

Health Overview and Scrutiny Committee

30th June 2008 – At a meeting of the Committee held at County Hall, Chichester.

Present: Mr. Griffiths (Chairman), Mr. Barrett-Miles, Mr. Catchpole, Mr. Chaplin, Mr. Mullins, Mr. Waight (left at 12.00 p.m.), Dr. Walsh and Mr. Wilkinson (WSCC); Cllr Hotton (Adur District Council), Cllr Weekes (Chichester District Council) and Cllr. Mrs. Landriani (Mid Sussex District Council); Mr. Kemp, Mrs Oliver and Miss Smith (LINKs Steering Group); Mrs. Pyper (Acute Trusts).

Apologies for absence were received from Mrs. Ball (WSCC), Mrs. Barwell (South East Coast Ambulance Service NHS Trust) and Mr. Harris (West Sussex PCT). Mr. Daws-Chew (WSCC) and Cllr. Arthur (Horsham District Council) were absent.

Membership Update

49. The Committee considered a report by the Director of Policy and Performance and Head of Democratic Services (copy appended to the signed minutes), which set out a number of nominations and current vacancies for membership of the Committee and other groups to which the Committee was responsible for making appointments.

50. Resolved –

- (1) That the following nominations from borough and district councils to the Committee be approved:
 - Cllr. Hotton as Adur District Council's representative.
 - Cllr. Weekes as Chichester District Council's representative.
 - Cllr. Dr. Mercer, Worthing Borough Council as a substitute.
- (2) That Cllr. Weekes be appointed as the district/borough council member of the Committee's Business Planning Group, to replace Cllr. Ms. Bradley.
- (3) That Mr. Waight be appointed as a substitute member of the Joint Health Overview and Scrutiny Committee on Fit for the Future, to replace Mr. Duncton.
- (4) That Cllr. Dr. Bloom be appointed as a member of the HOSC Task Force on the PCT's review of health services in the north east of the county.
- (5) That Dr. Walsh be appointed as the lead liaison member with Worthing and Southlands Hospitals NHS Trust and Cllr. Weekes be appointed as additional liaison member for West Sussex PCT Western Area.

Declarations of Interest

51. In accordance with the code of conduct, members declared the following personal interests:

- Mr. Catchpole as his wife is an employee of West Sussex PCT.

- Dr. Walsh as a self-employed part-time GP in West Sussex, Commander for Sussex St. John Ambulance and a member of the East Arun Community Services Task Group.
- Cllr. Hotton as a member of the Keep Worthing and Southlands Hospital Campaign.
- Cllr. Mrs. Landriani as an employee of Care UK.
- Mrs. Pyper as a member of the Regional Flood Defence Committee

Minutes

52. Resolved – That the minutes of the meeting held on 12th May 2008 be approved as a correct record and that they be signed by the Chairman.

Mental Health Services in West Sussex

53. The Committee had before it a report by Sussex Partnership Trust (SPT) (copy appended to the signed minutes), which set out the arrangements for mental health, learning disability and substance misuse services in West Sussex.

54. The Committee received a presentation on the 'Commissioning Perspective' by Dominic Ellett (Mental Health Commissioning Team) (copy of slides appended to the signed minutes), which included the points that follow:

- The Team commissions mental health services on behalf of West Sussex PCT and West Sussex County Council with a budget of around £100m. Around £79m of the investment goes to SPT. The rest is allocated to around 75 other providers, mostly from the third sector.
- Government policy is shifting to allow the commissioners to become strategic leaders and to engage with the local population, to deliver effective, value for money services. Clear performance indicators were now in place for mental health services, based on both national and local indicators, including Local Area Agreement (LAA) targets. Unit costs for mental health services were now much better understood and financial penalties and incentives were sometimes used to assist in managing performance.
- Significant achievements had been made in secondary care in the last few years, including modernised inpatient and acute community services. Focus would now be on primary services, which should reduce the need for secondary care in due course. It was anticipated that 5% of secondary care funding could be shifted to social inclusion services to get support in place for people in the early stages of mental health problems, to help them to maintain relationships, jobs and homes.
- Other key priorities for improvement would be improving access to psychological therapies, improving co-ordination between acute hospital services and mental health services, establishing a dementia care pathway, extending self directed support and assisting the third sector in building capacity to support a pluralist economy of health and social care provision.
- Dementia is a key challenge for mental health services and the Department of Health was currently consulting on a National Dementia Strategy. Members were urged to give their views as part of the consultation.

