

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 16 JUNE 2015

10.00 AM COUNCIL CHAMBER, COUNTY HALL, LEWES

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

District and Borough Council Members
Councillors Sam Adeniji (Lewes District Council), Pam Doodes (Wealden
District Council), Bridget George (Rother District Council), Sue Beaney
(Hastings Borough Council) and John Ungar (Eastbourne Borough Council)

Voluntary Sector Representatives
Julie Eason, SpeakUp
Jennifer Twist, SpeakUp

Please note that the meeting will be available to view live or retrospectively on the internet via the HOSC website: www.eastsussexhealth.org

You can subscribe to updates on Twitter: @ESCCScrutiny

AGENDA

1. **Minutes of the meeting held on 26 March 2015** *(Pages 7 - 16)*
2. **Apologies for absence**
3. **Disclosures of interests**
Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.
4. **Urgent items**
Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.
5. **East Sussex Hospital Trust (ESHT) Care Quality Commission (CQC) report: report back from Working Group** *(Pages 17 - 22)*
A report on the activities of the HOSC working group established to scrutinise the ESHT Quality Improvement Plan
6. **Sussex Partnership Foundation NHS Trust (SPFT): Care Quality Commission (CQC) Inspection Report** *(Pages 23 - 28)*

A report on the recent CQC report on SPFT services.

7. **Re-procurement of Community Services: High Weald Lewes & Havens CCG (HWLH)** *(Pages 29 - 30)*

A verbal update from HWLH CCG on the progress of the re-procurement of community services.

8. **Co-commissioning of GP Practices in East Sussex** *(Pages 31 - 36)*

A report from East Sussex CCGs on future plans to commission GP practices.

9. **HOSC future work programme** *(Pages 37 - 42)*

10. **Any other items previously notified under agenda item 4**

PHILIP BAKER
Assistant Chief Executive
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8 June 2015

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Future HOSC meetings: 10am, Thursday, 1 October 2015, County Hall, Lewes
10am, Thursday, 1 October 2015, County Hall, Lewes

Map, directions and information on parking, trains, buses etc

Map of County Hall, St Anne's Crescent, Lewes BN7 1UE



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Commonly Used Acronyms Glossary

A&E	Accident and Emergency department
ASC	Adult Social Care
BSUH	Brighton and Sussex University Hospitals NHS Trust
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DGH	District General Hospital
DH	Department of Health
EHS	Eastbourne, Hailsham and Seaford
ESCC	East Sussex County Council
ESHT	East Sussex Healthcare NHS Trust
FT	Foundation Trust
GP	General Practitioner
H&R	Hastings and Rother
HCAI	Healthcare Associated Infection
HOSC	Health Overview and Scrutiny Committee
HW	Healthwatch
HWB	Health and Wellbeing Board
HWLH	High Weald, Lewes, Havens
LTC	Long Term Condition
MIU	Minor Injury Unit
MLU	Midwife-led Unit
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NSF	National Service Framework
OPMH	Older People's Mental Health
PALS	Patient Advice and Liaison Services
QIPP	Quality, Innovation, Productivity and Prevention
QOF	Quality and Outcomes Framework
SECamb	South East Coast Ambulance Service NHS Foundation Trust
SPT/SPFT	Sussex Partnership NHS Foundation Trust
TDA	(NHS) Trust Development Authority
WIC	Walk in Centre

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Agenda Item 1.

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 ESHT 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 be 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. DEMENTIA SERVICE REDESIGN

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'Keefe 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

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Agenda Item 5.

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date: **16 June 2015**
By: **Assistant Chief Executive**
Title: **East Sussex Hospital Trust (ESHT) Care Quality Commission (CQC) report: report back from Working Group**
Purpose: **To receive a verbal update on the activities of the HOSC working group established to scrutinise the ESHT Quality Improvement Plan**

RECOMMENDATIONS

HOSC is recommended:

- 1) To consider and comment on the report-back from the HOSC Working Group meeting;**
 - 2) To identify any specific arrangements for future reporting to HOSC on this issue.**
-

1. Background

- 1.1 At the 22 May 2015 special HOSC meeting, members agreed to establish a working group to look in detail at the ESHT Quality Improvement Plan published in response to the first CQC Quality report on ESHT services.
- 1.2 The HOSC working group was due to meet on 09 June. Since this date falls after the despatch of committee papers for the June 16 HOSC meeting, committee members will receive a verbal update on the activities of the working group at this meeting.

