HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 24 March 2016

PRESENT:

Councillor Michael Ensor (Chair);Councillors Ruth O'Keeffe, Frank Carstairs, Angharad Davies, Alan Shuttleworth, Bob Standley, Tania Charman and John Ungar (all East Sussex County Council); Councillors Rob Blackman (Lewes District Council), Sue Beaney (Hastings Borough Council), Mary Barnes (Rother District Council), Julie Eason (SpeakUp)

WITNESSES:

East Sussex County Council

Keith Hinkley, Director of Adult Social Care and Health

High Weald Lewes Havens Clinical Commissioning Group

Wendy Carberry, Chief Officer
Ashley Scarff, Head of Commissioning and Strategy
Alan Beasley, Chief Financial Officer

Eastbourne, Hailsham and Seaford Clinical Commissioning Group/ Hastings and Rother Clinical Commissioning Group

Allison Cannon, Chief Nurse
Murray King, Associate Director of Strategic Investment

East Sussex Healthcare NHS Trust

David Clayton-Smith, Chair
Richard Sunley, Acting Chief Executive

South East Coast Ambulance NHS Foundation Trust

Sir Peter Dixon, Chair
Geraint Davies, Acting Chief Executive
James Pavey, Paramedic and Senior Operations Manager

Sussex Community NHS Trust

Siobhan Melia, Commercial Director

LEAD OFFICER:

Giles Rossington, Senior Democratic Services Adviser

30. MINUTES OF THE MEETING HELD ON 3 DECEMBER 2015

30.1 The minutes of the meeting of 03 December 2015 were agreed.

31. APOLOGIES FOR ABSENCE

31.1 Cllr Rob Blackman attended as substitute for Cllr Sam Adeniji (Lewes District Council representative).

31.2 Cllr Mary Barnes attended as substitute for Cllr Bridget George (Rother District Council representative).

31.3 Cllr Johanna Howells (Wealden District Council representative) sent apologies.

31.4 Jennifer Twist (Community Sector representative) sent apologies.

31.5 The Chair welcomed Cllr Tania Charman to the committee as replacement for Cllr Michael Wincott.

32. URGENT ITEMS

32.1 The Chair informed members that he had asked Sir Peter Dixon, the newly appointed interim Chair of South East Coast Ambulance Trust (SECAmb); and Geraint Davies, acting SECAmb Chief Executive, to detail recent events affecting the trust.

32.2 Sir Peter Dixon informed the committee that he had been appointed SECAmb Chair by Monitor, the NHS Foundation Trust regulator. His appointment is initially for six months, although this may well be extended for a further six months. Sir Peter has a long track history of assisting NHS organisations that are experiencing problems.

32.3 The recently published Monitor report on the SECAmb 111-999 triage scheme describes an initiative that was hastily introduced, with poor risk and clinical governance mechanisms. Details of the initiative were poorly communicated to SECAmb's commissioners.

32.4 From investigations to date, it appeared that the scheme caused no actual patient harm, although this will not be confirmed until the publication of a second report in June. The only trust staff criticised in the Monitor report are very senior officers. Disciplinary procedures against some of these officers are ongoing. To date there has not been a significant impact on organisational morale.

32.5 Geraint Davies added that SECAmb has agreed a joint recovery plan with Monitor and with its commissioning CCGs.

32.6 The context in which the triage scheme was undertaken was that of increasing service pressures which meant that SECAmb was struggling to meet its response time targets. However, the trust's priority should been to provide a safe and effective service, even if this meant missing targets. There will be a full and open examination of what went wrong at the trust.

