HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 29 June 2017

PRESENT:

Councillors Colin Belsey (Chair), Councillors Bob Bowdler, Angharad Davies, Ruth O'Keeffe, Peter Pragnell and Sarah Osborne (all East Sussex County Council); Councillor Janet Coles (Eastbourne Borough Council) and Councillor Susan Murray (Lewes District Council)

WITNESSES:

East Sussex Healthcare NHS Trust (ESHT)

Catherine Ashton, Director of Strategy, Innovation and Planning
Hazel Tonge, Deputy Director of Nursing

High Weald Lewes Havens Clinical Commissioning Group (CCG)

Ashley Scarff, Director of Strategy and Deputy Chief Officer
Sam Tearle, Senior Strategic Planning & Investment Manager

Eastbourne, Hailsham and Seaford CCG / Hastings and Rother CCG

Jessica Britton, Chief Operating Officer

East Sussex County Council

Keith Hinkley, Director of Adult Social Care and Health

LEAD OFFICER:

Claire Lee, Senior Democratic Services Adviser

1. MINUTES OF THE MEETING HELD ON 23 MARCH 2017

1.1 The Committee agreed the minutes were a correct record of the meeting held on 23 March 2017.

2. APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from:

- Cllr Phil Boorman (substitute: Cllr Peter Pragnell)
- Cllr Bridget George
- Cllr Joanna Howell
- Cllr Andy Smith

- Cllr Mike Turner
- Jennifer Twist

2.2 The Chair noted that Julie Eason had resigned her position due to new work commitments. He thanked her for the contribution she had made to the Committee over the years and wished her well in her new endeavours.

2.3 The Chair welcomed the new Members of HOSC and thanked Cllrs Frank Carstairs, Tania Charman, Alan Shuttleworth and Bob Standley for their contributions during the course of their time on HOSC.

3. DISCLOSURES OF INTERESTS

3.1 There were none.

4. URGENT ITEMS

4.1 Jessica Britton, Chief Operating Officer, Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG) and Hastings and Rother Clinical Commissioning Group (HR CCG) informed HOSC that the East Sussex Better Together (ESBT) programme had won the award for *fostering commissioner and provider collaboration in transforming health services* at the National Healthcare Transformation awards on 28 June. The ESBT programme was also nominated for the I-Rock Project in Hastings, a mental health programme for young people.

4.2 Jessica Britton said that the award demonstrated that the ESBT programme was truly bringing together health and social care. She thanked HOSC for its support over the past three years.

4.3 The Committee congratulated everyone involved in ESBT for their achievement.

5. CONNECTING 4 YOU PROGRESS UPDATE

5.1. The Committee considered a presentation providing an update on the progress of the Connecting 4 You health and social care transformation programme in the High Weald Lewes and Havens (HWLH) area of East Sussex.

5.2. Keith Hinkley, Director of Adult Social Care and Health, East Sussex County Council; Ashley Scarff, Director of Commissioning and Deputy Chief Officer, and Sam Tearle, Senior Strategic Planning & Investment Manager, both from High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG), answered questions from HOSC Members.

The key achievements of the Connecting 4 You programme

5.3. Ashley Scarff said that Connecting 4 You (C4Y) has helped improve multi-agency working, with both Sussex Community NHS Foundation Trust (SCFT) and the East Sussex County Council (ESCC) Adult Social Care Department aligning their services towards the four “Communities of Practice” and improving community care pathways. Keith Hinkley said that the key improvement of C4Y has been to align operational services so that they are able to provide unified case management for patients.

5.4. Ashley Scarff outlined some new services that have been introduced as part of C4Y that have resulted in a reduction in hospital admissions, including:

- Consultant Geriatricians who proactively outreach into local communities to support old and vulnerable people;

- Community Diabetes Service, with significant focus on education for patients to manage that long term condition;

- Joint Musculoskeletal Service with Eastbourne, with Hailsham and Seaford Clinical Commissioning Group (EHS CCG) that is piloting a self-referral service for people with physiotherapy needs, for example, chronic back pain. This is receiving extremely positive feedback from patients and clinicians.