2. Conclusion and recommendation

- 2.1 HOSC members are asked to consider and comment on the activities of the HOSC working group established to scrutinise the ESHT Quality Improvement Plan.

PHILIP BAKER
Assistant Chief Executive

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Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date: **16 June 2015**
By: **Assistant Chief Executive**
Title: **East Sussex Hospital Trust (ESHT) Care Quality Commission (CQC) report: report back from HOSC Working Group**
Purpose: **To report back to the HOSC recommendations from the ESHT CQC report working group**

RECOMMENDATIONS

HOSC is recommended:

To agree the recommendations (below) to establish a Scrutiny Review Board in order to examine in depth ESHT's quality improvement planning in response to the ESHT CQC inspection reports.

1. Background

- 1.1 At its 22 May 2015 special meeting East Sussex HOSC agreed to establish a member working group to report-back to the June 16 HOSC meeting with recommendations for the future scrutiny of the CQC inspections of ESHT and the trust's improvement planning in response to the inspection findings.
- 1.2 The working group met on Tuesday 09 June 2015. Members were: Cllrs Michael Ensor, Ruth O'Keefe, Angharad Davies, and Frank Carstairs; and Jennifer Twist (voluntary sector representative).
- 1.3 Members debated how best to scrutinise the implementation of ESHT's Quality Improvement planning in response to the initial CQC Quality report (published in March 2015), and to the follow-on unannounced inspection report (to be published in July 2015). Whilst acknowledging the uncertainties inherent in planning a programme of scrutiny in advance of the publication of this second report, working group members felt it was likely that the HOSC would want to scrutinise some key issues irrespective of what the second report found.
- 1.4 The working group agreed that the key ESHT services that HOSC should focus on are:
 - Outpatients
 - Patient records
 - Maternity
 - Surgery
 - Pharmacy.
- 1.5 The working group also agreed that the HOSC should pay particular attention to the following data sources and ESHT policies and procedures:
 - Complaints procedures and data

- Whistle-blowing policies and data
- Incident reporting, including the reporting of Serious Incidents and the reporting of 'near-misses'
- The Friends & Family survey
- Bullying & harassment data and policies
- Sickness absence

An over-arching theme informing the work of the HOSC here should be the degree to which ESHT can be seen to be using this information to drive organisational improvement and to reduce any disconnect between front-line staff and managers.

- 1.6 Working group members were also keen for the HOSC to explore how it might best work in partnership with local Healthwatch, with East Sussex Clinical Commissioning Groups, and with ESHT's own clinical governance and audit services to monitor the implementation of the trust's quality improvement planning.
- 1.7 The working group also agreed to recommend that a Scrutiny Review Board be established to undertake this work. The Board will report back to the HOSC at regular intervals, but will conduct the bulk of its work away from formal committee meetings, potentially with much of the Board's work being delegated to smaller sub-groups of members. The Board would be expected to take around a year to complete its work and to report back to the HOSC.
- 1.8 It is recommended that the Scrutiny Review Board should agree its own detailed Terms of Reference, but that these should accord with the following broad aims: "The Scrutiny Review Board shall scrutinise the implementation of ESHT's quality improvement plans with regard to the findings of the CQC inspection process. The Scrutiny Review Board will actively work with other key stakeholders to undertake this work. The Board will focus on services including maternity, surgery, outpatients, pharmacy, and patient records. The Board's work will be informed by information which will include ESHT policies and data concerning whistle-blowing, complaints, staff absence, incident reporting, the Friends & Family survey, and bullying & harassment. The Board will have particular regard to the extent to which ESHT has demonstrated its ability to use this data to drive quality improvement.

