

Health Overview and Scrutiny Committee

17th March 2008 – at a meeting of the Committee held at County Hall, Chichester.

Present: Mr Barrett-Miles (Chairman), Mrs Ball, Mr Catchpole, Mr Chaplin, Mr Duncton, Mr Mullins, Dr Walsh, Mr Wilkinson (WSCC); Cllr Dr Bloom (Crawley BC), Cllr Ms Bradley (Worthing BC); Mr Kemp, Mrs Oliver and Miss Smith (PPIFs); Mrs Barwell (South East Coast Ambulance Service NHS Trust).

Apologies were received from Mr Griffiths, Mr Whittington (WSCC); Cllr Mrs Maconachie (Arun DC), Cllr Mrs Hersey (Mid Sussex DC); Mr Harris (West Sussex PCT); Mrs Pyper (Acute Trusts).

Declarations of Interest

205. In accordance with the Code of Conduct members declared the following personal interests: -

- Mr Catchpole's wife is an employee of the 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 and Community Services Task Group.
- Mr Wilkinson's daughter is a nurse practitioner and will be working for Harmoni (new Out of Hours health services provider for West Sussex).
- Cllr Dr Howard Bloom as a GP in Surrey, Assistant Chief Commander for St. John Ambulance, a member and trustee of the Royal College of GPs and his wife is an employee of West Sussex PCT.

Minutes

206. Resolved – That subject to the amendments listed below, the minutes of the meeting held on 28th January 2008 be approved as a correct record and that they be signed by the Chairman.

- Mr. Kemp's attendance to be minuted and Cllr Dr Bloom's interests to be amended to 'Assistant **Chief** Commander for ~~Sussex~~ St John Ambulance and as a **Council** member and trustee of the Royal College of GPs'.

West Sussex PCT: 'Breath of Fresh Air' - Focus on Community Services

Overview by the West Sussex PCT

207. The Committee received a presentation from Carol Gareze, Managing Director, Provider Services, West Sussex PCT, on 'A Breath of Fresh Air' (BoFA): the West Sussex Primary and Community Care Strategy (copy attached to the signed minutes). The Strategy focussed on Access to Primary Care, Virtual Wards (integrated primary and community model) and the development of community hospital facilities.

208. The presentation included the following points: -

- Overall approach not financially driven.
- Primary Care extended access 8am-8pm: Tendered, contracts to be awarded in December; drafting local enhanced service to incentivise extended opening (evenings and Saturday mornings for all areas);
- Predictive tools for Long Term Conditions (LTC): Working with provider on software tool; Community matrons will have better knowledge of patients needing intervention, health advisors will coach patients to self manage; PCT to re-look at tendering process to allow GPs to bid for LTC management.
- Managing LTC: 15 extra community matrons in current year investment plan; 52 senior nurses undertaken case management training; Information systems being introduced to record effectiveness and outcomes.
- Community Hospitals: Review completed, now efficient countywide community bed management; new rostering to give better coverage/performance management system; work on Arun Community Hospital/Review of services in north east county; Working with Sussex and Surrey Healthcare NHS Trust to improve A&E services.
- Voluntary Sector: Workshops held with voluntary sector to look at partnership working with overnight community transport and night sitting scheme. Group very interested to work on days 4-5 of night sitting (PCT pick up nights 1-3) and consortium bid for transport. Pilots May/June time.
- Virtual Wards: Aim to fully integrate health/social care services with a single access point; 19 wards established; 3 x Single Points of Access gradually being established in Worthing, Chichester and Haywards Heath; Recruitment drive in place; Weekly bulletin to GPs; Urgent Care Practitioner (overnight service) fully recruited too with bases established across the county; Admissions Avoidance Nurse in post; Education/training for Case Managers - clinical skills/infection control priorities; Self care programmes and carers to link with VWs; Focus on intervention.

209. The Committee made comments and asked questions including those that follow: -

- Were pleased that education and prevention were included in the strategy.
- Asked for a timetable for the changes and asked how implementation would be monitored, reviewed and evaluated. *Mrs Gareze advised that a project plan would be submitted to the BoFA Board (incremental project starting 1 April). She agreed to provide a copy to the Committee and a progress report in six months/one year.*
- Were encouraged by the range and depth of services the PCT was aiming to provide but expressed concerns that there was no commissioning plan lying behind the BoFA plans and suggested that such a plan should have preceded its development. Concern was also expressed that the plans were being developed and implemented before the outcomes of the Darzi 'NHS Review' were known.