5.5. Keith Hinkley added that the High Weald Lewes Havens (HWLH) area is receiving new joint health and social care services such as Health and Social Care Connect (HSCC) and the Joint Community Reablement teams that are being delivered across the whole of East Sussex.

Progress of C4Y

5.6. Ashley Scarff explained that the health and social care budgets have been aligned and the C4Y Programme Board receives a combined financial plan that shows the aggregated budget for the whole health and social care economy in the HWLH area. However, at this stage they are not pooled in the same way as they are for the East Sussex Better Together (ESBT) Alliance, which has an agreed Strategic Investment Plan (SIP) for 2017/18.

5.7. Sam Tearle explained that a detailed timeline of the C4Y programme will be presented to the C4Y Programme Board on 19 July; it will include how the SIP and the Multi-Specialty Community Provider (MCP) model for C4Y will be progressed. He said that the pace of the programme will increase over the summer and into autumn.

5.8. Keith Hinkley added that strategic investment planning for the HWLH area is flagged in ESCC's State of the County document that was agreed by Cabinet in June. He said that it is expected that decisions about the SIP, alongside the design of the MCP model, will be made towards the end of 2017. It will be difficult to develop more integrated services until the MCP model is agreed.

C4Y within wider Sussex and East Surrey Sustainability and Transformation Partnership (STP)

5.9. Ashley Scarff explained that Horsham and Mid Sussex CCG and Brighton & Hove CCG are also looking at a MCP model of integrated care. The three CCGs comprise the footprint within the Sussex and East Surrey Sustainability and Transformation Partnership (STP) called Central Sussex and East Surrey Area (CSESA) South and have considerable commonality. They share the same community healthcare provider –SCFT – as well as a shared mental health provider – Sussex Partnership NHS Foundation Trust (SPFT) – and all three use the acute hospital services of Brighton & Sussex University Hospital NHS Trust (BSUH) for some or all of their residents. There is also an imperative for the CCGs to work together due to financial and capacity pressures on the acute system, especially in Brighton & Hove, and pressure from NHS England to work together at scale and in the most efficient way possible.

5.10. Ashley Scarff explained that from the CCGs perspective it was the right decision for HWLH CCG to withdraw from ESBT. If HWLH CCG had continued with ESBT, he explained, the process of providing integrated health and social care might be further ahead, but only for 10-15% of the CCG's population. He added that HWLH CCG recognises the need to maintain a

pace of change but the best approach involves making the most appropriate connections with other CCGs and providers.

5.11. Keith Hinkley said that there is an ongoing review across the whole STP of governance arrangements, including in the CSESA South footprint, that is due to be completed in October. This means that further work might need to be undertaken in the autumn on the governance arrangements of C4Y, which could impact on the planned development of a SIP and MCP model.

Consultation on C4Y

5.12. Ashley Scarff explained that local people will have seen the C4Y engagement programme that has been visible at various forums and meetings held in several locations within the programme's footprint.

5.13. He agreed with the Committee that engagement, feedback and insight from front line staff was critical. The CCG Board is constantly being fed the opinions healthcare providers and of GPs – who are an integral part of the structure of CCGs. C4Y events have also been held, including one in January where team leaders from health, social care and voluntary sector providers were involved.

Definition of self-management

5.14. Ashley Scarff explained that self-management forms a key part of the C4Y strategy and refers to helping people, especially those with long term or complex conditions, manage their own conditions in order to help keep them away from reactive, hospital care. This is good for the individual, carer, family, and the healthcare system as whole, because healthcare professionals are not reactively responding to a crisis at the most costly point in the healthcare pathway.

