

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 16 June 2015.

PRESENT Councillors Michael Ensor (Chair), Ruth O'Keeffe (Vice Chair), Frank Carstairs, Angharad Davies, Alan Shuttleworth, Michael Wincott, Sam Adeniji (District & Borough Councillor), Pam Doodes (District & Borough Councillor), Bridget George (District & Borough Councillor), John Ungar (District & Borough Councillor), Julie Eason, Jennifer Twist and Peter Pragnell

ALSO PRESENT:

Amanda Philpott, Chief Officer, Hastings & Rother CCG
Ashley Scarf, Director of Strategy, High Weald, Lewes & Havens CCG
Wendy Carberry, Accountable Officer, High Weald, Lewes & Havens CCG
Neil Waterhouse, Service Director East Sussex, Sussex Partnership NHS Foundation Trust

4. MINUTES OF THE MEETING HELD ON 26 MARCH 2015

- 4.1 The minutes of the meeting of the meeting of 26 March 2015 were agreed as an accurate record.

5. APOLOGIES FOR ABSENCE

- 5.1 Cllr Peter Pragnell substituted for Cllr Bob Standley, and Cllr Kim Forward substituted for Cllr Sue Beaney.

6. DISCLOSURES OF INTERESTS

- 6.1 There were none.

7. URGENT ITEMS

- 7.1 There were none.

8. EAST SUSSEX HOSPITAL TRUST (ESHT) CARE QUALITY COMMISSION (CQC) REPORT: REPORT BACK FROM WORKING GROUP

- 8.1 Members considered a report from a HOSC working group which recommended the establishment of a Scrutiny Review Board to scrutinise the East Sussex Healthcare Trust (ESHT) CQC reports and the trust's subsequent implementation of its Quality Improvement Plan.
- 8.2 The Chair told members that he had purposely not invited ESHT to this meeting as there was no new news of the CQC process; and the item being considered, although relating to the scrutiny of ESHT, did not require ESHT's active participation at this point.

- 8.3 The Chair informed the committee that the CQC was anticipating holding a Quality Summit in the week commencing July 13. The second inspection report would be published shortly after the Quality Summit. The Chair proposed reserving July 23 for a special meeting to consider the second CQC report, should the report be published on time. Cllr Ensor also stressed his eagerness that future scrutiny of this issue is undertaken in co-operation with Healthwatch and with East Sussex CCGs, suggesting that HOSC members might consider signing-up as Healthwatch members.
- 8.4 Julie Eason commented that she was frustrated that the Chair and Chief Executive of ESHT remained in post and that it was not possible for local stakeholders, including the HOSC, the county council, or district and borough councils, to influence this situation. She wanted it recorded that there was consensus amongst HOSC members that the ESHT Chief Executive and Chair should stand down, but that HOSC had no powers to enforce this.
- 8.5 The Chair responded that, in his view, it was a better for the HOSC to wait until the publication of the second CQC report before making further comments on the management of ESHT. The intention was that the ESHT Chair and Chief Executive would be invited to attend the special HOSC meeting on 23 July, should this meeting go ahead as planned.
- 8.6 Cllr John Ungar noted that he was concerned that the faults identified by the CQC may have had an adverse impact upon the care and safety of ESHT patients, and called for the Secretary of State to be asked to investigate ESHT mortality and morbidity data to see if care had in fact been adversely affected. Amanda Philpott noted that, whilst the CQC report provided very useful information on quality at ESHT, it was only one part of a suite of indicators. Looking at the full range of data, there is no strong case for escalating the matter to the Secretary of State. East Sussex CCGs are happy to work with the proposed Scrutiny Review Board to help members better understand how commissioners use the full range of quality data. The Chief Nurse has offered to lead on this.
- 8.7 Amanda Philpott noted that it was disappointing that the initial Quality Summit had not taken place, and there had consequently not been the opportunity for stakeholders to come together to explore the implications of the inspection report prior to its publication. It was to be hoped that there would be a more effective dialogue process for the second report. East Sussex CCGs also hope to be fully involved in conversations about quality between ESHT and the Trust Development Authority (TDA) going forward.
- 8.8 In response to a question about the value of the Better Beginnings Implementation Board in light of the continuing quality issues in ESHT maternity services highlighted by the CQC report, Amanda Philpott told members that the Board had been valuable in terms of providing assurance, although in future it was clear that a more robust assurance process was required – for example focusing more on daily operational data to determine the degree to which changes had in fact been implemented. It was also important to bear in mind that some of the failure to fully implement Better Beginnings actions has been due to a lack of anticipated external investment in services. There is a lesson to be learned here in terms of ensuring that, when an action is required of an NHS trust, all parts of that action are within the trust's gift.
- 8.9 Amanda Philpott informed the committee that unfortunately CCG Chief Officers and Chairs would be unable to attend a meeting on July 23 as they had to attend a regional NHS event.
- 8.10 **RESOLVED** – that a Scrutiny Review Board be established to scrutinise the CQC inspection of ESHT and ESHT's quality improvement actions in response. The Board will

