

**MINUTES OF A MEETING OF THE HEALTH/NHS OVERVIEW AND
SCRUTINY COMMITTEE (HOSC) HELD ON 27 JULY 2016 AT 10:30 AT
COUNTY HALL, CHELMSFORD**

County Councillors present:

J Reeves (Chairman)	M Fisher
D Blackwell	D Harris (Vice-Chairman)
K Bobbin	A Naylor
S Canning	A Wood (Vice-Chairman)
P Channer	

Borough/District Councillors present: J Beavis (Braintree District Councillor)
M Sismey (Chelmsford City Councillor)
W Forman (Harlow District Councillor)

Also in attendance:

County Councillors G Butland (Cabinet Member, Health), T Cutmore (Chairman, Audit Committee), and M Maddocks (Deputy Cabinet Member, Aged Care)
David Sollis (Healthwatch Essex) observer
Barbara Herts, Director for Integrated Commissioning & Vulnerable People (for agenda item 5)

The following Officers were present in support throughout the meeting:

Graham Hughes	- Scrutiny Officer
Fiona Lancaster	- Committee Officer

Councillor Forman was welcomed to her first meeting of the Committee.

1. Apologies and Substitution Notices

Apologies for absence had been received from County Councillors R Gadsby, K Gibbs, R Howard and Uttlesford District Councillor S Harris.

2. Declarations of Interest

Councillor W Forman declared a personal interest as a Registered nurse, employed by Princess Alexandra Hospital, Harlow.

Councillor A Wood declared a personal interest as a Governor of the North Essex Partnership University NHS Foundation Trust (NEPFT), and his association with the local press regarding the Peter Bruff mental health ward at Clacton Hospital (minute 5 below refers).

Councillor P Channer declared a personal interest as a member of the Maldon Community Services and Community Hospital Project Board.

Councillor A Naylor declared a personal interest as the Essex County Council Member (non-voting) on the Basildon and Brentwood Clinical Commissioning Group Board.

Councillor S Channing declared a personal interest as the Essex County Council Member representative on the Council of Governors at Colchester Hospital University NHS Foundation Trust.

3. Minutes

The minutes of the meeting of the Health Overview and Scrutiny Committee held on 29 June 2016 were approved as a correct record and signed by the Chairman.

4. Questions from the Public

There were no questions from the public.

5. North Essex Partnership University NHS Foundation Trust (NEPFT) – Proposed changes in relation to the Peter Bruff ward at Clacton Hospital

Councillor Wood declared a personal interest (minute 2 above refers).

The Committee considered a report (HOSC/45/16) from the Scrutiny Officer which explained the background to the request made by HOSC for further information from NEPFT on the communications, engagement and governance processes around proposals for the Peter Bruff ward at Clacton Hospital.

The following were in attendance to participate in a joint question and answer session:

- Christopher Butler, Interim Chief Executive, NEPFT
- James Moore, Associate Director, Commercial & Service Development, NEPFT
- Martin Cresswell, Associate Director, Communications, NEPFT
- Sam Hepplewhite, Chief Officer, North East Essex Clinical Commissioning Group (North East Essex CCG)

Christopher Butler, Interim Chief Executive, thanked the Committee for the opportunity to return to speak on this item, and to answer Member questions regarding the engagement around the proposals. He reminded the Committee that the key issues related to patient safety, privacy and dignity, and the concerns raised by the Care Quality Commission (CQC) had driven the re-development of changes in Clacton.

During the discussion the following was acknowledged, highlighted or questioned:

Public engagement and communications:

- (i) The Committee explored the timeline of events and lessons learned by NEPFT in relation to their failure to fully engage with their stakeholders, and what arrangements are being put in place as a result;
- (ii) Discussions were underway with Healthwatch Essex and the North East Essex CCG regarding a future strategy/process plan for consultations/engagement;

- (iii) The late involvement of North East Essex CCG in the engagement process, and the missed opportunity to have access to their stakeholders;
- (iv) The approach taken had led to negative publicity. NEPFT had lost an opportunity to gain from a 'good' news story on the improvements being made to wards and patient safety;
- (v) New formal channels of communication had been established, with quarterly meetings being held between stakeholders;
- (vi) The plans underway regarding the proposed Adult Service ward move;
- (vii) That service users, family members/carers and staff must be fully involved in any merger plans;

Partnership working and relationships:

- (viii) Members expressed concern regarding the lack of an integrated approach;
- (ix) The need to have a no 'surprise' culture across health organisations;
- (x) Members noted that Essex County Council Mental Health Commissioners had not been involved;
- (xi) The Committee acknowledged that changes needed to be made to ensure national safety requirements were met;
- (xii) The new strategic planning work would help to link organisations across the County;
- (xiii) That the CQC register locations (sites) rather than individual wards, and that both Clacton and Colchester were registered for in-patient care;
- (xiv) The concern that the Governors had not been kept informed of the proposed changes, and as a result, had brought this matter to the attention of HOSC;

Safeguarding and Patient Safety:

- (xv) The business case included the areas of risk relating to the ward move and those particular risks identified regarding ligature points, privacy and dignity (ie shower facilities), were being dealt with as a matter of urgency in response to the change of national requirements;
- (xvi) Staff morale was variable and there were a significant number of nursing vacancies to fill. An Independent Guardian Service had been set up to allow staff to discuss their concerns without breaking confidentiality, and concerns could be fed back to the Interim Chief Executive. Staff morale in the Peter Bruff ward was good and the changes had been welcomed.
- (xvii) Members wished to know how many members of staff would be moving to Colchester to work;
- (xviii) A Stress Assessment for all staff and service users may prove helpful in advance of any further changes;
- (xix) The North East Essex CCG commissions Mental Health services, but does not specify where these are to be located as this allows for flexibility if there are changing demands across the County. The CCG has a responsibility to ensure services are safe;
- (xx) The value of service user and carer feedback when forming proposals and recognising the effect of outside environment on health ie patients being able to walk along the seafront in Clacton to alleviate anxiety;
- (xxi) The lack of beds which sometimes necessitates patients being placed out of County to receive help.

The Committee **agreed**:

- a) That HOSC be provided with details of the strategy/process step plan for future consultation/engagement and the timeline for this after discussions have been held with Healthwatch Essex and the North East Essex CCG.
- b) That HOSC be provided with confirmation of the date of the (spring) conversation with the Governors regarding the Peter Bruff ward changes.
- c) That HOSC be provided with a copy of the original business case (with risk assessment) and quality impact report, and confirm the date when this was produced.
- d) NEPFT would take away the suggestion about using a Stress Assessment on staff and patients for future service changes (suggested by Harlow District Councillor Waida Forman).
- e) That HOSC be provided with precise numbers on how many Clacton staff will move to Colchester.
- f) That NEPFT and SEPT would be asked to attend the 15 September HOSC meeting to discuss the merger between the Trusts.
- g) That NEPFT should organise an Independent review of the communications and engagement undertaken for the proposed changes to the services provided at the Peter Bruff ward.

The report was otherwise **noted**.

The Chairman thanked the contributors for their attendance and they left the meeting at this point.

6. Proposed Service Changes

The Committee considered a report (HOSC/46/16) from the Basildon and Brentwood Clinical Commissioning Group (CCG) regarding their 'Fit for the Future' service change proposals for 2016.

The following were in attendance to introduce the report and to participate in a joint question and answer session:

- William Guy, Director of Strategy and Transformation, Basildon and Brentwood Clinical Commissioning Group
- Lisa Allen, Chief Nurse, Basildon and Brentwood Clinical Commissioning Group

During the discussion the following was acknowledged, highlighted or questioned:

Service Restriction Policy:

- (i) The controversy around making service restrictions and the immediate financial challenges faced by the CCG which had led to it going ahead with its approach;
- (ii) The Consultation was currently underway and would close on 12 September 2016. The CCG acknowledged that this would be occurring during the peak summer holiday period. Various methods of engagement had been undertaken ie public meetings, workshops, web based survey, and attendance at other forums;
- (iii) Members wished to know the detailed value (£) of each service being consulted on and the number of patients being impacted by the changes. They also wanted to know what other services the CCG had considered cutting;
- (iv) The CCG indicated that savings of around £2m to £3.5m could be delivered with the changes;
- (v) The process to identify the services being consulted on had involved a clinically-led GP Board, Essex County Council colleagues and commissioners, and they had considered national guidance on the limits of clinical effectiveness and other service restriction policies;
- (vi) Members were concerned about the level of detail contained within the report and reference to websites;
- (vii) Members questioned who would be on the funding request team and whether that team would be considering the financial cost rather than medical need. The CCG reassured Members that finance staff were not on the multi-disciplinary group which considered requests, and that this group was chaired by a lay person;
- (viii) The view that current service users should be involved in the Consultation;
- (ix) If the Essex Success Regime work programme would overtake the CCG's intention to restrict and cut services, and if so, they would need to re-visit their policy;
- (x) The focus on the outer hospital model and how this would fit in with the Essex Success Regime;
- (xi) Members expressed concern regarding the high number of areas being consulted on and the effect of cutting these services which could lead to more serious conditions/costly treatment being needed in the future;
- (xii) The outcome of the Consultation would be considered by the CCGs Board in September.

