MINUTES OF A MEETING OF THE HEALTH/NHS OVERVIEW AND SCRUTINY COMMITTEE HELD ON 5 JANUARY 2011 AT 10.00 AM AT COUNTY HALL, CHELMSFORD

Membership

County Councillors:

*	G Butland (Chairman)	*	R Gooding
	Mrs J M Reeves (Vice-Chairman)	*	Mrs S Hillier
*	Mrs M A Miller (Vice-Chairman)		Mrs M Hutchon
	J Baugh	*	E Johnson
	R Boyce	*	J Knapman
	L Dangerfield	*	C Riley

District Councillors:

Councillor N Offen	-	Colchester Borough Council
Councillor M Maddocks	-	Rochford District Council
Councillor S Henderson	-	Tendring District Council

(* present)

County Councillor W Dick and John Carr from Essex and Southend LINk were also in attendance..

The following officers were present in support throughout the meeting:

Graham Hughes	-	Committee Officer
Graham Redgwell	-	Governance Officer

1. Apologies and Substitution Notices

The Committee Officer reported apologies from County Councillors J Baugh, B Boyce, M Hutchon, J Reeves, and Tendring District Councillor Steven Henderson, Rochford District Councillor Malcolm Maddocks, and Colchester Borough Councillor Nigel Offen.

It was **Agreed** that, in view of the continued absence of their representative since nomination, Tendring District Council would be asked to confirm whether they still required representation on the Committee.

2. Declarations of Interest

The following standing declarations of interest were recorded:

Councillor Graham Butland	Personal interest as Chief Executive of the East Anglia Children's Hospice. Personal interest due to being in receipt of an NHS Pension. As Braintree District Councillor had been involved with their formal response to the Change in Maternity Services in Braintree (Item 9)

Councillor Sandra Hillier	Personal interest as member of Basildon and Thurrock Hospital Trust

Whilst not a member of the Committee John Carr declared an interest being a member of the Transformation Board for West Essex.

3. Minutes

The minutes of the meeting of the Health Overview and Scrutiny Committee held on 1 December 2010 were approved as a correct record and signed by the Chairman.

4. Questions from the Public

There were no questions from the public.

5. Basildon & Thurrock University Hospitals NHS Foundation Trust (BUFT)

The Committee received a report (HOSC/01/11) comprising a hard copy of a slide presentation entitled 'Addressing Regulatory Concerns – 12 months on', from BUFT which was supplemented orally at the meeting by the following BUFT representatives who were in attendance: Michael Large, Chairman, Alan Whittle, Chief Executive, Adam Sewell-Jones, Programme Director, and Diane Sarkar, Director of Nursing.

(a) Introduction

The report outlined the history of the most recent regulatory concerns and a regulatory Hygiene Code breach recorded in October 2009 (see Minute 57: Minutes 7 July 2010).

Care Quality Commission (CQC) Registration had been achieved from April 2010 with five conditions which had all now subsequently been removed. An unannounced CQC visit carried out over three days in December 2010 had measured BUFT against all 16 core healthcare standards and the results were due to be reported later in the month.

Previously, a responsive inspection in September 2010 by the CQC had led to compliance actions being required relating to the administration and management of serious incidents (SIs) and histopathology reporting. Whilst BUFT had challenged some of the conclusions of the inspection they were learning from the process and had embedded certain improvements into their organizational processes.

BUFT had responded to the regulatory concerns in 2009 by agreeing a Programme of Improvements to address each of the regulatory concerns and other BUFT initiated improvements, which had been overseen by a Programme Management Office (PMO) reporting to a Programme Director. Whilst Adam Sewell-Jones, Programme Director, would return to his substantive posting in March 2011, the work of the PMO would continue to oversee future significant initiatives and improvement projects. It was noted

that one of MONITOR's major concerns had been the pace of redress in resolving regulatory issues and the supervision function of the Programme Office had helped in meeting this concern.

Improved cleaning standards, acknowledged by the CQC, had been implemented by December 2009, and had been maintained since. The BUFT Board received regular ward level qualitative reports on cleaning standards. BUFT was now achieving cleaning standards above levels recommended by the Department of Health.

(b) Leadership

BUFT had previously not met waiting time standards for cancer treatments. BUFT had subsequently met and maintained these standards except in those circumstances when a patient chose to delay the appointment for personal reasons. It was confirmed that the new Director of Nursing appointment had been replacement of a vacant position.

The hospital had doubled in size since obtaining Foundation Trust status and a need had been identified for a dedicated executive role solely concentrating on the day to day operations that provided delivery of clinical care at BUFT. Consequently, the executive appointment of a Director of Operations had been completed the day before. Whilst the rest of the Board of Directors had remained unchanged a new recruitment process had commenced for replacements for the Chairman and one other Non Executive Director post as their terms of appointment would end in March 2011.