set its own detailed terms of reference, but will include the themes outlined in the relevant report (To June 16 HOSC).

9. SUSSEX PARTNERSHIP FOUNDATION NHS TRUST (SPFT): CARE QUALITY COMMISSION (CQC) INSPECTION REPORT

- 9.1 Neil Waterhouse, Sussex Partnership NHS Foundation Trust (SPFT) Service Director for East Sussex, attended for this item.
- 9.2 The committee discussed how best to scrutinise the recent Care Quality Commission (CQC) inspection report of SPFT services and SPFT's Quality Improvement Plan in response to the report. It was agreed that the initial work in this respect should be undertaken via the informal joint committee of Sussex HOSCS. Cllrs Ensor and Wincott are the East Sussex HOSC representatives on this committee.
- 9.3 Committee members were invited to suggest areas of concern for the joint committee to focus on. Areas suggested were:
- Standards of ward-based care
 - Bed availability - for both adult mental health and Children & Adolescent Mental Health Services (CAMHS)
 - Services for people with Learning Disabilities (LD)
 - Data on in-patient admissions, length of stay, discharge and re-admission rates (concerns that financial pressures mean that it is too hard to access in-patient beds, that patients are discharged too early, and that re-admission rates may be higher than they should be)
 - Suicide prevention (both in terms of strategic planning for the population of Sussex and in terms of managing in-patient risk at SPFT units)
 - Access to CAMHS
- 9.4 Mr Waterhouse told the committee that it is crucial that mental health receives the same parity of esteem as physical health, and that there have been positive recent developments towards this goal. In terms of the CQC report, the inspectors identified many areas of good practice across the trust, but also some areas of concern. It was particularly disappointing that aspects of services for the most vulnerable people were found to be unsafe.
- 9.5 Recent changes to the management of SPFT mean that services are increasingly delivered on a 'locality' basis. However, the CQC did not report separately on services in East Sussex, West Sussex and Brighton & Hove and it is difficult to use the report information to determine how each locality is performing, although it is evident that performance across Sussex is variable. For example, the use of out of area beds has been a problem for the trust in some localities, but not a significant issue in terms of East Sussex.
- 9.6 Mr Waterhouse noted that there had been a good deal of recent work to enhance CAMHS provision. For example partners have focused on improving services for young people detained for assessment by the police (under section 136 of the Mental Health Act), so that there is no inappropriate use of police custody suites. This is in line with the recently agreed Crisis Care Concordat.
- 9.7 Mr Waterhouse told members that SPFT would be happy to talk about trend data, noting that East Sussex services performed well in terms of re-admission rates.
- 9.8 With regard to suicide prevention, the HOSC Chair, Cllr Ensor, wished to record his thanks to all agencies involved in this work, particularly the Beachy Head chaplaincy

service, coastguard and ambulance services, and the Samaritans. The Chair specifically wanted to commend the work of Cllr Beryl Healey, who as well as being a founder HOSC member, had been Chair of Eastbourne Samaritans for a number of years.