55. A further presentation was given by Becca Randell (Commissioning Manager) on 'Local Area Agreement and Joint Working' (copy of slides appended to the signed minutes). She highlighted the following issues:

- Vocational services were being developed as part of two LAA targets – to increase employment opportunities for people with adults in contact with secondary mental health services and for people on seeking work benefits. This reflected Government priorities to move to a recovery model and reduce the numbers of people on benefits. Currently there were 24,000 people on incapacity benefit in West Sussex and 45,000 on seeking work benefit.
- Partnership working was taking place between the County Council, SPT and employment stakeholders. It was proposed that through a review of vocational services with the PCT, a commissioning framework will be developed and budgets pooled.
- Two projects had been commissioned to provide vocational services. The first is the 'Steps to work' initiative, where seven voluntary organisations deliver training, access to voluntary work and employment opportunities for the most difficult to reach people. There was a sustainability risk to the initiative as European funding streams were ceasing, so there was a need to consider mainstream funding. The second project is 'Paritas', a recruitment agency for people with mental health problems. Some placements had now been made and positive relationships were being built.

56. Sue Morris (Executive Director (West Sussex) SPT) and Hazel Rumsey (Associate Director Learning Disability/ Child and Adolescent Mental Health Services (CAMHS), SPT) give a presentation on 'Sussex Partnership NHS Trust – Overview and Five Year Strategy' (copy of slides appended to the signed minutes). The presentation included the following points:

- The Healthcare Commission Annual Inspection rating for 2006/07 had given the SPT a 'good' rating on quality of services and use of resources. A lot of work had been undertaken by staff and it was hoped that this rating would be maintained for 2007/08. There were five key objectives to deliver SPT's five year strategy, that had been agreed with commissioning partners and stakeholders.
- Achievement of the fifth objective, 'to develop a performance culture and information systems to support clinical and management decision-making and patient choice', was being progressed by reducing the existing four information systems to a single one, as implementation of the national system was delayed.
- Priorities included responding to prison policy to provide faster access to SPT services, providing more vocational co-ordinators and expanding the young onset dementia provision. Liaison with A&E services would be reviewed later in the year to aim to provide a better service.
- Learning disability services were being reprovided through the 'A Place to Live' programme. More people with learning disabilities were having more complex needs, due to better survival rates for babies born prematurely with ongoing complex needs and increased prevalence of dementia in people with learning disabilities such as Downs Syndrome as they achieved normal life expectancy.
- New inpatient units at Langley Green in Crawley and Chalkhill at Haywards Heath were currently being developed and would provide a greatly enhanced inpatient service.
- SPT was applying for Foundation Trust status and now had 7,000 members in preparation for this. Governors had been elected and the resulted would be published shortly.
- The recovery model was being developed countywide and all services would be reviewed to ensure that the model was central to all work.

- Engagement was improving and included meetings with Governors and the Sussex Recovery Alliance. A Carers' Charter had also been established.
- The Committee was invited to visit SPT services, ranging from the new inpatient units to community services.

57. The Committee made comments including those that follow. Members:

- Emphasised the need to ensure that services were user-focussed. *Ms. Morris advised that the new care programme approach was helpful and that outcome measures were now more consistent and joined up. An annual outcome survey was undertaken of service users to ensure that services were user-focussed.*
- Highlighted the need for inequalities in primary care provision to be reduced, such as in the provision of dementia services home support. *Mr. Ellett advised that the Government was now more willing to improve primary care provision and it was hoped that £8m funding for provision would be obtained to reduce inequalities in West Sussex. The Strategic Health Authority was preparing workforce models for enhanced primary provision. Reviews of dementia service provision were underway and a report had been prepared on dementia care pathways that could be shared with members of the Committee. Ms. Morris advised that recruitment of consultant psychiatrists had improved significantly, partially due to SPT developing front line clinical staff to undertake initial community assessments and care co-ordination. Crisis services were now in place across the county and included social work, nursing staff and medical staff. Consultants had more time to provide specialised support to the teams and be more responsive to primary care colleagues. Access service and primary mental health care staff would increasingly work with GPs to ensure that information and links were in place.*
- Asked whether the PCT was encouraging a more pluralist economy for mental health services and hoped that all providers were being effectively monitored. *Mr. Ellett advised that the PCT and the County Council were supporting colleagues through the Voluntary Sector Network to support them in providing services more widely. Around 50% of monitoring was focussed on the SPT as it provided around 75% of services. Commissioning colleagues at the County Council managed a significant proportion of monitoring of providers. Outcomes were increasingly being measured and this would be included in all new contracts from 2009. All third sector service providers were reviewed annually.*
- Hoped that the LAA would help local priorities and asked whether achievement was benchmarked against the performance of other local authority areas. *Ms. Randell advised that the new LAA was helpful as local priorities could be included. Mr. Ellett advised that a broader range of indicators would now be used, that would give a fuller picture than the previous focus on singular national targets. Targets were being met and benchmarking data could be made available later in the year.*
- Asked whether services for people with Autistic Spectrum Disorder were being developed. *Ms. Rumsey advised that the PCT and the County Council had agreed to continue the investment in the all age service for the next three years.*
- Asked whether strategies were available for mental health services and hoped that effective provision was made for transition between age groups. *Mr. Ellett*

