HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DRAFT MINUTES of a meeting of the Health Overview and Scrutiny Committee (HOSC) held at County Hall, Lewes on 27 November 2014

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), Jackie Harrison-Hicks (Lewes District Council), Angharad Davies (Rother District Council), and Mrs Diane Phillips (Wealden District Council)

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

ALSO PRESENT:

NHS Trust Development Authority
Ravi Baghirathan, Senior Delivery and Development Manager

NHS England Surrey and Sussex Area Team
Pennie Ford, Director of Operations and Delivery

Eastbourne, Hailsham and Seaford Clinical Commissioning Group (CCG) / Hastings and Rother CCG
Amanda Philpott, Chief Officer

High Weald Lewes Havens CCG
Wendy Carberry, Chief Officer
Kim Grosvenor, Senior Project Manager – Dementia Transformation
Ashley Scarff, Head of Commissioning and Strategy

East Sussex Healthcare NHS Trust
Darren Grayson, Chief Executive
Dr Amanda Harrison, Director of Strategic Development and Assurance

East Sussex County Council/CCGs
Martin Packwood, Head of Joint Commissioning (Mental Health)

Maidstone and Tunbridge Wells NHS Trust
Glenn Douglas, Chief Executive

SCRUTINY OFFICER:
Claire Lee, Scrutiny Lead Officer

23. MINUTES

23.1. The minutes of the meeting held on 18 September 2014 were agreed as a correct record.

24. APOLOGIES

24.1. There were none.

25. DISCLOSURE OF INTERESTS

25.1. There were none.

26. URGENT ITEMS

26.1. There were none.

27. REPORTS

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

28. CHALLENGED HEALTH ECONOMY

28.1. The Committee considered a report of the Assistant Chief Executive on the implications of Challenged Health Economy status for East Sussex and the nature and outcomes of the work arising from this designation.

Perspective of NHS England and the NHS Trust Development Authority

28.2. Pennie Ford, Director of Operations and Delivery at NHS England Surrey and Sussex Area Team and Ravi Baghirathan, Senior Delivery and Development Manager at the NHS Trust Development Authority (TDA), gave a presentation to HOSC regarding the designation of East Sussex as a Challenged Health Economy.

28.3. Ravi Baghirathan explained that the Challenged Health Economy programme required designated health economies to access additional external support such as financial analysis. The national Challenged Health Economy Board procured the services of Price Waterhouse Coopers (PWC), a consultancy already working in the county, to undertake this analysis in East Sussex.

28.4. The financial analysis was carried out in two phases. The first phase focussed on the financial situation of the health economy at a strategic level and was planned as a short piece of work. As this analysis generated no obvious solutions to the financial challenges, it was decided to focus the second phase of work on a more detailed diagnosis of the underlying financial challenges affecting East Sussex Healthcare NHS Trust (ESHT).

28.5. The primary purpose of both phases of the financial analysis was to produce data that would help:

- ESHT develop its five-year sustainability plan (a new plan that all acute trusts must now produce);
- Clinical Commissioning Groups (CCGs) develop their local commissioning plans (in particular, to inform the East Sussex Better Together programme).

28.6. PWC has now completed the second phase of analysis and the data is being checked and validated with ESHT and will be shared in the near future.

28.7. Ravi Baghirathan explained that the goal of the analysis was not to provide solutions for the financial issues facing ESHT, nor was PWC briefed to write a report on its findings

28.8. Pennie Ford added that none of the analysis would supersede local decisions and it was for use by the CCGs and ESHT at their own discretion to inform their planning.

Selection of 'challenged' areas

28.9. Pennie Ford clarified that selection of the 11 areas in England by NHS England, NHS TDA and Monitor as Challenged Health Economies was based on a combination of factors. These included them being areas with long term financial difficulties with no obvious single solution, and areas which would benefit from extra short term input. It was a financially based decision.

Composition of the analytical team

28.10. In response to HOSC questioning whether a fresh team would have brought a different perspective to the work, Ravi Baghirathan said that, as the financial analysis was a relatively short and analytically focused piece of work, the national Challenged Health Economy Board agreed that it would be more effective to use a team that had knowledge of the East Sussex health economy. Consequently, the PWC team comprised a number of accountants who were already working with local health and social care commissioners on the locally commissioned East Sussex Better Together Programme.

CCG Perspective

28.11. Amanda Philpott, Chief Officer, Eastbourne, Hailsham and Seaford (EHS) CCG and Hastings and Rother (H&R) CCG, and Wendy Carberry, Chief Officer, High Weald Lewes Havens (HWLH) CCG, provided HOSC with the CCGs' perspective on the Challenged Health Economy work.