2. Conclusion and recommendation

- 2.1 HOSC members are asked to approve plans (see 1.7 to 1.9 above) to establish a Scrutiny Review Board to scrutinise ESHT's implementation of its quality improvement planning in response to the recent CQC inspections.

PHILIP BAKER
Assistant Chief Executive

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Please contact for paper copies of any of the reports mentioned above

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Agenda Item 6.

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **16 June 2015**

By: **Assistant Chief Executive**

Title: **Sussex Partnership NHS Foundation Trust (SPFT): Care Quality Commission (CQC) Inspection Report**

Purpose: **To consider the recent CQC report on SPFT services and how the issue should be dealt with by the HOSC.**

RECOMMENDATIONS

HOSC is recommended:

- 1) **To consider and comment on the issue of the Care Quality Commission inspection of Sussex Partnership NHS Foundation Trust services;**
 - 2) **To identify any specific arrangements for future reporting to HOSC on this issue.**
-

1. Background

- 1.1 The Care Quality Commission (CQC) is the independent regulator of health and care services in England. The CQC inspects health and care providers and publishes reports detailing its inspection findings.
- 1.2 Sussex Partnership NHS Foundation Trust (SPFT) is the main NHS provider of mental health, learning disability and substance misuse services across Sussex, as well as providing specialist mental health services across the region.
- 1.3 The CQC inspected SPFT services in January 2015 and published its findings as a Quality Report on May 28th. The relevant CQC reports can be found here: <http://www.cqc.org.uk/provider/RX2>
- 1.4 The CQC held a Quality Summit on 22 May 2015 to present its report to stakeholders ahead of publication. A briefing note from this meeting prepared by colleagues in ESCC social care is included as **Appendix 1** to this report. The briefing note provides details of the CQC Quality Report and responses to the CQC report from the SPFT Chief Executive and from key East Sussex stakeholders. In short, SPFT received an overall grading of "Requires Improvement", although a number of its services were ranked as "Good" or "Outstanding" in one or more of the CQC's quality domains. The CQC expressed confidence in the ability of SPFT's senior management to undertake the necessary organisational improvements.
- 1.5 As SPFT is a pan-Sussex provider, the HOSC has recently been engaging with the Trust principally via an informal joint committee with West Sussex County Council HASC and Brighton & Hove City Council HOSC. There are plans to schedule a meeting of this joint committee in July/August 2015 and it is proposed that initial HOSC scrutiny of the CQC report and SPFT quality improvement planning in response to the report is undertaken jointly at this meeting. A report-back from this meeting will be presented to the HOSC at the 01 October 2015 committee alongside SPFT's detailed Quality Improvement Plan.

2. Conclusion and recommendation

- 2.1 HOSC members are asked to consider and comment on the HOSC's plans to scrutinise the CQC Quality Report on SPFT services.

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Appendices

Appendix 1 – Summary of SPFT Quality Summit

Briefing on Care Quality Commission Inspection of Sussex Partnership NHS Foundation Trust (SPFT)

1. Background

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It makes sure health and social care services provide people with safe, effective, caring, well-led and responsive care, and encourage care services to improve. They monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what is found to help people choose care.

SPFT provide NHS care and treatment for people living in Brighton and Hove, East and West Sussex, Kent and Hampshire. Services in Sussex care for people with mental health problems, learning disabilities and an addiction to drugs or alcohol. SPFT are one of the largest providers of children and young people's mental health services in England, delivering community services in Kent and Medway, Hampshire and Sussex.

2. SPFT Inspection

The CQC undertook an inspection of Trust services by requesting and obtaining Trust information on services and patient records, and visiting in-patient and community services during January 2015. The team of inspectors and specialists including doctors, nurses, managers and experts by experience visited all of the trust's 41 hospital wards and 13 community mental health services. The trust's five places of safety and six crisis services were also inspected.