32.7 The 111-999 triage scheme aside, the ambulance service and indeed the whole health system are currently experiencing severe pressures. James Pavey, SECAmb Paramedic and Senior Operations Manager, told members that ambulance demand is currently 15% higher than predicted volumes (SECAmb had forecast demand to be 5% higher than last year). Similar demand pressures are being faced across the system – and particularly in hospital emergency departments. Dealing with this level of demand calls for a holistic response, with more being done to share the burden across the health and care system. Changing ambulance or A&E ways of working alone will not be sufficient as these services have already made significant

changes to cope with increased demand – SECAmb is already dealing with around 50% of ambulance call-outs by means other than taking patients to A&E.

32.8 James Pavey told members that it is uncertain why demand is 20% higher than a year ago. This may in part be because we are currently experiencing a flu outbreak – there has been a significant increase in patients reporting shortness of breath which could be indicative of flu. In part it is also likely to be because patients are presenting with increased acuity, due to complex co-morbidities which may often be age-related. Hospital emergency departments are reporting similar problems.

32.9 Difficulties with hospital handover inevitably impact upon SECAmb performance: ambulances that are waiting at hospital to handover patients are unavailable for other calls. The focus has been on this issue, including very close liaison with hospital colleagues. Indeed, managerial focus on dealing with hospital handover is diverting managers from more general management duties. Members agreed that hospital handover was an important issue, and one that the committee would explore in detail at a later date.

32.10 In response to a question about paramedic recruitment, James Pavey told the committee that there was a national shortage of paramedics, exacerbated by growing demands from non-ambulance trusts sources such as primary care. However, Sussex does reasonably well in recruiting and retaining paramedic staff.

32.11 In reply to a question as to how SECAmb could persuade the public of its future integrity, Sir Peter Dixon told members that it was his responsibility both to find what had gone wrong and fix it *and* to ensure that the trust never again prioritised hitting targets over providing the best possible service to the public.

33. HIGH WEALD LEWES HAVENS CLINICAL COMMISSIONING GROUP (HWLH CCG): WITHDRAWAL FROM THE EAST SUSSEX BETTER TOGETHER (ESBT) PROGRAMME

33.1 This item was introduced by Wendy Carberry, High Weald Lewes Havens Clinical Commissioning Group (HWLHCCG) Chief Officer; Ashley Scarff, HWLHCCG Director of Strategy; Alan Beasley, HWLHCCG Chief Finance Officer; and by Siobhan Melia, Director of Partnership and Commercial Development, Sussex Community NHS Trust (SCT). The speakers also introduced and took questions on the HWLHCCG Annual Operating Plan item (item 6) at this point.

33.2 Wendy Carberry told the committee that HWLHCCG patient flows differ considerably from those of the other East Sussex CCGs. For Eastbourne, Hailsham & Seaford CCG (EHS) and Hastings & Rother CCG residents, the great majority of healthcare activity takes place within the county. In particular, most people living in these areas access secondary care services at either Eastbourne District General Hospital or at the Conquest Hospital, Hastings. However, although HWLHCCG residents receive the majority of primary and community services within East Sussex, the great majority of people access secondary care services from out of county providers – particularly from hospitals in Brighton, Hayward's Heath and Tunbridge Wells.

33.3 This means that HWLHCCG has to contribute to planning for better integration and co-working across three health systems: East Sussex, Brighton & Hove & Mid Sussex, and West Kent.

33.4 Wendy Carberry told the committee that HWLHCCG has been criticised for over-emphasising flows into acute care when one of the principle strategic NHS goals is to reduce reliance on acute care. However, the CCG believes that district general hospitals have an

integral role to play in designing effective health and care systems; a view which is supported by NHS England and by NHS Five Year Forward View planning guidance. The CCG's plans fit well with the requirements of NHS Sustainability & Transformation Plans (STPs)

33.5 The CCG felt that too much of its time was being spent on East Sussex Better Together (ESBT), when only around 10% of HWLH residents receive their healthcare exclusively within East Sussex. The CCG was also uncomfortable with the pace of change involved in year two of the ESBT project.