28.12. Amanda Philpott said:

- As part of the East Sussex Better Together programme, the CCGs are developing improved 'whole care pathways' across health and social care that will take shape in early 2015.
- Once it is available, the Challenged Health Economy analysis will be used by the CCGs to inform East Sussex Better Together. It should be a useful piece of information for understanding the financial situation of acute and community services in East Sussex, which comprise two thirds of the health budget.
- The Challenged Health Economy work has focused primarily on ESHT but commissioners recognise that this does not provide a complete picture of the whole health economy which includes social care, mental health, primary care and patient flows to the acute hospitals at Pembury and Brighton.
- The Challenged Health Economy process has given the TDA, Monitor and NHS England a greater understanding of the complex and difficult health issues in East Sussex and addressed a myth that there are too many badly organised services which could be reconfigured to solve the problems.
- The CCGs have not yet seen PWC's report on the second phase of analysis of ESHT's finances, but they expect it to provide pointers towards how ESHT can become affordable in the context of the overall picture of care in East Sussex.
- CCGs see value in being able to incorporate the outcomes of the analysis into the East Sussex Better Together programme which aims to spend the whole health and social care budget in the most effective way.

28.13. Wendy Carberry supported Amanda Philpott's comments and added that:

- The financial analysis provided by the Challenged Health Economy work will be a core piece of information for the East Sussex Better Together programme.
- As 80% of patients in the High Weald Lewes Havens CCG area receive healthcare outside of the county, the CCG also has to consider issues in the Brighton & Hove and Kent health economies, both of which have different health challenges to East Sussex.

ESHT perspective

28.14. Darren Grayson, Chief Executive of ESHT, provided HOSC with the Trust's perspective:

28.15. Mr Grayson said that there are historical financial issues in East Sussex dating back over 20 years that affect both commissioners and acute providers. These issues are well recognised, if not well described and understood.

28.16. The 11 Challenged Health Economies were selected in February 2014. If the selection was made now, there would be many more health economies that could be considered 'challenged' as the financial position of the NHS, particularly on the provider side, has deteriorated substantially. The majority of acute trusts are now in deficit and the majority do not have five-year strategic plans in place to achieve sustainability.

28.17. ESHT has an extremely good understanding of its own finances and is very transparent with its financial reports. The Trust has well developed financial reporting and in-house analytics that can account for its daily £1million expenditure and all of its income sources. However, ESHT has never had the capacity to undertake the forensic analysis that is necessary to understand precisely *why* the national tariff does not adequately recompense a Trust of ESHT's configuration. Mr Grayson said that ESHT has therefore been very welcoming of the Challenged Health Economy financial analysis, which will help the Trust and commissioners develop a realistic five-year sustainability plan.

Purpose of financial analysis

28.18. HOSC asked a number of questions in order to better understand the nature of the analysis undertaken and its outcomes.

28.19. Darren Grayson described how the first phase of the financial analysis was to take a high level look at the estimated demand for healthcare in East Sussex in 2018/19, taking into account commissioning plans across a number of healthcare service areas, and to work out:

- what resources ESHT would need to meet this demand for healthcare; and
- whether ESHT could reconfigure its services to meet these demands in a sustainable way.

28.20. The analysis identified that there would be a financial deficit of up to £40m 2018/19 (compared to £18.5m in 2014/15) and that reconfiguring services would not reduce the deficit to a sustainable level.

28.21. The purpose of the second phase of the Challenged Health Economy analysis was to understand why there has been a long term gap between ESHT's financial needs as an acute trust and its funding entitlement under the NHS national tariff payment system. This phase involved PWC taking a forensic look at ESHT's finances.

28.22. Darren Grayson assured HOSC that the report of the second phase is now close to completion, but has not yet been seen by ESHT's Trust Board.

Future provision of services

28.23. In response to HOSC's requests for assurances that services will continue to be available to meet the needs of East Sussex residents in the context of the challenging

financial projections, Darren Grayson highlighted that ESHT's Board had agreed a deficit budget in order to ensure the right services continued to be provided for patients. He suggested that this offered assurance that ESHT put patient needs first and is willing to take difficult decisions in order to do this. Mr Grayson added that assurances about the future availability of NHS services need to be sought at national level as the East Sussex challenges are not unique. The issues have recently been set out in NHS England's five year 'Forward View'.

28.24. Amanda Philpott concurred that many of the local issues reflect national trends. She reiterated that the commissioning plans for whole system transformation being developed through the East Sussex Better Together programme remain the best route for providing assurance for the future.