2.1 Summary Ratings

	Safe	Effective	Caring	Responsive	Well-Led	Overall
1. Community Based Mental Health Services for Adults of Working Age	Good	Good	Good	Good	Good	Good
2. Child and Adolescent Mental Health Wards	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
3. Wards for people with learning disabilities	Requires Improvement	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
4. Long Stay/Rehabilitation Mental Health Wards for Working Age Adults	Inadequate	Requires Improvement	Good	Good	Good	Requires Improvement

5. Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
6. Forensic Inpatient/secure wards	Good	Good	Outstanding	Good	Good	Good
7. Community based Mental Health Services for Older People	Good	Good	Good	Good	Good	Good
8. Community Mental Health Services for people with Learning Disabilities	Good	Good	Good	Good	Good	Good
9. Wards for Older People with Mental Health Problems	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
10. Adult Acute	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
11. Community based Mental Health Services for Child and Adolescents	Requires Improvement	Requires Improvement	Outstanding	Requires Improvement	Good	Requires Improvement
12. Overall Provider Report	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

2.2 Summary Comments

Overall the trust has been rated as Requiring Improvement. Although the trust provided services that were 'good' for being caring, improvements were needed for services to be consistently safe, effective, responsive and well led. The CQC found considerable variation in the quality of the services provided by Sussex Partnership NHS Foundation Trust.

While most community-based services were good, some areas of care in learning disability and older people's inpatient services were 'inadequate'. These services require urgent attention to bring them up to acceptable standards.

Not all ward environments were found to be clean, and some did not ensure the privacy and dignity of patients by providing separate facilities for men and women, and did not always ensure the safety of patients.

The rehabilitation service at Hanover Crescent (in Brighton) was of most immediate concern where there were serious problems relating to cleanliness, infection control and management of risks. The trust responded promptly to by closing the unit to new admissions.

The CQC were also concerned that the trust had no plan in place to tackle the relatively high rate of suicide in Sussex. Whilst it recognised that other agencies must be involved in developing a suicide prevention plan, the trust was urged to initiate urgent work with public health and community agencies to address this.

At the time of the inspection, some of the senior team were new in post. It was reassuring to find that they had themselves identified many of the problems highlighted by the CQC, which has seen encouraging signs of improvement in the four months since the inspection.

Inspectors found community mental health services for adults of working age, older people and people with a learning disability or autism were 'good'. Inspectors found nearly every service to be caring, with staff at all levels committed to providing good patient care. Forensic inpatient and secure wards, and specialist community mental health services for children and young people were rated 'outstanding' for being caring.

There was a shortage of beds across adult and older people's wards. This meant that often it was necessary for patients to access inpatient care some distance from their home.

A number of wards were mixed with some wards having separate corridors for men and women but women could only access bathroom and toilet facilities by passing through the male areas. Doors were left open between male and female corridors.

Inspectors found in child and adolescent services there were f concern in relation to ligature points in bathrooms that could endanger people at risk of suicide. Although these had been identified by the trust they were not being addressed as a priority.

In child and adolescent services there were significant delays in accessing services, although the trust has been working to reduce this. Waiting times for routine treatments, in relation to anxiety, low mood and autistic spectrum conditions could take up to a year.

3. SPFT Response

Chief Executive Colm Donaghy responding to the CQC report said:

"The CQC's report is based upon a thorough, independent assessment of what we do, informed by the people who use our services, our staff and organisations we work with. As such, it provides us with really important feedback that we must use to continue improving the services we provide to patients.

The CQC highlights services where the level of caring is outstanding and where staff are compassionate, kind and motivated to go the extra mile for the people they serve. Our challenge is to achieve this consistently across all our services. We also need to be much better at getting the basics right on issues like staff training and learning from incidents.

We've addressed areas where the inspection team raised concerns about the patient environment, improved the way we deliver staff training and have been talking with

patients, public and staff about the steps we need to take to improve patient care. Our 2020 Vision describes what we will do to achieve consistently outstanding care across all our services.”

