental health inpatient beds Sussex) as an associate partnership manager at Sussex Partnership NHS Foundation Trust (SPFT).

35. URGENT ITEMS

35.1 There were none.

36. REPORTS

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

37. EAST SUSSEX BETTER TOGETHER

37.1 The Committee considered a report of the Assistant Chief Executive on the East Sussex Better Together (ESBT) programme.

37.2 Paula Gorvett, Programme Director East Sussex Better Together, made a presentation to HOSC providing:

- The background and an overview of the ESBT programme
- The vision and framework of ESBT
- A description of the whole system transformation that ESBT aims to achieve in health and social care
- Aims, challenges and next steps of the ESBT programme.

37.3 In response to questions from HOSC, Paula Gorvett and Ashley Scarff, Head of Commissioning and Strategy, made the following clarifications and responses:

Funding and decision making

- ESBT is 'apolitical' and therefore unlikely to be significantly affected by the outcome of the general election. The programme is in keeping with the principals of the *NHS Five*

Year Forward View, which has support amongst all of the main national political parties. All of the main national parties have indicated support for the integration of health and social care and the move towards adopting preventative health and wellbeing strategies.

- All commissioning decisions are taken by the governing bodies of the constituent commissioning organisations: the three Clinical Commissioning Groups (CCGs) and East Sussex County Council (ESCC). To ensure that the commissioning bodies are making collective investment decisions, an underlying governance structure for ESBT has been established which provides a shared forum for the commissioning organisations to meet and discuss spending decisions. During the process so far, discussions have been focussed on how resources are spent rather than who has the budget.
- The ESBT governance structure should help to overcome the significant challenge of re-organising services whilst recognising that healthcare is free at the point of delivery and social care is based on needs assessments and eligibility criteria. The work that the four commissioning organisations have undertaken over the past six months to develop a shared vision is evidence of the effectiveness of ESBT.

New services created as part of ESBT

- The Single Point of Access delivery model involves bringing a number of access point services currently provided by ESCC and ESHT under a single management structure to form an integrated and responsive service. The new service will require additional staff, training, education and professional supervision to become fully operational. The service begins in April 2015 and is funded by investment from the Better Care Fund.
- Planning is underway (until October 2015) for the integrated community health and social care teams based on patient and provider feedback of the existing services. Integrated community teams will be responsible for clearly defined populations and, as far as possible, will be based within their designated local community.
- The community services procurement that High Weald Lewes Havens (HWLH) CCG is currently undertaking has a built in requirement that the winning provider must integrate into the wider health and social care system, including working alongside, and performing some of the functions of, the integrated community health and social care teams.
- A large range of self-management and self-care services are already available to people, such as Telecare and Telehealth, but their availability is unevenly distributed. ESBT is developing a self-care strategy based on an understanding of what is currently provided, where it is provided, and how well it works.
- ESBT commissioners are talking with Brighton & Sussex University Hospitals NHS Trust (BSUH) and ESHT about the recruitment of four full time consultant geriatricians to new community geriatrician teams that will be in operation across East Sussex. The new services will work with primary care and the multidisciplinary teams; visit patients in nursing homes; make home visits; and hold clinics around the county.

37.4 HOSC's findings and comments:

- The successful integration of health and social care is one of the biggest issues that is facing the local health economy. This means that the ESBT programme has the potential

to provide huge benefits for residents of East Sussex. The CCGs, healthcare trusts and ESCC are to be commended for tackling this issue.

- ESBT is currently in week 39 of the 150-week programme. Whilst significant progress has been made, it is acknowledged that there is much work to undertake to deliver the programme.
- ESBT carries a significant amount of risk and ensuring that the programme is successful will be a difficult task. Stakeholders recognise that there will be financial implications if it fails, for example, in its Annual Business Plan 2015/16, ESHT cites "the loss of income from ESBT initiatives" as a significant cost pressure. A Provider Impact Assessment Forum has therefore been established to review the impact of all proposed changes across the health and social care economy.
- The third sector has a key role in this programme. However, there is a risk in relying on the sector to reach communities if resources diminish; the third sector plays significant role in prevention focus at community level. A Provider Impact Assessment Forum has therefore been established to review the impact of all proposed changes across the health and social care economy.

37.5 RESOLVED:

1) HOSC will retain an overview of ESBT and will work alongside the County Council's Joint ESBT Scrutiny Review Board.
2) To request a future report on the progress of the ESBT timetable in light of developments following the election, with particular focus on:

- the development of the Single Point of Access delivery model
- the development of Integrated locality teams
- the results of the whole system urgent care and self-care prevention survey
- the development of the community geriatricians team
- the role of the third sector.

38. BETTER BEGINNINGS: RECONFIGURATION OF MATERNITY AND PAEDIATRIC SERVICES

38.1 The Committee considered a report of the Assistant Chief Executive updating it on the implementation of decisions made by East Sussex CCGs in relation to the configuration of maternity, paediatric and gynaecology services provided by ESHT.