ESHT Clinical Strategy Full Business Case (FBC)

28.25. HOSC requested an update on progress with the Trust's FBC which had been with the TDA for assessment for some time. Darren Grayson explained to HOSC that the £30m of capital funding that was identified in the FBC for ESHT's clinical strategy would be released by the TDA once it was satisfied that the Trust has a deliverable five-year sustainability plan in place.

28.26. The £30m of capital funding will go towards improving the Trust's services and building stock, some of which is no longer fully weatherproof. ESHT's annual capital budget of £12m is used to its fullest but it is insufficient to maintain the Trust's buildings in an adequate state of repair. The TDA demonstrated its support of ESHT on this issue by making £5m of additional capital available for 2013/14.

28.27. Ravi Baghirathan confirmed that the TDA now requires a five year sustainability plan to be in place, which is a longer timeframe than Trusts had previously been working to, hence further work being undertaken by the Trust in conjunction with CCGs. The TDA will look at this plan and the FBC together.

28.28. RESOLVED to:

1) note the report and presentation;

2) agree to carry out future scrutiny of the Challenged Health Economy as part of wider scrutiny of the East Sussex Better Together programme. This is on the understanding that the Challenged Health Economy analysis will be used to inform East Sussex Better Together commissioning plans;

3) request a report on the East Sussex Better Together programme in March 2015.

29. DEMENTIA SERVICE REDESIGN

29.1. The Committee considered a report by the Assistant Chief Executive providing an update on dementia service redesign, including outcomes of Memory Assessment Service pilots, the development of a business case for future provision of dementia assessment beds and High Weald Lewes Havens (HWLH) CCG's development of a new dementia pathway.

Memory Assessment Services

29.2. Martin Packwood, Head of Joint Commissioning (Mental Health), said that the CCGs have undertaken a comprehensive evaluation of the Memory Assessment Service (MAS) pilot services. This included the collection of quantitative data from the providers of the pilots and qualitative data such as GP and patient surveys. The evaluation of the pilot was based principally on the quantitative data.

29.3. The quantitative data that providers were asked to record included noting every single diagnostic episode and keeping a workbook of every patient containing:

- their personal details;
- the date of their referral to the MAS;
- when they were first seen;
- which healthcare professionals saw them; and
- the duration of their attendance.

29.4. The purpose of this data was to allow the CCGs to take a detailed look at how the service was functioning, for example, how often patients were being seen by doctors compared to nurses and the effect that this had on the value for money of the service.

29.5. Martin Packwood said that the qualitative data included surveys of GP surgeries in each of the three pilot sites. Mr Packwood's interpretation of the survey results was that the pilot in Hastings and Rother CCG provided by the GP consortium had developed a better level of communication with the local referring GPs.

29.6. Mr Packwood acknowledged that the results of the GP survey could be subjective but he assured HOSC that it was only viewed by the CCGs within the wider context of the quantitative data and that it was a worthwhile exercise.

29.7. Mr Packwood said that the patient satisfaction survey results were "inconclusive" because too few patients filled them out to be able to draw firm conclusions. The survey results were broadly similar across the providers and expressed a generally high level of satisfaction with the pilots.

29.8. Martin Packwood said that at the start of the MAS pilots in 2012/13, the CCGs set a target for 2017/18 of 70% of the estimated population of people living with dementia receiving a diagnosis (from a baseline of 30%). The Government has since introduced an interim target of 67% by 2014/15. The MAS has currently achieved a diagnosis rate of 50% and the CCGs will continue to make attempts to improve it, although it is comparable to the rates of other CCGs in Surrey and Sussex.

29.9. Another key objective was to make a diagnosis earlier in the progression of the illness. Mr Packwood stated that there was evidence to suggest this had happened as 40% of diagnoses are now at the mild to moderate stage, compared to 20% before the pilots. In addition, the GP survey reported earlier and increased referral to MAS.

29.10. Martin Packwood responded to HOSC's concerns about the tendering process for the MAS pilots. He clarified that the CCGs had adopted a competitive tender approach, but it was designed to select a range of providers in order to test different approaches, rather than to appoint a single provider. This helped to ensure that there was more innovation in the proposed models. Mr Packwood confirmed that the bids were assessed against the market to ensure that they were competitively priced and of a high standard.

29.11. The MAS pilots are now being re-procured. Martin Packwood reassured HOSC in relation to the potential conflict of interest in a GP-led CCG deciding whether to commission a GP consortium to provide a service. He stated that the evaluation panel for the re-procurement process has a number of different members, including a GP representative, representation from the finance department, a CCG representative (Martin Packwood) and a representative from a carers organisation. Each panel member was required to sign declaration of interest form.