- Considered that the outcome measures were weak. *Mrs Gareze advised that key performance indicators had been developed by the Project Implementation Team since BoFA was written. She agreed to provide these to the Committee.*
- Asked about financial implications and clinical governance arrangements for BoFA. *Mrs Gareze said a draft costed Action Plan and Operating Plan were being prepared for the PCT Board in April and would be shared with the Committee. Ms Weech advised that the draft strategic commissioning plan around health improvement, which would be backed by increased investment and would be available in the new few months along with the first year operating plan. She agreed to provide these documents to the Committee. With regard to clinical governance Ms Botting advised that the PCT was developing competency frameworks and mentoring for staff.*
- Suggested that finance seemed to be the driver for change as opposed to health risk. *Ms Weech said care in the community was not necessarily a cheaper option as it could be more complex or resource intensive but was about what people wanted.*
- Suggested that more joined up/cross boundary working was needed. *Ms Weech advised that the PCT was working with the county and district and borough councils to align services.*
- Asked about joint working with the County Council's Adults' Services. *Mrs Gareze said there was a lot of dialogue and that an away day was planned in May to look at other areas for joint working. Ms Weech said a step change was needed on a commissioning level to look at bringing resources together for long-term care and the personalisation agenda.*
- Asked about the community transport pilot. *Ms Botting advised that discussions had taken place with the voluntary sector and it was likely there would be a consortia approach. Ms Botting was also working alongside Bill Leith and the County Council's Integrated Transport Unit were aware of this pilot. She agreed to provide details of the pilot and to provide follow up reports in six months and one year. Ms Weech confirmed that the PCT was looking at community transport as a whole, including support to existing schemes.*
- Asked whether all existing community transport providers had been given the opportunity to tender. *Mrs Gareze confirmed that it was open to all providers but only ten providers had decided to work with the specification.*

210. Resolved – That the following information be provided to the Committee: -

- (a) Implementation timetable (project plan to BoFA Board, incremental project starting 1 April)
- (b) Key Performance Indicators (developed by Project Implementation Team following publication of BoFA)
- (c) Costed Action/Business Plan (preparing for PCT Board end March – including phasing and double running costs)

- (d) Draft Strategic Commissioning Plan and 1st Year Operating Plan (will highlight level of investment in all areas)
- (e) Details and follow up reports of five pilot projects (to include transport pilot) - (6 month interim/1 year)
- (f) Progress report on implementation in 6 months / 1 year

Proposals for East Arun Community Hospital

211. The Committee considered a report by the West Sussex PCT on proposals for the East Arun Community Hospital in Littlehampton (copy attached to the signed minutes). The report summarised the progress made by the East Arun Primary and Community Health Care Task Group in reviewing the health needs of the East Arun area for a community hospital/health facility in Littlehampton. A full business case for a 40 bedded community hospital was put on hold until the outcome of 'Fit for the Future' (FFF) was known. A Task Group was established in the summer of 2007 by the PCT to make recommendations to the PCT Board to be considered as part of the 'FFF' process. The outcome of the review indicated that a facility, including beds, was required independent of the outcome of FFF to meet the needs of the Littlehampton area. The Task Group recommended that in light of the review the PCT supported a full revision of the business case, subject to clinical sustainability, deliverability and affordability being demonstrated within the business case. The PCT Board approved the recommendation at its meeting on 31st January 2008.

212. The Committee considered the report and asked questions including those that follow: -

- Asked for more information on the review of community hospitals. *Mrs Gareze advised that it was an internal productivity and efficiency review that had looked at bed costs, average occupancy rates (which were at 85%), and best practice. She agreed to share the outcome of the review, including the impact of community services on reducing acute admissions, with the Committee. Ms Weech added that it was important to understand how each hospital was currently operating. She said each hospital had different needs and that the PCT wanted to work on the shape of future services with GPs.*
- Questioned the name 'Arun Community Hospital' and suggested it should be referred to as the 'East Arun Community Hospital' or 'Littlehampton Community Hospital' as it was a facility for the people in that area. *Ms Weech confirmed that the name of the hospital would be discussed as the proposals developed.*

213. Resolved – That the West Sussex PCT provides the following information to the Committee: -

- (a) Outcome of Strategic Review of community hospitals (internal productivity/efficiency review).
- (b) Figures to show the impact of community services on reducing acute admissions.