Maternity pathways

38.2 In response to questions from HOSC there emerged the following clarifications and responses relating to maternity pathways:

- ESHT stated that it is examining the viability of providing sonography from the Crowborough Birthing Centre (CBC). However, there is a limited number of sonographers in East Sussex, meaning that ESHT will need to be first be certain that the availability of sonography to women elsewhere in the county would not compromised by opening a new service at the CBC.

- ESHT said that sonography at CBC will be dependent on cross-trust working, so firm dates for the start of a sonography service will require further discussion with the new Head of Midwifery at Maidstone and Tunbridge Wells NHS Trust (MTW) when they are in post and agreement over cross-border working.
- ESHT explained that it has developed pathways for cross-border working that work well, for example, women in the Seaford area wanting to use maternity services provided by Brighton & Sussex University Hospitals NHS Trust (BSUH) are able to access the Trust's services seamlessly. ESHT intends to try to adopt the same model of cross-border working for maternity services in the North Weald area.
- ESHT stated that it is in the process of negotiating cross-border pathways with MTW. However, the situation had become challenging because MTW had not accepted ESHT's proposed pathways. ESHT stated that discussions were progressing and that it was confident that it could satisfactorily address the outstanding problems given that it has the same aims as MTW. Further discussion will occur with the new Head of Midwifery at MTW.
- The HWLH CCG considered that if MTW were to take over maternity services at Crowborough, the 'border' (between MTW and ESHT) would 'move south' and simply displace any outstanding pathway problem to another geographical location. (However, HOSC considered that such a move would probably result in a more "natural" border were this to happen which would be welcome).

Serious incidents data (p53)

38.3 HOSC expressed concern at the serious incidents data. In response to questions from HOSC there emerged the following clarifications and responses:

- The CCGs acknowledged that the very small number of serious incidents made it difficult to demonstrate statistically significant impacts on safety since the reconfiguration. However, they had been looking at the pattern and nature of serious incidents, rather than just the number, and prior to the temporary reconfiguration a pattern of failure had begun to emerge that looked as though it would worsen unless the temporary reconfiguration was put in place. Since the reconfiguration, the pattern of serious incidents indicated that there had been improvements in safety.
- ESHT said that there is a clear national definition of a "serious incident", for example, the admission of a baby or mother to intensive care, meaning that serious incidents could not be classified as a different event.
- ESHT said that all clinicians strive towards operating with zero serious incidents, but this will never be possible. However the Trust considered that there were too many serious incidents in the year preceding the temporary reconfiguration (22 between June 2012 and May 2013 compared with three between June 2013 and May 2014). ESHT, like the CCGs, did not look at the number of serious incidents but the nature of them.
- ESHT recently conducted a root cause analysis of every serious incident which demonstrated that the causes of serious incidents prior to the reconfiguration, such as staffing shortages, had not been the cause of any of the serious incidents that had occurred since the reconfiguration.
- ESHT stated that it undertakes to record, report and learn from any incident or 'near miss' that could potentially compromise patient care. This includes incidents that would

not be classified as Serious Incidents such as Born Before Arrival (BBA) data, for example. All incidents are graded and considered in clinical unit meetings and other internal clinical meetings. All staff are continually encouraged to report all incidents where they think that patient safety has been compromised.

Caesarean-section rate data (p56)

38.4 In response to questions from HOSC there emerged the following clarifications and responses relating to Caesarean-section rate data:

- Between 2009 and 2013 the rate of Caesarean sections (C-sections) at ESHT was increasing by 1% per year, from 20.49% in 2009 to 23.37% in 2013. Since the reconfiguration, the C-section rate has been 23.7% (for 2013/14), and is therefore stable compared with the previous upward trajectory of 1% per year. The C-section rate for the 2014 calendar year is 23%, which is at the national average.
- ESHT said that it is important to note that the Trust does not serve a national average population due to the high levels of deprivation, so C-section rates may reasonably be expected to be higher, when, in fact, they are at the national average.
- Since the reconfiguration, there have been:
    - no unscheduled C-sections resulting in a serious incident;
    - four cases of massive postpartum haemorrhage requiring more than 4 units of blood transfusion (one after an elective C-section).
- Increased consultant presence has had many effects, but ESHT considered that it was difficult to determine from the figures how it had influenced the C-section rate. ESHT explained that it was focussed not so much on the rate of C-sections, but on ensuring that C-sections were performed (both elective and unplanned) only when required, after applying the correct clinical criteria.

Local services and transfers data (p57)

38.5 HOSC expressed concern at the reduction in number of births in Eastbourne District General Hospital (DGH) and questioned whether this could indicate problems with staffing, recruitment and safety. HOSC highlighted concerns at the potential for serious incidents occurring during transfer to consultant care.

38.6 In response to questions from HOSC there emerged the following clarifications and responses relating to local services and transfer data:

- ESHT confirmed that consultant-led maternity and paediatric services would not be returned to DGH. ESHT stated that this was because the data demonstrated that a single consultant-led site provided:
    - a substantially safer service;
    - increased consultant hours;
    - a better level of care;
    - better outcomes for patients, and;
    - easier recruitment of new staff.