Dementia assessment beds

29.12. Ashley Scarff, Head of Commissioning and Strategy at HWLH CCG, said that the CCGs needed to be confident that the new model for the dementia assessment bed-based service had been properly tested to ensure that it was financially sustainable and able to deliver the right service to patients. Consequently, the timeline for developing a business case has been extended beyond that which was originally envisaged in December 2013.

29.13. Mr Scarff said that the CCGs are acutely aware of the potential capital costs – and the time it may take to make the funds available – for building a new facility, or reconfiguring existing buildings, to house the dementia assessment beds. Therefore, the CCGs are proactively testing options around what a unit would look like, the size it would need to be, its optimal configuration and the infrastructure services that would be needed for the unit to operate safely and effectively. In addition, the supporting step-up/step-down facilities in the community also need to be developed, hence the desire to take additional time to look across the whole pathway.

29.14. The next major step in the process (in early 2015) will be take a draft business case to the CCG Governing Bodies. In the meantime the two existing units remain open. It is recognised that the units are not ideal and CCGs are working closely with the provider to monitor safety and quality.

29.15. Ashley Scarff assured HOSC that the CCGs had significant data on bed capacity and were taking capacity modelling very seriously. Mr Scarff said that having a bed occupancy rate of 85-90% would ensure built-in flexibility to deal with surges in demand, although there could be rare occasions where there is an exceptional surge in demand that will exceed this capacity.

High Weald Lewes Havens CCG dementia pathway

29.16. Kim Grosvenor, Senior Project Manager – Dementia Transformation for HWLH CCG, told HOSC that the dementia pathway had moved from the concept/evidence-base stage to the design and testing stage (which involves designing and consulting on new services and writing a business case).

29.17. Ms Grosvenor explained that the CCG had put the experience of the dementia patient and their carer at the centre of the dementia pathway. She explained that the focus on carers as well as patients was in recognition that one of the key reasons why patients with dementia go into care at inappropriate times is because of carer ‘burn out’.

29.18. The emerging model is predicated on timely diagnosis followed by ongoing support based on a long term conditions approach. This model recognises that most people with dementia have a number of other health conditions and that this requires services to work in a network around the patient rather than in silos. The aim is to blend universal and specialist services, retaining specialist multi-disciplinary teams where needed but also embracing the dementia friendly community initiative to maximise participation in mainstream services.

29.19. The CCG will continue to work with carers’ services and the Alzheimer’s Society to develop and refine the dementia pathway and a full engagement programme is planned with colleagues in the community and voluntary sector. A tool produced by the Carers’ Trust has already been used to look at the journey through dementia from the starting point of patients and carers, together with a timeline produced by a former carer which identifies what a good service looks like.

29.20. The dementia pathway business case will include an outcomes framework backed by a national evidence base. The CCG will use the National Institute of Health and Care Excellence (NICE) ten quality standards for dementia as the basis of its outcomes framework. The outcomes will also be heavily informed by a local perspective from patients, who will be asked what it means to ‘live well’ with dementia in East Sussex.

29.21. Once the business case is complete, HWLH CCG will begin to look at options for how best to commission the new dementia pathway services.

29.22. Ashley Scarff confirmed to HOSC that the dementia pathway is an integral part of the East Sussex Better Together Programme because dementia is a cross-cutting issue between health and social care. He argued that if an effective, evidence based dementia

pathway was put in place it would help to ensure the success of other health and social care services.

29.23. RESOLVED to:

1) note the report;

2) request that more detailed data on the evaluation of the MAS pilots is circulated to the Committee;

3) request an update in March 2015 on the progress on the proposals for reconfiguration of dementia assessment beds; and

4) request an update in 12 months time on the progress of the HWLH CCG dementia pathway and the MAS.

30. MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST – OVERVIEW

30.1. The Committee considered a report by the Assistant Chief Executive providing an overview of the Maidstone and Tunbridge Wells NHS Trust (MTW). Glenn Douglas, Chief Executive of the Trust, gave a presentation to HOSC about its services, performance, challenges and future plans. Mr Douglas covered several areas that are of particular interest to HOSC:

Future plans for stroke services

30.2. Glenn Douglas said that MTW provides a full stroke service at both Maidstone Hospital and Tunbridge Wells Hospital (TWH). The Sentinel Stroke National Audit Programme (SSNAP) data, which measures the effectiveness of an acute trust's stroke service, currently ranks both hospital sites towards the bottom end of an average rating. It is the current understanding of MTW that the SSNAP rating will be difficult to improve without addressing the current configuration of stroke services.