Intermediate Care Proposals:

- (xiii) The aim to manage patient care at home wherever possible;
- (xiv) The Consultation would take place over a six week period;
- (xv) That a range of stakeholders had been engaged in a working group which had developed the proposals;
- (xvi) That there was little community and voluntary sector consultation as they did not commission much from this sector;
- (xvii) There were some issues with the reablement provision and the new provider of services;
- (xviii) There had been some initial positive feedback regarding social prescribing, although care was needed to avoid duplication with the community agent role which could cause confusion;

- (xix) This was still work in progress and the Members indicated that they would like to see the detailed information requested ahead of the final outcome report.

The Committee **agreed**:

- a) That HOSC be provided with details on the individual value (£) of each service being consulted on, and the impact on patients (ie numbers of patients likely to be affected by proposals).
- b) That HOSC be provided with details on what other services they looked at cutting.
- c) That HOSC be provided with details on the outcome of the Basildon and Brentwood CCG engagement and consultation being reported to its Board in September.

The report was otherwise **noted**.

The Chairman thanked the contributors for their attendance and they left the meeting at this point.

7. Colchester Hospital University Foundation Trust (CHUFT) and the North East Essex and Suffolk Sustainability and Transformation plan (STP)

The Committee considered a report (HOSC/47/16) by the Scrutiny Officer which highlighted the issues raised on Colchester Hospital in the July Care Quality Commission report, and which sought final agreement on the future approach of the level of scrutiny on the proposed partnership between Colchester and Ipswich Hospitals.

The Committee noted that Suffolk County Council's HOSC had invited the Essex Health Overview and Scrutiny Committee to jointly scrutinise the STP for North East Essex and Suffolk. The Committee **agreed** that this was a sensible approach and that the Chairman and Scrutiny Officer should enter into discussions regarding the establishment of a Joint Task and Finish Group. Volunteers to join this Group would be sought in due course.

The report was otherwise **noted**.

8. Complex urological cancer surgery in Essex

The Committee **noted** a report (HOSC/48/16) from Councillor A Naylor which provided an update on the proposals for the future provision of complex urological cancer surgery in Essex.

The Independent Panel, set up by NHS England to evaluate the bids received from Colchester and Southend Hospitals to host the specialist centre, had recommended Southend Hospital to host the facility. The Joint Committee with Southend and Thurrock Unitaries would be meeting to review the engagement and consultation process and consider what was required going forward.

9. General Update

The Committee **noted** a report (HOSC/49/16) from the Scrutiny Officer outlining updates on local Clinical Commissioning Groups, updated district profiles which included health issues, a number of service changes and variations and forthcoming meeting dates for 2016 public meetings.

10. Work programme

The Committee considered a report (HOSC/50/16) from the Scrutiny Officer setting out the Committee's current work programme and the focus on Community Healthcare, Transformation of Services, and Mental Health for the remaining space in the 2016/17 work programme.

A new Joint Task and Finish Group with Suffolk Council's HOSC looking at the establishment of the local STP would be added to the programme.

Members noted that the Mental Health Task and Finish Group had now met for the first time to scope its work for the year. A recommendation from NHS England in relation to the location of the South Essex PET CT Scanner was expected shortly and it was **agreed** that the HOSC would need to review this either in full committee or in a joint committee with Southend and Thurrock, and that the Chairman and Scrutiny Officer be authorised to confirm this.

The report was otherwise **noted**.

11. Date and Time of Next Meeting

The Committee **noted** that the next meeting was scheduled to take place at **10.30 am on Thursday 15 September 2016**, in Committee Room 1 at County Hall (preceded by a private pre-meeting for Members only at 9.30 am).

12. Urgent Business

The Scrutiny Office reported that a Petition had been received in relation to Grafton Surgery, Canvey Island. The Committee acknowledged the Petition and **agreed** that it should be lodged with Castle Point and Rochford Clinical Commissioning Group for consideration. In view of comments raised at the meeting, Castle Point and Rochford Clinical Commissioning Group would be asked to provide the Committee with a written response detailing the transitional arrangements being put in place and to provide re-assurance on the robustness and sustainability of those arrangements.

There being no further business the meeting closed at 1.10 pm.