4. Clinical Commissioning Group (CCG) Response

Amanda Philpott, Chief Officer of Eastbourne Hailsham and Seaford (EHS), and Hastings and Rother (H&R) CCGs responded to the Report by saying:

“SPFT is a provider of a range of complex services over a very wide geography. The summary rating of ‘requires improvement’ disguises the fact that some elements are rated as inadequate, and some are outstanding.

We were pleased to attend the Quality Summit on Friday, and welcome the 8th July date for the East Sussex listening event in Hastings

We will continue to work closely with the Trust to understand the specific implications for the people of East Sussex, on a service by service basis.”

Dr Joerg Bruuns, GP and dementia lead on the EHS CCG Governing Body, responded to the Report by saying:

“We welcome this Trust leadership’s refreshingly open and transparent dialogue about what it has been told by the CQC, its acceptance of the challenge, and what actions it has already taken and intends to take as a consequence.

We note that the Trust is in a period of significant change, and we need to work with them to ensure services are safe and high quality throughout this period of change.”

5. Preliminary Areas of Work

A strategy paper for developing more integrated mental health services in East Sussex is being prepared for consideration under the ‘Better Together’ programme. Amongst the issues it will address are ones which the CQC also identified, including:

- Re-admission rates – these are predominantly related to patients with personality disorders for whom dedicated care pathways and new services are under development;
- Delayed discharges – these are predominantly related to housing issues, though developing integrated pathways for rehabilitation and joint gateways to access and funding will also be important;
- Physical health – an expansion in the role of primary care in managing patients with severe and enduring mental illness should improve the generally poor physical health of this population.

Agenda Item 7.

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date: **16 June 2015**
By: **Assistant Chief Executive**
Title: **Re-procurement of Community Services: High Weald, Lewes & Havens CCG (HWLH)**
Purpose: **To consider a verbal update from HWLH CCG on the progress of the re-procurement of community services**

RECOMMENDATIONS

HOSC is recommended:

- 1) To consider and comment on the progress of the re-procurement of community services by HWLH CCG;**
 - 2) To identify any specific arrangements for future reporting to HOSC on this issue.**
-

1. Background

- 1.1 All East Sussex CCGs currently contract with East Sussex Hospital Trust (ESHT) for community healthcare services.
- 1.2 Recently, High Weald Lewes Havens CCG (HWLH) announced that it intended to re-procure community services. These services have been put out to tender and the CCG is now in the latter stages of a procurement process.
- 1.3 HWLH CCG will provide a verbal update on the progress of the procurement process at the June 16 HOSC meeting. However, members should note that the procurement process has not yet been completed, and that consequently HWLH CCG is not at liberty to discuss in public matters which may breach its duties to respect commercial confidentiality. This will inevitably limit the scope of any debate at June 16 HOSC.
- 1.4 It is intended to also consider this issue at the next (Oct 01 2015) scheduled HOSC meeting, where it will be possible to have a fuller debate.

2. Conclusion and recommendation

- 2.1 HOSC members are asked to consider and comment on a verbal update by HWLH CCG on its re-procurement of community services.

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Agenda Item 8.

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date: **16 June 2015**
By: **Assistant Chief Executive**
Title: **Co-commissioning of GP Practices in East Sussex**
Purpose: **To consider a paper from East Sussex CCGs on future plans to commission GP practices**

RECOMMENDATIONS

HOSC is recommended:

- 1) To consider and comment on the paper submitted by East Sussex CCGs (Appendix 1)**
 - 2) To identify any specific arrangements for future reporting to HOSC on this issue.**
-

1. Background

- 1.1 The Health & Social Care Act (2012) changed commissioning arrangements for GP practices. Formerly the responsibility of local Primary Care Trusts (PCTs), primary care commissioning was transferred to NHS England (NHSE) Area Teams from April 2013.
- 1.2 In November 2014, the Department of Health introduced a co-commissioning initiative. Under new proposals CCGs will be offered the opportunity to work with NHSE Area Teams to 'co-commission' GP services.
- 1.3 **Appendix 1** to this report is a paper, prepared jointly by East Sussex CCGs, detailing CCG intentions with regard to the co-commissioning initiative.