5.15. Keith Hinkley added that there is a national and international evidence base about the gains in the health of a population as a whole if people have a better understanding of, and ability to manage, their own health, for example, being able to access their case records, or access healthcare professionals, via an online portal.

Streamlined point of access

5.16. Keith Hinkley explained that ESCC manages the streamlined point of access – Health and Social Care Connect (HSCC) – on behalf of the whole health and social care system. HSCC has drawn together health and social care practitioners in to a single place for patients and health and social care professionals to connect with the healthcare system and be guided to the most appropriate point within it.

5.17. Keith Hinkley said that significant investment has been made to the clinical and practitioner input within HSCC so that the right decisions about the urgency of a patient's need, and the appropriate care for them, are made at a very early point in the patient's contact with the healthcare system. He added that feedback is very positive but there remain areas of improvement, for example, improving response times to calls.

5.18. He said that HSCC has drawn together multiple points of access but will not become a single point of access due to the complexity of health and social care, and the fact that many patients will continue to contact their GP in the first instance. Therefore, the key to making HSCC work is ensuring that all practitioners – including GPs – understand the need to refer patients to HSCC so that they can enter the healthcare system at the appropriate point. Training for staff is underway so that they are aware of HSCC.

5.19. The Committee RESOLVED to;

1) note the report;

2) request a further update on Connecting 4 You in the autumn containing a timeline of key events for the transformation programme;

3) request an additional report on Connecting 4 You for March 2018; and

4) request a visit to the Health and Social Care Connect (HSCC) centre in Eastbourne.

6. END OF LIFE CARE

6.1. The Committee considered a report on the progress of East Sussex Healthcare NHS Trust (ESHT) End of Life Care (EOLC) project.

6.2. Catherine Ashton, Director of Strategy, and Hazel Tonge, Deputy Director of Nursing, both from ESHT, answered questions from HOSC Members.

New EOLC team structure

6.3. Hazel Tonge explained that the new EOLC team structure – including the Senior Nurse who will coordinate and oversee the EOLC service across both hospital sites – came together in May and is currently focussed on making sure the right governance arrangements are in place to ensure both the Conquest Hospital and Eastbourne District General Hospital (EDGH) team work to the same standards. There is currently not enough available data to demonstrate success of the new arrangement, but in two months' time there should be. The two teams have, however, said that they are now functioning as one team, have access to the same specialist support, and are supporting each other.

6.4. Hazel Tonge explained that EOLC Practice Development Facilitators have trained 1,065 acute ward staff on the new Individualised Care Plan. A patient's individualised care plan includes symptom controls and their preferred plan for death, and also includes where to refer them within the healthcare system.

Culture and leadership

6.5. Hazel Tonge explained that staff have told her that there is a very different culture in the organisation than there was two years ago. Staff now feel secure enough to seek support and raise concerns – for example, through weekly nurse meeting groups – or access counselling should they require it. The NHS Staff Survey results reflect this observation.

Extending the service to 24/7

6.6. Hazel Tonge said that she has written a draft options paper for the ESHT Board to consider setting out the advantages and disadvantages of maintaining a 5 day service or moving to a 7 day one. The Trust Board will consider it during July and decide on the necessary financial support.

Identifying patients in the last year of their life

6.7. Hazel Tonge said that ESHT's priority currently is to identify those patients in the last days of their life. The EOLC teams are working with non-palliative teams, such as cardiology and gastroenterology, but the process is not yet complete. There is an awareness and engagement workstream in place to raise clinicians' awareness of palliative care, but raising awareness is a nationwide challenge – which is why so much national guidance is written on the subject.

6.8. Jessica Britton said that the ESBT Alliance is developing an EOLC Strategy. This involves ESHT working with CCGs to develop a system where staff from primary, community and acute care can share information about patients who are in the last year of their life, with their consent. The EOLC Strategy will also develop awareness raising programmes and training courses to assist clinicians to identify those patients in the last year of their life. Further details of the strategy are likely to be available by next year.