(c) Mortality rates

HSMR rates published by the Dr Foster organization measured the risk of mortality using certain pre-defined criteria. The HSMR indexed score of 131 for BUFT in 2008/9, was 31% above the national average at the time and the highest in the country. Subsequently BUFT's indexed score had dropped to 107 (7% above the national average but within expected range) in 2009/10 and to 87 for the first six months of 2010/11. Members queried the achievement of such a significant improvement over just two years. Whilst the figures were released each year, they were also regularly rebased, so direct comparison with previous years was often more difficult. However, recently there had been a general national improvement of 9-10% a year which had been reflected in the rebased index. BUFT's initial indexed rating had been 97/98 for 2009/10 prior to the most recent rebasing.

Members queried whether the general improvement could be attributed to better care or better case recording and how extra resourcing had been assigned. It was difficult to make a clear cause and effect although negligible extra resources had been assigned to improving case coding (see next paragraph below). It was possible to state that the crude mortality rate had fallen although not as dramatically as the HSMR indexing might suggest and that any further future improvements in BUFTs rating would be attributable to improved care and not changes in case coding. It was highlighted that extra

clinical staff had been provided for the A&E paediatric department, stroke care and Medical Admissions Unit.

A general review of the quality of clinical coding information was underway. Clinical case notes prepared by support staff were now reviewed by the clinical consultant assigned to each case, to ensure the summary of condition and the coding applied was appropriate for both the initial condition at the time of referral and any relevant secondary underlying conditions discovered during treatment. Clinicians would absorb this extra review time into the contracted 25% of their work time assigned to non clinical care administration. Paper records would be removed from the recording process by 2012 and further improvements could then result from the greater use of electronic records.

Coding processes were now robust but could still improve and BUFT were working with the Dr Foster organization to identify any possible improvements in the administration of their Dr Foster index on mortality. Lessons learned from this could be applied throughout the country.

It was acknowledged that whilst there were now greater patient choices within end of life care a greater proportion of patients in South West Essex died in hospital than in other areas across the East of England

(d) Children's Services

A dedicated Children's Accident and Emergency Unit had opened in November 2009 and was open 12 hours a day and staffed by paediatric trained nurses. The Unit treated approximately 300 children a week representing 70% of under -17 year olds initially admitted to the hospital's main A&E unit and had recorded a 90% patient satisfaction rating. Although the previous absence of such a specialist children's A&E unit had been criticised by the CQC, the BUFT representatives felt that BUFT was now the only hospital with such a formalized unit in Essex. Currently the unit was in a temporary area and would move to its permanent location during 2012.

BUFT confirmed that they now had dedicated Adult and Children's Safeguarding Leads reporting to the Director of Nursing. BUFT was also looking to the Director of Nursing to further strengthen paediatric care.

(e) Learning Disabilities

A specialist Nurse Advisor for Learning Disabilities (LD) had been appointed and all LD patients now had a specialist assessment at the time of admission. BUFT had produced a LD resource pack to advise and train staff on accommodating the needs of LD patients. BUFT had secured an innovation award to help develop the work undertaken on LD for regional and, possibly, national roll-out.

(f) Governance

A Governance review had been undertaken by PricewaterhouseCoopers with a follow-up review recently completed. PwC had concluded that BUFT's quality governance processes had broadly met the standards required by Monitor.
As a Foundation Trust patient and public representation in the governance structure of the organization was primarily through the Board of Governors although there were also patient representative groups which provided direct feedback to operational management.

Over 95% of patients surveyed had stated that they would recommend the hospital and it was confirmed that the Board of Governors at BUFT was kept fully informed on patient feedback. Up to 3,000 patients were surveyed each month.

(g) Financial and regulatory future risks

It was anticipated that there would be reduced commissioning of services by South West Essex PCT (SWE), as it sought to reduce its budget deficit, thereby reducing BUFTs future income from them. Approximately two thirds of BUFT's total revenue stream came from SWE through pre-determined tariffs. Unrealistic commissioning targets may have contributed to SWE's budget deficit..

BUFT had anticipated the reduced levels of commissioned services in future from the PCT, and had been planning for the need to deliver up to £20m savings by 2013/14, and was confident that this could be achieved. However, BUFT acknowledged that the actual pace of change required had been unexpected, with a considerable part of the required savings being front-ended. A quality review of each proposed cost saving proposal was undertaken to ensure that there was no adverse impact on clinical care. Proposed cost improvement measures included reviewing the levels of agency staff and procurement arrangements. BUFT continued to work with SWE to determine the anticipated level of future commissioned services.