33.6 In consequence, HWLHCCG withdrew from ESBT. The CCG is committed to working with partners towards better system integration in East Sussex and in the other areas that it works with. This includes working with Brighton & Hove and Horsham & Mid Sussex CCGs on an 'A23 South' programme; working with Kent CCGs on an integration programme centred upon Maidstone & Tunbridge Wells hospitals; working directly with Sussex Community Trust and Brighton & Sussex University Hospitals Trust to develop the Queen Victoria Hospital, Lewes as a hub for community services; and working with MTW and Kent CCGs on developing Crowborough Community Hospital as a community and gerontology hub. In East Sussex, the CCG has launched its 'Connecting 4 You' programme and has invited the County Council and other key partners to join the Programme Board.

33.7 The CCG is committed to implementing the NHS Five Year Forward View. One area of focus will be on improving community services, working in close partnership with Sussex Community Trust. Another focus will be on aligning HWLH GP practices and other primary/community services in 'communities of practice. The CCG hopes that social care services will be included in the communities of practice.

33.8 Siobhan Melia explained that communities of practice will link community health and GP services with acute healthcare and mental health trusts via the Sussex Healthcare Alliance.

33.9 Alan Beasley told members that the CCG will balance its budget for 15/16. However, this has required the CCG to use all of its contingency funding. Next year's financial targets will be very demanding: the CCG will have a £7M uplift (about 2% of budget) but will be required to find £9M of savings at the same time as investing more in providers (particularly in the acute sector to bring down waits for elective procedures). Better Care Fund (BCF) funding will be maintained at its current level: the HWLH contribution to BCF is C£10M pa.

33.10 Keith Hinkley, East Sussex County Council Director of Adult Social Care & Health, told the committee that he agreed that patient flows for HWLHCCG were complex. However, this complexity is explicitly recognised by the ESBT programme, which is predicated upon devolving responsibilities down to localities so that decision-making is fully responsive to specific local need and circumstances.

33.11 Current ESCC plans will have to be revisited in light of HWLHCCG's withdrawal from ESBT. ESCC is committed to working with the CCG to deliver high quality care for residents, but there will be challenges here – particularly for ESCC management capacity now that there is no single integration programme for the whole of East Sussex. HWLHCCG's decision also threatens to delay the implementation of the transformational changes planned through ESBT which are likely to impact upon the council's Medium Term Financial Strategy. There has already been an impact on managerial capacity within the Adult Social Care (ASC) service.

33.12 There is an urgent need to consider the ESCC plans developed within ESBT with those of HWLHCCG, and to then develop a joint programme to improve health and social care outcomes in High Weald, Lewes and The Havens. This will need to be signed-off by ESCC Cabinet in June 2016 so it can form part of the final STP submission (end of June 2016).

33.13 Keith Hinkley also told members that ESBT was designed to reduce hospital admissions whilst recognising that acute providers are an integral part of an integrated health and care

system. The devolution of responsibilities to localities was explicitly intended to recognise that different parts of the county require the autonomy to address specific local issues.

33.14 Wendy Carberry told members that, although HWLHCCG had initially been committed to ESBT, it had recently become apparent that the demands of the ESBT programme were too high, given the other integration projects the CCG is involved in and the need to send more and more time addressing the deteriorating situation at the Royal Sussex County Hospital – the main hospital for many HWLH residents.

33.15 Alan Beasley responded to questions by confirming the CCG's commitment to providing more care in the community. The CCF seeks a 3:1 return for community investment, and this is achievable. Mr Beasley also confirmed that investment in BCF had been maintained. The CCG analysed the costs of leaving ESBT versus the benefits, and is convinced that the benefits will outweigh any costs. Keith Hinkley noted that calculating returns on investment in this context is complex, particularly when it involves funding leaving East Sussex.

33.16 Keith Hinkley explained that based on the joint modelling undertaken through ESBT the sustainability of the entire East Sussex health and social care system required transformational change in the immediate future. This is the case nationally, but is a particularly pressing issue for the county because of demographic pressures caused by an ageing population. In terms of the financial impact of HWLHCCG's withdrawal from ESBT, ESCC has not yet fully modelled the cost of withdrawal although there will undoubtedly be additional management costs.