6.9. Catherine Ashton said that ensuring patients' EOLC needs are tracked is a key part of the ESBT Alliance's EOLC Strategy. The purpose is to avoid having to provide reactive hospital care, and to ensure that when a patient visits hospital they have a GP's care plan in place that has been worked through with them and is easily accessible to hospital staff.

6.10. Hazel Tonge added that a case manager is assigned to patients who are identified as requiring long term health or social care. The case manager supports them to maintain wellness by making sure the appropriate health and social care workers are informed about the patient's needs and this should include palliative care needs.

Involvement of chaplaincies and hospices

6.11. Part of the EOLC service's five year strategy involves bringing together all sectors – CCGs, carers, chaplaincy service, voluntary sector, and hospices – to support people with palliative care. ESHT now has formal arrangements in place with both hospices in East Sussex, for example, as part of the EOLC service's new "one team" approach, the Consultant in Specialist Palliative Care is providing two morning or afternoon sessions per week to develop care standards and training at the hospices.

6.12. Hazel Tonge agreed that the chaplaincy service is important for providing spiritual support to patients – including to those who are not religious. There are both paid and voluntary chaplains operating in ESHT. The chaplains need to know which patients in the Trust are identified as being EOLC patients and are provided with a list of patients that they can visit and see whether they want spiritual support. They also provide support beyond EOLC for carers and relatives of deceased patients.

Ensuring consistency of EOLC care

6.13. Catherine Ashton explained that it is difficult issue to ensure a named member of staff provides EOLC due to the difficulty in predicting when palliative care is required. There is, however, a recognition that the Palliative Care teams need to ensure that the handover information about patients within the teams needs to be really thorough. This will result in a team of people who know the palliative care needs of a group of patients and so will all know who it is they are seeing and what their needs are.

Living wills

6.14. Hazel Tonge explained that ESHT has an advance care planning system in place that includes discussing living wills with patients. This has received positive feedback from families.

6.15. Hazel Tonge added that it depends how the patient presents on admission whether or not they will be asked if they have an advance care plan. Usually patients will present at a hospital with an acute condition and treating that is the clinicians' priority. However, some patients, or their families, will proactively identify that they have an advance care plan in place, and in those situations the clinician may ask about a living will.

6.16. Hazel Tonge advised HOSC that there is a public event in July that will ask people for feedback about advance care planning and living wills. Jessica Britton added that the CCGs have not done specific engagement work on living wills, but will work with colleagues from

provider organisations to raise the profile of them in the future. Living wills are gaining a high profile nationally, with more national guidance including reference to them.

Referral flow chart

6.17. Hazel Tonge confirmed that the referral flow chart for ward staff should be shared with patients, but she could not guarantee all patients see it, as it is not something that she audited.

EOLC plans in the C4Y area

6.18. Ashley Scarff said that Sussex Community NHS Foundation Trust (SCFT) is the provider of community services in the HWLH area and it has in place a well regarded EOLC pathway.

6.19. He said that developing the ability for organisations to share care records is particularly important to improving EOLC as it will allow organisations to access to patient information in a sensible and reasonable manner.

6.20. He added that a system-wide piece of work to improve support for families and carers beyond the death of their loved one is also very important, been raised at broader engagement events held by HWLH CCG. He said that there is a risk that a carer may suppress their own health and social care needs to look after a dying loved one, so it is important that health and social care systems are in place to support them after the death of the patient.

6.21. The Committee RESOLVED to:

1) note the report;

2) request a future update at the March 2018 meeting;

3) request confirmation by email about how widely referral flow charts are shared with patients; and

4) request that the audit against NICE QS 144: Care of dying adults in the last days of life is provided by email.

7. HOSC FUTURE WORK PROGRAMME

7.1 The Committee RESOLVED to note the work programme.

The meeting ended at 11.45 am.

Councillor Colin Belsey
Chair