BUFT had recorded a budget surplus every year since gaining Foundation Trust status and this, together with strategic borrowing as necessary to supplement it, had funded service improvements including the new A&E unit, new CT scanners with faster access to them, and a new tertiary centre. A small surplus or break-even position was expected for the current financial year.

It had been suggested that, as a result of SWE's actions to address its budget deficit, community services had already been reduced, leading to increased numbers of patients awaiting transfer to community care support services. Community services had been recognized for the significant contribution they could make in providing services after patients were discharged and all partners needed to look at further synergies between services in future.

(h) Stroke care

BUFT's stroke service had been designated as a hyper-acute stroke unit operating 24 hours a day. BUFT had also provided a support service to Princess Alexandra Hospital whilst they were preparing to deliver their own service locally.

(i) Car Parking

Members queried whether there was sufficient parking provision at the Basildon hospital site. If hospital based clinical appointments were reduced (through transferring some appointments to community based hospitals) then there could be a significant reduction in patient traffic at the hospital. In addition, with up to two thirds of parking spaces occupied by hospital staff, BUFT was looking to amend certain staff rotas to avoid their start and finish times coinciding with peak patient arrival times so as to 'free-up' further spaces. BUFT was also in discussions with Basildon District Council concerning the surrounding road network so as to improve traffic flow and review the viability of a second access point to the site.

(j) Conclusion

It was felt by BUFT senior management that Monitor had acknowledged the progress made by BUFT in the previous year whilst wanting to see further improvement in some areas. It was expected that the level of regulatory oversight could be de-escalated by the summer.

On behalf of the Committee, the Chairman welcomed the progress made to date by BUFT and stressed that it was important that commissioners and providers continued to work closely together. The HOSC would continue to hold a watching brief. It was confirmed that it was the intention of the Committee to hold a private
'away-day' with the Chairmen and Chief Executives of all five hospital trusts to better understand some of the challenges facing the sector.

The BUFT representatives then left the meeting.

6. Review of and revised Child and Adolescent Mental Health Service (CAMHS)

The Committee received a report (HOSC/02/11) from Lonica Vanclay, LA Lead CAMHS Commissioner and Stewart McArthur, Director – Joint Child Health and Wellbeing Commissioning on the preparations for revising the CAMHS Tier 2 service from April 2011, including looking at options for alternative and improved provision. Both were in attendance at the meeting to respond to questions from Members.

(a) Background

The CAMHS service was aimed at children and young people within Essex aged 0-19, providing Tier 2, 3 or 4 services to those diagnosed with a mental health problem and Tier 1 and 2 services for those who had emotional and

behavioural problems. The review was looking to ensure there was an appropriate balance of management focus and resource on each tier of the service, and improve the overall provision, especially integration between the Tier 2 and Tier 3 services. Initial focus had been on aligning the mechanisms for data collation of service demand across all the Tiers of the service provision, as it was inconsistent. The figures that were available indicated that there was still unmet needs within Essex for those with diagnosable mental health problems and, although no supporting data was available, there was likely to be unmet need among those with an emerging emotional health and behavioural problem. In recent years there had been a considerable increase in the presentation of more severe mental health problems, such as eating disorders. In the case of eating disorders CAMHS were looking at providing localised day care support to avoid referral visits to Cambridge, where the current expertise was located.

Children and young people also could benefit indirectly from the advice, support and consultation Tier 1 and 2 services provided to schools, other professionals and carers, although data collation on this also was inconsistent.

(b) Tender Process

After completing the review during the summer of 2010 it had been concluded that an alternative provider/s should be sought for the Tier 2 service currently delivered by ECC and that approximately 25% of the total resource should be made available for local commissioning via the Local Children's Commissioning and Delivery Boards (LCCDBs) and that the LCCDBs be supported so that they could make local and effective commissioning decisions.

A number of invited NHS providers were invited to express an interest in the provision of the Tier 2 service. After evaluation of the bids received, two potential providers were to be invited to proceed to the next stage. Meanwhile, a multi-agency working group had been established to finalise an overall cost effective CAMHS strategy and specific plans for the Tier 2 service. The strategy and plan would seek to integrate management and provision more effectively between the different tiers of the CAMHS service, introduce a single gateway access point and ensure a coordinated joined up pathway between the service tiers, whilst maximizing the involvement and expertise of the voluntary sector.

It was acknowledged that the draft specification of services to be provided could be further improved, to include defining outcomes against specification and reviews of patient episodes so as to assist predicting future service needs.

(c) Service Principles

Certain principles were being followed through the review and future plans for the service across all Tiers as outlined in the report and included the continued prioritized service provision for those diagnosed with mental health needs,

Children's Support Service, Looked After Children and those on a child protection plan and other vulnerable groups.

As some Head Teachers commissioned their own services (e.g. young people counselling) one of the key issues for CAMHS was to increase Head Teachers and GPs confidence in, and referrals to, the CAMHS service.