33.17 Members agreed to note the update on the CCG's withdrawal from ESBT and on its annual operating plan. The committee welcomed the opportunity to learn more about HWLHCCG's integration plans for East Sussex (Connecting 4 You) as these evolve.

34. EAST SUSSEX CLINICAL COMMISSIONING GROUP (CCG) 2016/17 OPERATING PLANS: HIGH WEALD LEWES HAVENS CCG

34.1 This issue was considered together with Item 5 and a minute of the relevant discussion is included under Item 5.

35. EAST SUSSEX CLINICAL COMMISSIONING GROUP (CCG) 2016/17 OPERATING PLANS: EASTBOURNE, HAILSHAM & SEAFORD CCG AND HASTINGS & ROTHER CCG

35.1 This item was introduced by Murray King, Associate Director of Strategic Investment; and by Allison Cannon, Chief Nurse, EHS and H&R CCGs.

35.2 Murray King told members that CCG priorities for the coming year included the development of locality teams and of federated GP practices; Health & Social Care Connect; getting services working together effectively; and planning for the creation of an Accountable Care Model. ESBT has a five year investment plan in which CCG and social care budgets are undifferentiated.

35.3 In reply to questions on research and/or evidence reviews supporting the accountable care model, Murray King agreed to provide a written response to members.

36. KENT, SURREY & SUSSEX STROKE REVIEW

36.1 This item was introduced by Ashley Scarff, Director of Strategy, High Weald Lewes Havens CCG; and by Allison Cannon, Chief Nurse, Eastbourne, Hailsham & Seaford and Hastings & Rother CCGs.

36.2 Ashley Scarff told the committee that the stroke review is ongoing. The current focus is not on services within East Sussex, but on services at hospitals used by a number of county residents such as the Royal Sussex County hospital, Brighton; the Princess Royal hospital, Hayward's Heath; and Tunbridge Wells hospital. Any significant service changes will be reported back to the HOSC.

36.3 In response to a question on cross-border funding, Ashley Scarff told members that a good deal of work had been done on this issue via the Sussex Collaborative, but that more still needs to be done.

36.4 Replying to questions on staffing for language therapy services, Allison Cannon informed the committee that there were long-standing issues with recruitment of some workers, particularly in terms of speech and language and of physiotherapists. It was important to think innovatively, for example, using easier to recruit lower grade staff to undertake appropriate tasks.

36.5 As well as seeking to improve stroke services and fill the gaps between services, the stroke review will focus on rehabilitation and on preventative measures.

37. CO-COMMISSIONING OF GP SERVICES

37.1 This item was introduced by Wendy Carberry, Chief Officer, High Weald Lewes Havens CCG; and by Murray King, Associate Director of Strategic Investment, Eastbourne, Hailsham & Seaford and Hastings & Rother CCGs.

37.2 Wendy Carberry told the committee that HWLHCCG was now fully in control of GP commissioning, and that this is progressing well. There is a nationwide shortage of GPs which poses inevitable challenges. One partial solution is to increase the use of non-GPs to take on some GP workload: for example pharmacists based in GP practices.

37.3 Murray King told members that the ESBT programme will address the fragmentation of GP services via an accountable care model and the federation of GP practices. CCG commissioning of GP services is particularly useful because it facilitates localised decision-making.

38. SCRUTINY REVIEW BOARD: ESHT QUALITY IMPROVEMENT PLAN

38.1 The Chair welcomed David Clayton-Smith, the new Chair of East Sussex Healthcare NHS Trust (ESHT) to the meeting. Mr Clayton-Smith told the committee that the new ESHT Chief Executive, Dr Adrian Bull, will be starting work soon. The trust has also recently appointed a new Finance Director and a new Non-Executive Director. Mr Clayton-Smith thanked Richard Sunley for all he had done as Acting Chief Executive. Mr Clayton-Smith also told members that he was determined to rebuild ESHT's relationships with stakeholders.