2. Conclusion and recommendation

- 2.1 HOSC members are asked to consider and comment on the East Sussex CCG paper which describes CCG approaches to co-commissioning of GP services.

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Appendices

Appendix 1 – HOSC briefing - CCG commissioning of GP services in East Sussex

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East Sussex HOSC briefing - CCG commissioning of GP services in East Sussex

Background

The purpose of this briefing is to give more details regarding the recent decisions by EHS and HWLH CCGs to accept devolved responsibility for commissioning GP Primary Care; and describe any implications for East Sussex patients.

Since 1 April 2013 Clinical Commissioning Groups (CCGs) have been responsible for commissioning the majority of NHS services, with the exception of primary care services (GPs, dentistry, optometry, pharmacy) and a range of specialist NHS services, which were retained by NHS England.

As independent contractors, GPs are in charge of running their own practices as businesses, either alone or in partnerships. This independence means that they are responsible for employing their own staff and providing adequate premises from which to practice. The majority of their income comes from the NHS through arrangements known as the General Medical Services (GMS) Contract, which specifies what GPs are expected to do and provides funding for this work. The GMS contract is agreed nationally. A smaller number of practices are funded through Personal Medical Services (PMS), a locally-agreed alternative to General Medical Service (GMS).

1. Delegated Responsibility for GP Primary Care Commissioning

- 1.1 In November 2014, following the publication of the *Five Year Forward View*, NHS England offered CCGs the opportunity to take on more responsibility for co-commissioning GP services from April 2015, in recognition of the benefits of local clinical leadership in shaping services to best meet the needs of the communities they serve. HOSC should be aware that this related solely to GP services, and not pharmacy, ophthalmology or dentistry, which will continue to be commissioned by NHSE.
- 1.2 At that time, all three CCG governing bodies in East Sussex took the view that assuming responsibility for commissioning GP services from April 2015 was entirely consistent with the key shared aim under *East Sussex Better Together* - to invest in primary and community-based care, facilitate integrated local health and social care provision, provide greater resilience for our practices, and an improved experience for patients.
- 1.3 Any such changes would require a significant change to CCG constitutions, and as such required a formal ballot of local member practices. The majority of Eastbourne, Hailsham and Seaford, and High Weald Lewes Havens CCG members voted in favour of these changes. Hastings and Rother CCG members voted against. This means the former accepted the new responsibilities, while NHSE continue to commission GP primary care for Hastings and Rother.

- 1.4 Eastbourne, Hailsham and Seaford CCG and High Weald Lewes Havens CCG were among 64 CCGs nationally (out of 211) to assume delegated commissioning of GP services from April 2015. Member practices in both CCGs agreed that this would allow local interpretation of national policy to help deliver improvements to healthcare as part of *East Sussex Better Together*.
- 1.5 Hastings and Rother CCG was one of 61 CCGs nationally to remain at Level One commissioning arrangements for GP services. In line with LMC guidance, members felt that delegated commissioning was appropriate but expressed concerns around the readiness to assume this responsibility in the given timescale of 1 April 2015 and were more cautious about taking on these responsibilities before the full details were worked through. Instead the CCG anticipates assuming delegated commissioning from 1 April 2016.

2. The transition to delegated commissioning

- 2.1 Eastbourne, Hailsham and Seaford CCG and High Weald Lewes Havens CCG have been working alongside the NHS England team during April May and June to shadow them and ensure a smooth transfer to delegated commissioning. A robust project plan is in place for both CCGs.
- 2.2 Governance Structures have been established and staff appointed to assume the additional workload