Mental Health first aid training was being rolled-out to assist early identification and response to needs. Early signposting to the right resources had clearly not been effective to date and needed to improve to avoid a referral 'merry-go-round'.

At the end of each individual case there were different tools used to measure the effect of the intervention. However, whilst some individual information was available, not all providers were able to report systematically on it at present but this was being worked on.

The Essex and Southend LINk had been assisting schools to develop a protocol to identify diabetes and it was suggested that this protocol could be modified and used to identify other medical conditions. The CAMHS team regularly liaised directly with Head Teachers at schools and would look into this.

(d) Implementation and monitoring

Final comments on the draft future strategy for CAMHS were due by the end of the month. Thereafter the developed specifications for Tier 2 would be issued to the identified possible alternative providers in February, and after evaluation it was expected new providers would be in place by summer 2011. Members discussed the level of appropriate future monitoring by HOSC of the proposed changes acknowledging that they would need to see the developed outcomes and be made aware of any risks associated with selecting specific future service providers, at an appropriate time in the future. It would be important to have monitoring systems in place, to measure outcomes.

Thereafter, Ms Vanclay and Mr McArthur left the meeting.

7. **Regional Joint Overview and Scrutiny Committee (JOSC)**

The Committee received a report (HOSC/03/11) updating Members on regional work being undertaken, or to be undertaken, by JOSCs on Patient transport management arrangements and the Learning Disability Services vision statement. In addition, a JOSC with Southend and Thurrock would need to be convened in the spring/summer to review the outcomes of decisions made on neo natal services in 2009. Invitations for HOSC representatives were sought. It was **Agreed** that County Councillor Maureen Miller be the lead HOSC representative on the JOSC. [Subsequent to the meeting County Councillor Colin Riley and Borough Councillor Nigel Offen also offered to serve as HOSC representatives on this JOSC].

8. **Policy and Procedures for discharging patients**

It was **Agreed** that this item be deferred until the next meeting of the Committee.

9. **Maternity Services in Braintree**

The Committee received a report (HOSC/05/11), incorporating a consultation document by NHS Mid Essex, which outlined proposals to revise the provision of maternity services in Braintree. Members welcomed the proposed continuation of maternity services in Braintree and the improved facilities being proposed. However, Members were concerned at the loss of the 24 hours a day service currently provided and had concerns about the adequacy of a replacement facility that was only open for half that time. In particular Members queried the arrangements for mothers in labour at closing time, whether it was good clinical practice to allow mothers to return home perhaps only 2 or 3 hours after giving birth, the level of follow-up help for those discharged, and asked that there should be a guarantee that mothers would not be coerced into making decisions merely to meet opening hours and, in particular, being deflected from a natural birth to having a caesarian.

It was **Agreed** that the Governance Officer be authorized to relay these comments back to NHS Mid Essex as the Committee's formal response to the consultation and emphasise that some of the proposals did not appear to be particularly customer friendly.

10. **Non substantive service variations**

The Committee received a report (HOSC/06/11) from Graham Redgwell, Governance Officer, on four non substantive service variations and these were **Noted.**

11. **Committee Away Day**

Mr Redgwell outlined the arrangements for a private Away Day on 2 February 2011 with representatives of the five hospital trusts and the two mental health partnership trusts and this was **Noted**.

12. **Outer London Joint Overview and Scrutiny Committee**

Mr Redgwell updated the Committee on the work of the Outer London JOSC reviewing the proposed re-organisation of certain facilities currently provided at the King George Hospital in Ilford. In particular, different models of care had been proposed by the hospital for urgent and emergency care, maternity and children's services and details were available on the H4NEL website (www.healthfornel.nhs.uk). The JOSC had completed its work towards the end of 2010.

Members suggested that some of the proposals for relocation of services, particularly to Romford, had failed to consider local views and the implications

for the local transport infrastructure and, in particular, access to and parking in Romford.

13. **Date of Next Meeting**

The next formal meeting of the Committee was confirmed for Wednesday 2 March 2011.

14. **Further business**

(i) It was **Agreed** that a further update on the NHS White Paper: Liberating the NHS, be scheduled for the March meeting of the Committee.

(ii) The LINk booklet 'Tell Me About Social Care' had been delivered to GP practices throughout West Essex and included information on, and signposts to, accessing public health services in the area. All County Councillors in the Epping Forest, Harlow and Uttlesford districts would be sent a copy. The booklet could have a wider distribution to other parts of Essex if dedicated localized pages were inserted into the relevant parts of the booklet for each specific area.

(iii) The latest copy of the CQC report on Basildon and Thurrock University Hospital Trust was available at the meeting for Members to take away.

There being no further business, the meeting closed at 11.54 am.

Chairman
2 March 2011