38.2 The Chair commended the Scrutiny Review Board report to the committee and thanked all the ESHT witnesses who had agreed to take part in the review.

38.3 Cllr Angharad Davies commented that the surgery sub-committee was impressed by the improvements that had been made to surgical wards. However, it was worrying that surgical beds were being taken up by medical patients: ESHT needs to think innovatively about how to accommodate medical patients without impacting on surgery.

38.4 Julie Eason commented that the maternity sub-committee had found that the maternity wards were cleaner and less cluttered than previously. It is too early to tell whether there has been a genuine change for the better in terms of culture.

38.5 Cllr Bob Standley commented that the pharmacy sub-committee had found a very positive team of workers who communicated openly with each other. It was particularly good to see that the team recognised that the CQC had made valid criticisms of previous arrangements. Delays in the discharge of patients from hospital, including delays caused by having to wait for discharge medicines, remain a concern.

38.6 Cllr Alan Shuttleworth commented that the patient records sub-committee had been impressed by the actions taken to address this issue. However, it remained unclear whether the funding to digitally tag all records had been found and whether there had been a final decision to store all records at the Apex Way site.

38.7 Cllr Frank Carstairs commented that the outpatients sub-committee was impressed with both the quality and motivation of staff in the department and by the improvements made to the call centre.

38.8 The Committee RESOLVED to: 1) endorse the Review Board report on ESHT Quality Improvement; and 2) agree to refer it to ESHT, the NHS Trust Development Authority and to the Care Quality Commission for consideration.

38.9 Richard Sunley, Acting ESHT Chief Executive, welcomed the report, which he described as very fair. The trust will respond formally in writing to the report recommendations. ESHT does recognise the medical bed pressures described in the report: speeding up the discharge of those patients medically fit for discharge is a priority for the trust and for the local health and care system. ESHT has added an additional 100 beds across its two hospital sites in recent years. The challenge now is principally to reduce length of stay.

38.10 Richard Sunley added that maternity wards had previously not been audited for cleanliness frequently enough and standards had slipped. This has now been addressed. There has also been an increased focus on incident-reporting following the CQC inspections and there has been a 40% increase in reporting of low level incidents (serious incident reporting always was robust).

38.11 The trust has now appointed a new Chief Pharmacist and is happy with progress in this area. Did Not Attend (DNA) rates for outpatients appointments have improved recently. In terms of patient records, there had been a long term lack of investment in this service. However, significant improvements have now been made. An independent review on the plans to move records storage to Apex Way will report soon. The trust is still exploring details of the planned move with employee representatives.

38.12 Cllr Ungar told members that he was concerned that the previous HOSC approval of the East Sussex maternity reconfiguration was predicated upon a capital improvement programme (including the development of the Eastbourne Midwife-Led Delivery Unit) that may not now be delivered. Should these improvements not be made, the reconfiguration decision should be reconsidered. The Chair responded that he was not minded to revisit the maternity argument at this point, but that he would ensure that the ESHT response to the Scrutiny Review Board report explicitly addressed the issue of this capital funding.

38.13 Julie Eason told members that she was unhappy with the wording of Recommendation 1 in the Scrutiny Review report. She proposed the deletion of the phrase “and is capable of delivering.” The Chair declined to accept this proposal, noting that the committee had already

agreed to endorse the report and its recommendations. There would be ample opportunity to debate this issue at future meetings.

39. HOSC FUTURE WORK PROGRAMME

39.1 It was agreed to add items on: ESHT response to Scrutiny Review Board report; SECAmb; and HWLHCCG integration action plan to the work programme for the next HOSC meeting.

The meeting ended at 1.27 pm.

Councillor Michael Ensor
Chair