3. Delivering benefits for CCG Patients through the use of Co-commissioning Freedoms

- 3.1 One of the primary reasons the CCG membership voted for Co-commissioning was the belief that that it will deliver benefits for patients and member practices. As the GMS contract is negotiated nationally, the same range of services offered under this contract will be maintained. Contracts with GP practices will continue to be managed and payments made to GP practices in a timely manner. Over time however, as the commissioning of primary care is better aligned with ESBT, it is anticipated that patients will benefit from a much more joined up approach to commissioning of all health and social care.
- 3.2 During 2015/16 the CCGs will ensure a safe transfer of commissioning to the CCG and to put in place the short-term improvements that will both benefit patients and reduce bureaucracy, freeing up practice time to focus on patient care and strategic change, including the following.
- A safe and efficient handover and transfer of skills from NHS England to the CCG Co-commissioning function
 - Simplify and Reduce Practice Administration
 - Aligning primary care services with ESBT
 - Plan investment in the Primary Care Workforce to deliver new models of care
- 3.3 In the medium to long term, the CCGs will build on these foundations to deliver sustainable change in services for patients, including the following.
- Using Co-commissioning to help deliver new models of out-of-hospital care (Reshaping Primary Care Services and aligning to ESBT objectives)
 - Development of a premises strategy, IT, and development plan aligned with new ESBT service models

- Explore the possibility of commissioning services from Federations (rather than individual practices) for single services.

4. Continuing CCG support for primary care in Hastings and Rother CCG

- 4.1 Although Hastings and Rother CCG member practices did not elect to assume delegated commissioning from April 2015, the CCG continues to support the development of primary care in the area in recognition of its importance in achieving our aims under *East Sussex Better Together*.
- 4.2 The CCG is confident that practices in Hastings and Rother will be in a strong position to learn from neighbouring CCGs when considering primary care commissioning from April 2016.

5. Managing Conflicts of Interest

- 5.1 CCGs are membership organisations, led by the GPs in their areas. As the CCGs are now managing contracts which make up the majority of their practice income, care has been taken to ensure any conflicts of interest are managed transparently and without any perceived or real advantage to Governing Body or other CCG members. This is managed in the following ways.
- The creation of separate committees, chaired by independent lay members of the Governing Body, to ensure good governance. The committees are comprised of CCG executive team members, and representatives of the Local Authority, NHS England, Healthwatch, and the Local Medical Committee. GPs are represented on the committees, which are held in public, but are in the minority and there primarily in an advisory capacity, not being party to any decision in which they are conflicted. This ensures the proper management of conflicts of interest, while ensuring alignment with the overall CCG strategic objectives including ESBT.
 - The adoption of a Conflicts of Interest policy, requiring each CCG member practice to declare any interests which will enable these to be managed according to a strict protocol. The CCG register of interests is published on the CCG websites.

6. Conclusion

- 6.1 This briefing has described how the commissioning of GP primary care services is being taken forward in East Sussex. The CCG Governing Bodies are confident that this will improve the patient experience through better alignment of commissioning levers to deliver whole care pathways.

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Work Programme for Health Overview and Scrutiny Committee



Future work at a glance

Updated: June 2015

Please note that this programme is correct at the time of updating but may be subject to change. The order in which items are listed does not necessarily reflect the order they will appear on the final agenda for the meeting.

Future Committee agenda items		Author
1 October 2015		
Re-procurement of Community Services: High Weald Lewes & Havens CCG (HWLH)	<i>To understand future plans for community health services in the High Weald Lewes Havens Clinical Commissioning Group area following a procurement process.</i>	Philip Baker
Sussex Partnership Foundation NHS Trust (SPFT): Care Quality Commission (CQC) Inspection Report	Report back from informal joint Sussex HOSC on Care Quality Commission (CQC) inspection report of Sussex Partnership NHS Foundation Trust (SPFT) and trust Quality Improvement Plan	Philip Baker
3 December 2015		
Dementia Strategy	To consider a progress report on the development of dementia services in East Sussex, including Memory Assessment Services and the dementia pathway work in HWLH.	

Potential future scrutiny issues

This table lists issues which have been identified for potential inclusion in the Committee's work programme. Initial investigation is often undertaken (e.g. by requesting further information) to determine whether further work, or an agenda item, is needed.