- 9.9 In response to questions about SPFT's CQC rating of "requires improvement" for leadership, Mr Waterhouse told the committee that this specifically concerned arrangements for holding data centrally and communicating it to the trust board. These concerns were being addressed. In terms of whether the trust was too large to function effectively, the move to a locality system of service provision, with local service *and* clinical directors, was intended to address this issue. Amanda Philpott added that, although East Sussex CCGs have expressed concern at the size of SPFT, the new trust leadership has been very active in building good relations with local commissioners, and the CCGs are confident that SPFT is both committed to, and in a position to successfully undertake, the necessary reforms.
- 9.10 In answer to a query about referrals to the Crisis Resolution & Home Treatment team (CRHT), Mr Waterhouse told members that East Sussex GPs have expressed concerns that some of their referrals to the CRHT have been turned down. This may be principally due to SPFT staff and GPs having differing views on what constitutes a high risk patient. These issues will be actively addressed as part of the East Sussex Better Together (ESBT) programme to which SPFT are committed.
- 9.11 In response to questions about safety at SPFT in-patient units, Mr Waterhouse told the committee that the changes indicated by the CQC had already been made at the East Sussex rehabilitation unit. The CQC rating of "inadequate" was based on conditions at the Hanover Crescent unit in Brighton which has subsequently been closed. Hanover Crescent was in any case scheduled for closure, and patient numbers were being run-down. East Sussex rehabilitation services have recently received good feedback from the CQC, and SPFT is confident that services are good. There are more serious concerns about conditions on older people and dementia wards. The trust has plans in place to improve these facilities, which include long term works to estates. There is also a short term improvement plan.
- 9.12 In answer to queries about the cleanliness and privacy & dignity (in terms of gender segregation) of SPFT wards, Mr Waterhouse told members that all East Sussex wards are clean, although some ward environments are not as good as they should be. Gender segregation is a challenge, given the estates that the trust has to work with, which do not always permit single-sex wards. SPFT does the best that it can here, ensuring that all bays are single-sex and that female patients need not pass through male bays in order to access washing and toilet facilities.
- 9.13 **RESOLVED** – that the committee agrees to scrutinise the issue of the CQC inspection report of SPFT services initially via the informal joint Sussex HOSC.

10. RE-PROCUREMENT OF COMMUNITY SERVICES: HIGH WEALD LEWES & HAVENS CCG (HWLH)

- 10.1 Ashley Scarf, Director of Strategy, HWLH CCG, informed the committee of the progress of the CCG's re-procurement of community services.
- 10.2 Mr Scarff told members that a preferred bidder had now been identified, and it was anticipated that a contract would be signed by the end of July 2015. The new contract gave commissioners the opportunity to address some unique challenges, given the fact that the majority of High Weald, Lewes & Havens residents 'flow' out of the county to

access secondary healthcare services. Re-designed community provision will be key to the success of East Sussex Better Together (ESBT).

- 10.3 This procurement has not been approached in a conventional way. Instead, the CCG has developed a process of competitive dialogue with potential bidders, asking them to present their ideas on how they could deliver a range of outcomes. There has been an emphasis on the innovative use of technical solutions, and also an emphasis on using patient and carer experience and satisfaction as key outcomes measures. There has been excellent patient engagement throughout the process.
- 10.4 It is intended that the contract will go live in early November 2015. The CCG is working closely with the current service provider (ESHT) to ensure a smooth transition to the new arrangements.
- 10.5 The CCG would welcome the opportunity to attend a future HOSC meeting with the new provider, Sussex Community Trust (SCT), to give a more detailed presentation on their plans for services.
- 10.6 Asked to list his two 'headline hopes' for the new service, Mr Scarf told members that he hoped to see better integration, both between health and social care services, and between primary, community and secondary healthcare. Secondly, he wanted to see community hospitals revitalised, becoming true community hubs for a range of services.
- 10.7 In response to a query as to whether the change in providers might threaten the progress of ESBT, Mr Scarf told the committee that the requirements of ESBT were central to the procurement. SCT is very experienced in delivering high quality integrated working, and the CCG is confident that this change will enhance ESBT.
- 10.8 Asked how the success of the contract would be judged, Mr Scarf informed members that a number of Key Performance Indicators would be monitored. Central to performance measures will be user satisfaction.
- 10.9 **RESOLVED** – that the information be noted and HWLH CCG and SCT be invited to the October 01 2015 HOSC meeting to provide a further update on their plans for the new community services contract.