Virtual Wards

214. The Committee considered a progress report by the West Sussex PCT on virtual wards (copy attached to the signed minutes). The report advised on a transformation process being undertaken by the PCT to redesign service provision to ensure that patient care was responsive, accessible and effective and would provide 24/7 home based nursing and care; home based specialist and general 'end of life' care; community based beds to avoid inappropriate hospital admission and services which support the management of long term conditions.

215. Such services would be patient centred and responsive to individual needs; responsive to short term and urgent need; flexible to reflect changing needs over time; integrated to ensure that both health and social care needs are being met and 24-hour with capacity and capability to respond to unforeseen events (rapid response services) and avoid inappropriate admissions to hospital.

216. Day Service (7am–7pm Health Care): 20 virtual ward team across county commenced in shadow format from December 2007; recruitment to higher level posts has been difficult with 13 Ward Managers appointed and contingency plans in place for remaining seven. Four single points of access (SAP) were envisaged across the county located near to the acute provider: Worthing and Southlands Hospitals NHS Trust, East Surrey Hospital in Redhill, Princess Royal Hospital (including Brighton) and Chichester. Each SAP would ensure that referrals were taken from the acute provider (as well as through Adults' Services, GP Practices and Patient referral) and actioned by the Virtual Ward teams.

217. Night Service (7pm-7am Health Care): Overarching aims: Planned Care: twilight teams and hospital based teams; unplanned care: Advanced Nurse Practitioners (ANP) to provide admission avoidance/access for patients within A&E department. The service would ensure that nursing and social calls were assessed and patients diagnosed and treated appropriately with transfers arranged if necessary. The ANPs would co-ordinate the twilight and hospital teams as well as managing and actioning night sitting and transport.

218. Sara Weech, Director of Strategy, Tina Tompkins, Area Director Commissioning (West), Lucy Botting, Associate Director of Provider Modernisation & Professional Development and Gillian Wieck, Acting Area Director Provider Services (West) for the West Sussex PCT, were in attendance to answer members' questions.

219. The Committee considered the report and asked questions including those that follow: -

- Expressed concern that it might not always be better for people to stay and be treated at home. *Mrs Gareze assured the Committee that staff were being trained to look at the whole environment i.e. medical and social. Ms Weech said the PCT needed to work with its partners, including West Sussex County Council Adults' Services with whom there were ongoing discussions.*

- Expressed concern that an ambulance had been sent away after being called by a GP following discussion between the Admission Avoidance Nurse and patient's family. Asked what was being done to address this issue so that ambulances were not sent away in future. *Mrs Gareze advised that there was a Category C pilot in the north east of the county with the Surrey and Sussex Healthcare NHS Trust looking at how Category C calls could be channelled back to the community nurses. If the pilot was successful it would be rolled out slowly across the county.*
- Asked about the effect of the new service on staff morale. *Mrs Gareze said feedback from staff was that things were starting to improve. She said most staff were in favour of virtual wards, but there had been some issues over pay bandings due to the previous merger of five PCTs into one. Some had gained and others had lost out through the process, however pay had been protected.*
- Asked how much time had been built in for training and development of staff. *Mrs Gareze confirmed that all senior nurses had recently been taken out of their usual place of work for one week for training.*
- Were concerned that hospital admissions were still high and asked what was happening with end of life care. *Ms Gareze suggested that acute admissions were 'flattening' as a result of changes to community services, although Acute Trusts might dispute this, the figures didn't back them up. Ms Weech confirmed that regular reviews took place with community teams, GPs and families and support was provided to nursing home staff. She agreed to provide a copy of a report on End of Life Care which had been presented to the PCT Professional Executive Committee.*
- Asked how health inequalities and the disparity in life span in deprived areas were being addressed. *Ms Weick confirmed that part of the implementation of virtual wards would be working with Public Health. Mrs Gareze said there would be more staff in areas of higher deprivation.*
- Questioned whether the Admissions Avoidance Nurse could override the decision of a GP to admit a patient to hospital. *Ms Gareze confirmed that a GPs decision could not be overridden and suggested that GPs' confidence in the nurses needed to be addressed.*
- Asked about the total cost of introducing virtual wards. *Mrs Gareze advised that the total expected costs year on year were £10.4m for day services and £800k for the night service.*
- Asked whether all the arrangements were in place for the new provider of Out of Hours Services – Harmoni. *Ms Weech confirmed that the transfer to Harmoni was on track with 125 GPs already signed up and a further 65 planned before the hand over.*