- ESHT said that neither MTW nor BSUH had experienced a significant impact from East Sussex patients giving birth in their maternity units following the reconfiguration due to the large number of births both Trusts already handle (between 5,000 and 6,000). Both trusts had concluded that the reconfiguration posed no threat to the safety of their patients and they were no longer monitoring the numbers of additional births from East Sussex.
- HOSC highlighted an example where a mother and baby had been separated during the journey to the consultant-led unit. ESHT responded that there will always be a need to transfer some mothers and babies by ambulance to the consultant-led unit, although not always in an emergency situation, and such a decision would be taken on clinical grounds on a case-by-case basis. ESHT stated that it works with the South East Coast Ambulance NHS Foundation Trust (SECAmb) to try to ensure that there are always facilities available to allow mother and baby to travel together in the same ambulance. However, this was not always possible when safety concerns for the patient were taken into consideration.

38.7 RESOLVED:

1) That the CCGs and ESHT be requested to note and act on the following key issues (as set out in appendix 1 of the report) as quickly and as practicably possible, and report back to HOSC as a matter of urgency:

- resolution of the midwifery care pathway issues in the High Weald, taking lessons from elsewhere;
- Access to emergency paediatric services, in particular the Short Stay Paediatrics Unit (SSPAU)
- Communications and engagement

2) That the remaining issues be reported back to HOSC in a year's time using the data pack format appended to this report.

39. <u>DEMENTIA SERVICE REDESIGN</u>

39.1 HOSC considered a report of the Assistant Chief Executive updating the Committee on the progress of the redesign of the dementia assessment bed service in East Sussex.

39.2 Ashley Scarff and Martin Packwood outlined progress with the development of the business plan.

39.3 HOSC registered its concern at the extended delays in implementing this project.

39.4 The CCGs and ESCC shared HOSC's disappointment with the delays and confirmed:

- There was full clinical support for the reconfiguration of the crisis services to provide a more proportionate response in line with option 4 as recommended by the original HOSC scrutiny review.
- There had been an underestimate in the scale of capital investment required for the redesign - albeit this was a minimal contributor to the delay.
- Sussex Partnership NHS Foundation Trust (SPFT) is a partner in the project and the organisation putting up the capital investment for the redesigned service. The Trust's

Board needs to be satisfied that the location and capital cost of the redesigned service is as robust as it can conceivably be before going ahead.

39.5 RESOLVED: to agree that HOSC should maintain a watching brief over this matter and request a report back when there is a conclusion (HOSC would expect this to happen later in 2015).

40. JOINT HOSC UPDATE ON ACUTE MENTAL HEALTH IN-PATIENT BEDS IN SUSSEX

40.1 The Committee considered a report by the Chair of HOSC updating the Committee on the outcome of the most recent joint HOSC committee meeting with SPFT. The meeting was held to discuss the provision of acute mental health inpatient beds in Sussex.

40.2 RESOLVED: that the joint committee with West Sussex and Brighton and Hove HOSCs will continue and that HOSC members be urged to submit questions and issues to the Chair for the joint committee members to raise with SPFT.

41. HOSC WORK PROGRAMME

41.1 It was agreed that the following items should be progressed in addition to the reports already requested for future meetings:

CQC Quality Report on ESHT

- HOSC noted with considerable concern that the CQC report had still not been published given that the inspection had taken place in September 2014. The Chair reported that the 'usual process' was that, prior to publication, the CQC would hold a 'Quality Summit' of stakeholders to present their findings to which he would be invited. HOSC would be notified as soon as information was available as to the likely publication timescale. HOSC agreed to add the item to the agenda for the June 2015 HOSC.

ESHT Clinical strategy:

- The full business case was still outstanding and would appear on the HOSC agenda when available.

Commissioning GPs surgeries

- The Chair reported that he had learnt that two of the three CCGs were accepting the devolution responsibilities whereas one (Hastings and Rother CCG) were not. HOSC requested a briefing at its 16 June meeting as to the implications for East Sussex residents and reasons for the differing views.

Recommissioning of community health services in High Weald Lewes Havens

- The HWLH CCG reported that it was close to making a decision on a new provider for community services in its area and expected to be able to provide an update to HOSC at its 16 June meeting as previously agreed.

GP vacancies

- The Chair undertook to request the CCGs for further statistics on GP vacancies in East Sussex and to report the response back to the Committee.

HIV diagnosis

- Cllr O'Keeffe reported on her meeting with Terence Higgins Trust to and with Public Health officers. She considered that her discussions had revealed a difference of view

on how best to improve HIV diagnosis and that HOSC members may benefit from hearing about the issue in more detail.

- Given that commissioning of sexual health services is undertaken by Public Health (an activity that falls within the remit of the Audit, Best Value & Community Services Scrutiny Committee), the Chair considered that that Committee should be asked to consider this question in the first instance and that HOSC members be invited to any resulting event.

Health inequalities

- HOSC requested a briefing from the CCGs on recent additional investment in health inequalities issues.

41.2 RESOLVED to:

1) note and update the work programme

2) note that the HOSC meetings for 2015 will now take place on 16 June, 1 October and 3 December 2015.

The Chairman declared the meeting closed at 1.05 pm