confirmed that the current mental health service strategies for working age adults, CAMHS and older people were all being reviewed and could be shared with members of the Committee in due course. A range of strategies were also in place for specific areas of commission, such as social inclusion. Transition arrangements were improving and stronger partnership working was being developed between the County Council's Adults' and Children and Young People's Services and the PCT. Ms. Rumsey advised that CAMHS had been under-funded over many years, although the PCT was now increasing investment – waiting times for CAMHS needed to be improved. Ms. Randell advised that an outcome focussed Vocational Commissioning Framework was being developed and could also be shared in due course.

- *Hoped that liaison between mental health and A&E services could be improved. Ms. Morris advised that a review was underway and it would be important to define what SPT should provide as part of the deliberate self harm and A&E service and what might be developments around increased liaison services to people admitted to hospital. The work would define how normal referral paths to mental health services could be utilised.*
- *Asked for details of the incentive and penalty scheme. Mr. Ellett reported that there were three schemes that could be used and were working well so far: firstly, there were direct full cost penalties for failure to meet targets; secondly, a temporary retention penalty for delayed delivery of documentation; and thirdly, incentives for meeting targets where funding was available. The most effective incentive remained the withdrawal of underperforming services from contracts.*
- *Hoped that support was in place for service users and staff where a suicide of another service user had occurred. Ms. Morris advised that a Serious Untoward Incident Policy was in place and that all suicides or suspected suicides were reviewed to see what support services had been in place. Additional therapists could be brought in to support other people affected.*
- *Asked whether female only bed provision would be available in the new Langley Green inpatient unit. Ms. Morris advised that when the new unit was opened in September 2008, every inpatient working age adult mental health unit in the county would comprise single, en-suite rooms. Each unit would have women only lounges, to meet national guidance. The psychiatric intensive unit at Langley Green would have a women only ward that would be available for the very small numbers of women in the county who required intensive services.*

58. Representatives from the third sector were welcomed to the meeting. Pauline Russell of Shoreham and District Mental Health Association reported that the Association was long established and delivered services seven days a week, now delivered in a new building. The Association was looking forward to working with providers to deliver further services. The Association was one of the providers of the 'Steps to Work' programme, which had been very successfully delivered and Ms. Russell hoped that funding could be secured for the future of the programme. She invited members to visit the Association's facilities.

59. Clare Ockwell of CAPITAL advised that the organisation was unique as all of the 100 members are mental health service users. CAPITAL is part of the Sussex Recovery Alliance and was keen to be involved in the planned developments, as

involvement is both good for people's mental health in itself and would also help to achieve a better buy-in from service users. She emphasised that continuity of service provision was vital during changes to contracts, as previous changes had left some service users without appropriate provision.

60. The Committee asked how effectively SPT and the PCT communicated with third sector organisations and asked how CAPITAL was funded. *Ms. Russell and Mrs. Ockwell both confirmed that communication had improved, but could still improve further. There was a genuine feeling of partnership, which would be helped by ensuring that consultation was carried out at the earliest possible stage. Mrs. Ockwell advised that members of CAPITAL had been encouraged to become members of the SPT Foundation Trust and it was likely that two would be appointed as governors. She advised that some funding for CAPITAL was received from the PCT and income was received from some training and development work. As CAPITAL was a charity, it was also able to apply for grant funding.*

61. Resolved –

- (1) That the Committee's Business Planning Group considers which aspects of Sussex Partnership Trust's work should be subject to further scrutiny by HOSC rather than Adults' Services Select Committee, including consideration of the following:
 - Commissioning and delivery of services
 - Performance of services and outcomes
 - Child and adolescent mental health services
 - Dementia services
 - Learning difficulty services
 - A&E unit and mental health team liaison
 - The work of the Primary Care Board
 - Visits to a selection of sites and services, possibly jointly with members of the Adults' Services Select Committee
- (2) That the following documents be provided to the Committee when they become available: report on dementia care pathways; benchmarking data; mental health strategies for working age adults, children and adolescents and older people; Vocational Commissioning Framework.

A Place to Live Task Force Update

62. The Committee considered a report by the 'A Place to Live' Task Force (copy appended to the signed minutes), which gave an update on progress with the project.