220. Resolved –

- (1) That the Committee notes the report.
- (2) That the West Sussex PCT keeps the Committee updated on progress and provides the following information: -
 - (a) Category C initiative in north east of the county with the Surrey and Sussex Healthcare NHS Trust.
 - (b) Report on End of Life Care (went to West Sussex PCT Professional Executive Committee)

Annual Report of the Director of Public Health for West Sussex

221. The Committee considered the Annual Report by the Director of Public Health for West Sussex Executive Summary (copy attached to the signed minutes). Catherine Scott, Associate Director of Public Health, West Sussex PCT, gave a presentation to the Committee, which included the following points: -

- The purpose of Annual Report was to provide information on health status of the local population, based on epidemiological evidence and interpreted objectively.
- Highlighted key public health issues and priorities; and made recommendations to organisations and people with an interest and responsibility for protecting, promoting or improving health and well-being.
- West Sussex had one of the healthiest and most affluent populations in England. Infant mortality rates are often used as a measure of the health of a population but can only be used at countywide level because of small numbers. The rate in West Sussex is below the national average.
- Health inequalities: Life expectancy is 70.8 years in Littlehampton River ward (poorest in South East area) v 83 years in Bramber. A multi agency approach through Local Area Agreement is needed to improve figures.
- Alcohol and obesity are two key lifestyle factors that are driving differences.
- Key Messages: Commission for equitable outcomes, need to invest upstream, management of chronic diseases, early detection and management of risk factors, lifestyle change, build resilience, engage with individuals, communities and organisations and create healthy sustainable environments.
- Priorities for 2008/9 included reducing inequalities, alcohol misuse and obesity; improving sexual health and health through workplaces; management of chronic diseases; tobacco control and mental health and well-being of children and young people.

222. Members considered the presentation and asked questions including those that follow: -

- Thanked Dr Tahzib and his department for a comprehensive document.
- Suggested that there was a lot of analysis and that it was essential to act upon the findings by properly resourcing the identified priorities. *Ms Scott advised that the PCT was tackling problems with obesity and alcohol and mental health*

and well-being problems through a Strategic Change Programme. Ms Weech said the PCT had struggled to get the Public Health agenda into mainstream planning, but it was now driving commissioning plans and the PCT wanted to see an outcomes shift in inequalities and life expectancy.

- Sought assurance that the work of the HOSC Childhood Obesity Task Force had been used by the PCT. *Ms Scott confirmed that the work of the Task Force on the measurement of obesity in children had led to work on the obesity strategy. There was now a national initiative and targets and the PCT was planning significant investment.*
- Members requested a copy of the Obesity Strategy. *Ms Scott agreed to provide a copy.*
- Considered that prevention was not resourced adequately and that activity needed to be increased, particularly health education.
- Expressed concerns around the number of women smoking whilst pregnant; the correlation between the introduction of alcopops and the increase in numbers of young people drinking, and the increase in HIV/Aids. *Ms Scott advised that the smoking numbers were 2001 figures and that the PCT was targeting efforts and resources in this area. She suggested that one of the reasons for the increase in the number of people with HIV/Aids was that people were living longer due to new medication and also that it was not always contracted in the UK. Mrs Gareze advised that sexual health services were coming up for tender and that the PCT would be bidding.*
- Suggested that the PCT should focus its efforts on healthy workplaces with smaller businesses and requested more detail on work with Black and Minority Ethnic (BME) groups in Crawley. *Ms Scott advised that the PCT was working with small businesses to improve workplaces and agreed to provide further information on its work with BME groups in Crawley.*
- Asked whether there was a correlation between cold related diseases in older people and re-admission rates and commented that increased fuel prices must have exacerbated the problems. *Ms Scott said it was difficult to track a correlation between fuel poverty and deprivation and that the issue was also about social care. She advised that the PCT was running a 'Keep warm, keep well' campaign, but agreed that the problems may have worsened due to increased fuel costs.*
- Referred to the high levels of Tuberculosis (TB) notifications in Crawley and asked about recognition training. *Ms Scott agreed to find out about specific training and provide details of this to the Committee.*
- Suggested that mental health issues such as stress and anxiety, particularly in the workplace were more prevalent than 20 years ago. *Ms Scott said it was difficult to provide appropriate resources to target the problem as data was very poor. Ms Weech said from a commissioning perspective the problem was being*