Issue	Objectives / Evidence	People / HOSC timescale
GP vacancies	To investigate recent media reports of high levels of GP vacancies, notably in the Hastings area. Initial information request to be sent to NHS England and CCGs.	Letter to NHS England – December 2014
HIV diagnosis	To consider the approach being taken to maximising HIV diagnosis in East Sussex	16 January 2015 – meeting of Cllr O'Keeffe with public health commissioners. Cllr O'Keeffe to report back to Committee.
CQC inspections	To submit evidence (as available), contribute to Quality Summit and review outcomes of CQC inspections of local Trusts: <ul style="list-style-type: none"> • ESHT – inspection September 2014, Quality Summit and report expected early 2015. • MTW – Quality Summit and report expected early 2015 • SPFT – inspection January 2015, Quality Summit and report dates tbc 	Ongoing – liaise with CQC and Trust leads
Main Stone and Tunbridge Wells NHS Trust Clinical Strategy	To consider any proposed service changes arising from the Trust's strategy which would impact on East Sussex residents, for example any proposed changes to stroke services at Tunbridge Wells Hospital.	MTW to keep HOSC informed of proposed changes. Ongoing liaison with Kent HOSC
ESHT Clinical Strategy	Ongoing monitoring of clinical strategy implementation, including progress of reconfigured services (stroke, general surgery and orthopaedics) and Full Business Case for capital funding. Visit to EDGH stroke unit to be arranged	Data workshop to be held to consider ongoing monitoring requirements – date tbc Date tbc
Bowel Cancer Screening	To consider how East Sussex compares to other areas in terms of implementation of the national screening programme.	Information request tbc
Lewes Victoria Hospital clinics	To check the situation regarding reported withdrawal of pacemaker and audiology clinics at the hospital.	Information request to HWLH CCG – December 2014

Page 10

Documents circulated for information

This table lists significant documents/briefings which have been circulated to the Committee since the last HOSC meeting, or which remain 'active' because further action is anticipated.

Issue	Summary and date	Contact
Integrated musculoskeletal (MSK) service commissioning	Briefing on the MSK service in High Weald Lewes Havens and Eastbourne, Hailsham & Seaford CCG areas. Procurement process from autumn 2013-summer 2014. <i>14 August 2013: circulated by email to HOSC.</i> <i>29 August 2014: update briefing circulated to HOSC detailing the new contract.</i> <i>November 2014 – CCG response to HOSC Chair's questions circulated by email to HOSC.</i>	Ashley Scarff, HWLH CCG
MTW: CQC report/Vision	MTW CQC report was published early 2015 (Requires Improvement). HOSC agreed in Sep 14 to have a future item on MTW provision, so could potentially ask trust to present on both	
Health Inequalities	Request for a briefing at Nov 14 HOSC	
ESPT urology services	Request for an update on any plans to vary services (Nov 14 HOSC)	
Impact on local NHS provider landscape of future NHS restructuring plans (e.g. move from acute to community services)	Request for a briefing Sep 14 HOSC	

If you have any comments to share about topics HOSC will be considering, as shown above, please contact:
HOSC Support Officer: Giles Rossington, 01273 335517 or giles.rossington@eastsussex.gov.uk

Acronyms

A&E – Accident and Emergency department
ASC – Adult Social Care
AT – Area Team (of NHS England)
BSUH – Brighton and Sussex University Hospitals NHS Trust
EDGH – Eastbourne District General Hospital
CCG – Clinical Commissioning Group
CQC – Care Quality Commission
EHS – Eastbourne, Hailsham and Seaford
ESCC – East Sussex County Council
ESHT – East Sussex Healthcare NHS Trust
H&R – Hastings and Rother
HOSC – Health Overview and Scrutiny Committee
HWLH – High Weald, Lewes, Havens
MTW – Maidstone and Tunbridge Wells NHS Trust
NHS – National Health Service
SECAMB – South East Coast Ambulance Service NHS Foundation Trust
SPFT or SPT – Sussex Partnership NHS Foundation Trust
TBC – to be confirmed
TDA – Trust Development Authority

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