63. The report was introduced by Mrs. Millson (Chairman of the Task Force) who reported that a bid to the Department of Health for £5.7m of capital grant for the reprovision of accommodation for people with learning difficulties had been approved, subject to ministerial approval. The Task Force was concerned, however, that timescales were too ambitious and hoped that double-moves could be avoided wherever possible. The assignment of care managers to each affected person was welcomed, but it was important for them to be honest, open and realistic about the situation and possibilities and for family members to be kept informed. It was noted that the proposals are currently out for consultation with those affected as no final decision will be made until the full community care assessments have been

concluded by early September. She thanked officers for their work on the project and thanked Mr. Griffiths for his work on the Task Force.

64. The Committee made comments including those that follow. Members:

- Agreed that it was important for timescales to be realistic, with contingency time built in. *Katie Glover (Strategic Joint Commissioning Manager) confirmed that timescales were ambitious due to the pressure that SPT were reporting about continuing to provide learning difficulty services safely and effectively. Sue Morris advised that the one Healthcare Commission standard that the SPT was not achieving was compliance with the required environment of homes for people with learning difficulties. The SPT Board was continuing to work with the Commission for Social Care Inspection to register existing homes and provide a safe quality service with suitable staffing levels. SPT was keen to move as quickly as possible, taking any opportunities that arose, with full involvement of residents and their families and carers.*
- Hoped that double-moves of residents would be avoided when possible, although they would be inevitable in some cases. Clear timescales were requested for the continuing re-provision. *Ms. Glover confirmed that timescales should be available by October, together with options for residents, including any possible double-moves.*
- Noted the comments of advocacy services about problems experienced with communication and with staff, and hoped that improvements would be made. *Ms. Glover acknowledged that communication in early 2008 could have been more thorough and that a communications lead officer was now in place to make improvements. A newsletter would be produced and care managers would be expected to give consistent messages to all residents about the project. Hazel Rumsey highlighted that staff in current accommodation were anxious about the changes and this had been a challenge for staff retention. Agency staff had been brought when needed to provide a safe service. New accommodation would be fully staffed, although exact costs had not yet been finalised.*

65. Resolved –

- (1) That the Committee supports the re-provision plan in terms of supporting the proposals with regards to the various NHS sites.
- (2) That the Committee's comments in minute 63 above be addressed by officers in October 2008.
- (3) That the Committee supports the Task Force's concerns about timescale for delivery and recommends to officers that this is considered further and reported on in October 2008.
- (4) That the Committee's replacement for Mr. Griffiths on the Task Force be appointed by the Committee in September 2008, prior to a review of the future of the Task Force in October 2008.
- (5) That the report be shared with members of the Adults' Services Select Committee for information.

Worthing and Southlands Hospitals NHS Trust – Plans to Expand Bed Capacity at Worthing Hospital

66. The Committee had before it a report by Worthing and Southlands Hospitals NHS Trust (WASH) (copy appended to the signed minutes), which advised of proposals to expand bed capacity in two wards at Worthing Hospital.

67. The report was introduced by Paul Richardson (Director of Strategy, WASH) who advised that the additional 40 beds would enable the Trust to meet the short term demand and reduce the need for escalation beds. A better environment would be created and would help capacity throughout Worthing Hospital and for a transfer of services from Southlands Hospital. It was hoped that the expansion would be completed by December 2008.

68. The Committee welcomed the expansion programme and highlighted that the additional bed capacity could help with infection control. A question was asked about whether the additional beds would be designated as single sex. *Jeannie Bowman (Divisional Director for Core Services, WASH) confirmed that there would be additional en-suite and other bathroom facilities that would enable each bay of four beds to be single sex. Paul Richardson advised that there was no current programme to increase capacity sufficiently to allow for wholly single sex wards, although this was likely to evolve in the future, with more single rooms and better segregation between bays.*

69. Resolved – That the report be noted and the expansion of bed capacity at Worthing Hospital be welcomed.

Update on Fit for the Future

70. The Committee noted an update report on the Fit for the Future process by the Director of Policy and Performance and Head of Democratic Services (copy appended to the signed minutes). The report set out timescales for the Joint HOSC and any possible referral to the Secretary of State by either the Joint HOSC or this Committee following the conclusion of the Joint HOSC's process.

Chairman of HOSC

71. The Chairman reported that he would be joining the Cabinet in July 2008, so would be leaving the Committee.

72. Resolved – That the Chairman be thanked for his work on both the Committee and the Joint HOSC on Fit for the Future.

Date of Next Meeting

73. The Committee noted that its next scheduled meeting would be held at 10.00 a.m. on 8th September 2008 at County Hall, Chichester.

The meeting ended at 1.10 p.m.

Chairman