11. CO-COMMISSIONING OF GP PRACTICES IN EAST SUSSEX

- 11.1 This item was introduced by Amanda Philpott, Chief Officer, Hastings & Rother CCG.
- 11.2 Ms Philpott told the committee that NHS England (NHSE) was charged with commissioning primary healthcare services by the Health & Social Care Act (2012). However, in 2014 an option was introduced allowing CCGs to be delegated the responsibility for commissioning local GP services.
- 11.3 CCGs polled their members asking whether they wanted to take on these responsibilities. Members of HWLH CCG and EHS CCG opted to take on GP commissioning at the first opportunity. However, members of HR CCG voted to delay taking on additional commissioning responsibilities for one year. Members across all CCGs expressed a range of views, notably around the degree of risk involved in taking on GP commissioning. There are particular difficulties associated with the recruitment and retention of GPs in the Hastings area and this may have influenced thinking. The Local Medical Council was involved in this process and advised its members to delay for a year until more details of how localised GP commissioning will work in practice emerge.

- 11.4 In the longer term it seems likely that there will be further delegations of commissioning to CCGs, potentially including other primary care services and aspects of specialist commissioning.
- 11.5 Whilst there are risks to early adopters in taking on responsibility for the recruitment and retention of the local GP workforce, there are also risks inherent in not being in the first wave of GP commissioners. These are hard to quantify, but will consist mainly of reduced opportunities to take advantage of local knowledge and working relationships. However, the risk to Hastings & Rother should be mitigated by its very close working relationship with Eastbourne, Hailsham & Seaford CCG.
- 11.6 As local commissioning of GPs develops, GPs can expect to see better funding flows and simplified payment mechanisms for Practices, particularly for additional 'locally commissioned' services. However, in the very short term the focus will be on ensuring a smooth hand-over of responsibilities.
- 11.7 There is a potential conflict of interests involved in having CCG GPs commission GP services. To avoid this, all CCG commissioning decisions relating to GP services will be made by bodies with a majority of non-GP members.
- 11.8 In response to a question on the risks associated with GP retention, Ms Philpott told members that this was a major concern. 90% of NHS 'contacts' are made in primary care, but primary care services only receive 7.5% of the NHS budget (a reduction from 10% a few years ago). East Sussex Better Together aims to increase the proportion of funding for primary care. There will also be an increased focus on GP training and recruitment, and greater emphasis on evolving the role of GPs: using them more effectively as a core part of multi-disciplinary teams. In addition, the federation of GP practices will be encouraged where practices wish it.
- 11.9 **RESOLVED** – that the report be noted.

12. HOSC FUTURE WORK PROGRAMME

- 12.1 Members agreed (at item 5 above) to establish a Scrutiny Review Board to examine ESHT's implementation of its quality improvement planning in relation to the CQC inspection reports.
- 12.2 Members also agreed to establish a Scrutiny Board to examine the implementation of the outstanding recommendations from the Better Beginnings maternity review. This will explicitly include scrutiny of Mr Richard Hallett's paper on High Weald maternity pathways (circulated informally amongst HOSC members).
- 12.3 Members agreed (at item 6 above) to undertake initial scrutiny of the SPFT CQC inspection report via the Sussex informal joint HOSC (due to meet with SPFT on June 30).
- 12.4 The committee agreed that items for its 01 October 2015 meeting should be:
- Report back from the ESHT Scrutiny Review Board (see 9.1 above)
 - Report back from the Maternity Scrutiny Review Board (see point 9.2 above)
 - Report back from the informal joint HOSC meeting with SPFT (see point 9.3 above)
 - Community services: report and presentation from HWLH CCG and Sussex Community Trust on the new HWLH contract for community services.

- 12.5 members agreed that the issues of managing GP vacancies and of ESHT urology/incontinence services should be added to the committee work programme.
- 12.6 **RESOLVED** – that the HOSC work programme be amended as indicated above.

(The meeting ended at 12.15 pm)