addressed with significant investment next year and support to staff. She said there was a need to ensure that mental health was part of the whole system.

- Asked whether county partnerships were working effectively and whether they were focussed on targeting areas of deprivation. *Ms Scott said the Public Service Board (PSB) had identified areas of deprivation as a priority and that additional resources had been targeted. However, she said all agencies needed to target mainstream budgets as opposed to just extra resources.*
- The Committee agreed to make a recommendation to the Public Service Board that it endorsed the recommendations of the Public Health Annual Report to drive forward change through the Local Area Agreement.

223. Resolved –

- (1) That the Committee notes the presentation.
- (2) That Ms Scott provides a copy of the Obesity Strategy to the Committee; details of work with BME groups in Crawley and recognition training around TB.
- (3) That the HOSC recommends that the West Sussex Public Service Board endorses the recommendations set out in the Annual Report of the Director of Public Health for West Sussex (2007) and uses these to drive forward change through the Local Area Agreement.

NHS Trust Performance Progress Reports following 2006/7 Annual Health Check Results

Worthing and Southlands Hospitals NHS Trust

224. The Committee considered a progress report by the Worthing and Southlands Hospitals NHS Trust on its performance against the Healthcare Commission's core standards and targets (copy attached to the signed minutes).

225. Resolved – That the Committee notes the report.

Surrey and Sussex Healthcare NHS Trust

226. The Committee considered a report by the Surrey and Sussex Healthcare NHS Trust on its performance against the Healthcare Commission's core standards and targets (copy attached to the signed minutes).

227. Resolved – That the Committee notes the report.

A Place to Live – Task Force Report

228. The Committee considered a progress report by the A Place to Live Task Force (copy attached to the signed minutes). The report provided an update on progress. A

number of significant developments had led to a reprovision plan being drafted – namely: findings from Adult Safeguarding and Healthcare Commission inspections; Sussex Partnership NHS Trust formally notifying that they did not feel able to continue to provide and manage these services (initially beyond 2008); and an opportunity to bid for a Department of Health capital grant to develop housing to support the closure of services.

229. Members commented that the timetable was extremely tight and expressed some concern over whether it would be met.

230. Resolved – That the Committee notes the reprovision plan for the closure of NHS campus accommodation by 2010; and notes the plan to accelerate the closure of Post Office Cottages, Donnington and Police Cottages, Pagham.

Update on Work of Joint HOSC on Fit for the Future

231. The Committee considered a report by the Health Scrutiny Officer (copy attached to the signed minutes). Mrs. Ball, a member of the Joint Health Overview and Scrutiny Committee on FFF, gave a verbal update on the last three meetings of the Committee held on 6th February, 20th February and 5th March 2008.

232. Resolved – That the Committee notes the update.

Date of Next Meeting

233. The Committee noted that its next scheduled meeting would be held at 10.00 a.m. on Monday 12th May 2008. Items on the agenda are likely to include: -

- Worthing and Southlands Hospitals NHS Trust – Improving Hospital Services Programme (*this may move to the Committee's meeting on 30th June 2008*)
- West Sussex PCT Vision for Primary Care Strategy, including Out of Hours Services and Practice Based Commissioning
- West Sussex PCT Review of Services in the North East of the County
- Update on work of Joint HOSC on 'FFF'.

The meeting finished at 1.04 p.m.

Chairman