30.3. MTW is in an early engagement phase for a new stroke service and is looking at a case for change, a model of care and possible delivery options. There is currently no hyper acute stroke unit in Kent and there may be an opportunity for the Trust to develop the first. It is possible that this will see MTW engage in a public consultation on stroke services by summer 2015. HOSC's involvement in the process will be important as the Committee represents the interests of the 30% of stroke patients at TWH who are from East Sussex.

Community services tender

30.4. Glenn Douglas said that MTW has put in an expression of interest to the High Weald Lewes Havens (HWLH) CCG tender for community services. MTW will likely put in a formal bid with partner organisations. MTW will need to develop a bid that will support consistent pathways for Kent and East Sussex patients, particularly in relation to discharge from hospital. The Trust has a particular interest in intermediate care and the Minor Injury Unit (MIU) at Crowborough Hospital operating effectively as this relieves pressure on TWH.

30.5. Ashley Scarff advised that the CCG expected the procurement process to reach the stage of having a preferred bidder by summer 2015, with services due to go live from the autumn of that year. Wendy Carberry clarified that the scope of the tender included Minor Injury Units and intermediate care beds at community hospitals and that any successful provider would need to ensure appropriate pathways are in place.

Crowborough Birthing Centre

30.6. Glenn Douglas explained that the number of births in the MTW area has increased by 10% in the past year and there are now 6,000 births in total, with over 5,000 at Tunbridge Wells Hospital (TWH). The TWH has a very large maternity unit and has the capacity to deliver more than 5,000 births if needed.

30.7. Glenn Douglas argued that part of the reason for this increase in births is that the fragmented nature of maternity care in the Crowborough area has led many women to opt to give birth at TWH. Mr Douglas illustrated this point with a current anomaly in the system: pregnant woman living in Crowborough have a community midwife provided by ESHT and they can choose to give birth at the Crowborough Birthing Centre (CBC). If there is an emergency, they will be taken by blue light ambulance to TWH, but if there is a non-emergency reason to transfer a patient to a consultant-led unit (such as for pain relief) then they will probably be taken to Conquest Hospital in Hastings.

30.8. Mr Douglas said that whilst MTW is delighted to welcome these mothers, MTW would prefer to work in conjunction with the CBC to ensure that there is a viable midwife-led unit for mothers with low risk pregnancies from East Sussex and Tunbridge Wells. MTW is currently working with ESHT to try and make sure that the two maternity services work better together.

30.9. HOSC asked Glenn Douglas whether MTW would want to take over the running of CBC. Mr Douglas said that if the CCGs and/or ESHT wanted MTW to take over CBC, the Trust would be willing to do so. In Mr Douglas' opinion, the best solution would be for MTW to run the service as they could provide a more seamless maternity service for people in the north of East Sussex and Tunbridge Wells that could offer both midwife and consultant-led care.

30.10. Mr Douglas reassured HOSC that the Trust would have a vested interest in the success of CBC regardless of whether it was to run the birthing centre, because it will take the pressure off of the TWH and improve the experience for patients in East Sussex and Tunbridge Wells.

30.11. Wendy Carberry said that the CCGs are developing a maternity pathway as part of the Better Beginnings process. Ms Carberry said that the maternity pathway would need to be developed first before the CCGs could consider which organisations would be best placed to provide the various maternity services. Ashley Scarff said that the maternity pathway is likely to be completed by summer 2015.

30.12. RESOLVED to:

1) note the report and the presentation;

2) request continued updates on the progress of the proposed changes to the MTW stroke services (Kent HOSC to be kept informed of the Committee's engagement with MTW);

3) request to be kept informed of the HWLH CCG procurement of community services including a formal report to HOSC provisionally scheduled for June 2015.

31. **HOSC WORK PROGRAMME**

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

- A letter to request information from NHS England and the CCGs on the GP vacancy rates in East Sussex, for example, the reported 1 in 5 vacancy rate in Hastings.
- A request to ESHT to clarify whether any service changes or developments are anticipated in urology services;
- Cllr Ensor to discuss with the Health and Wellbeing Board Chair the issue of bowel cancer screening and its impact on the diagnosis and treatment of bowel cancer;
- To propose two issues - thresholds for eligibility and access to mental health services and staff survey results - for the agenda of the joint Sussex HOSCs meeting with Sussex Partnership NHS Foundation Trust in January 2015.

31.2. RESOLVED to note and update the work programme.

The Chair declared the meeting closed at 1.05pm.