

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 30th November 2007

PRESENT: Councillor Tidy (Chairman); Councillor Rogers OBE (Vice Chairman), Councillors Healy, Howson, O’Keeffe, Taylor (ESCC); Councillor Lambert (Lewes District Council); Councillor Martin (Hastings Borough Council); Councillor Davies (Rother District Council); Councillor Hough (Eastbourne Borough Council); Councillor Phillips (Wealden District Council); Professor Peter Cox, Chair, Hastings and Rother PCT PPI Forum,

WITNESSES:

Nick Yeo, Chief Executive, East Sussex Primary Care Trusts
Dr Diana Grice, Director of Public Health, East Sussex PCTs/East Sussex County Council
Becky Shaw, Director of Policy and Communication, East Sussex County Council
Lisa Rodrigues, Chief Executive, Sussex Partnership NHS Trust
Ann Merricks, Assistant Chief Executive, Sussex Partnership NHS Trust
Jane Hewitt, Dental & Optometry Services Development Manager, East Sussex PCTs
Phil Hamlin, Acting Clinical Director, Special Care Dental Services, East Sussex PCTs
Paul Rideout, Voluntary and Community Services Co-ordinator, Chief Executive’s Department, East Sussex County Council

LEAD OFFICER: Claire Lee, Scrutiny Lead Officer

LEGAL ADVISER: Angela Reid, Head of Legal Services

1. MINUTES

1.1 RESOLVED – to approve the minutes of the meeting held on 10th October 2007 as a correct record.

2. APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from Councillor Lambert (Lewes District Council), Professor Peter Cox, Chairman, Hastings and Rother PCT PPI Forum

3. INTERESTS

3.1 Ms Debby Matthews declared a non-prejudicial in interest as regards item 10. As part of her Council for Voluntary Service role, Ms Matthews offers support, information or advice to groups who might be interested in bidding for the contract. However, she is not involved in any of the development of the service specification or assessing any bids.

3.2 Councillor Taylor declared a personal interest in that he is co-owner of a care home.

3.3 Councillor Martin (Hastings Borough Council) declared a personal interest in that she works in a care home.

4. REPORTS

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

5. FIT FOR THE FUTURE – UPDATE REPORT

5.1 The Committee noted the developments in relation to Fit for the Future as summarised in the report included in the minute book. Nick Yeo, Chief Executive, East Sussex PCTs took questions.

Date for PCT Boards to decide on preferred option

5.2 When asked if the date had been set for the PCT Boards to consider all the evidence on the Fit for the Future options, Mr Yeo said that no date had been set but he hoped to confirm the date very shortly. He confirmed that it would be a public meeting and that the normal notice would be given.

Assessment of alternative proposals

5.3 The Committee observed that full details of the alternative proposals were not available at the PCT public meeting on 5th November when the PCT Boards received presentations from their proponents. Mr Yeo said that the information presented was what was available from the proposers and reflected the varying levels of detail in each submission. The PCTs have sought more detail from the proposers through subsequent discussion in order to understand and interpret their models more fully. Mr Yeo confirmed that the PCTs are nearing the end of the process of reviewing all the options and assessing them against the agreed criteria.

5.4 When asked if any of the alternative options would go to public consultation, Mr Yeo said the PCTs would consider how they compared to the original four options and also any new hybrid. He confirmed that if there were any new/different proposals which emerged as potentially viable options then the PCTs would want further consultation.

5.5 When asked if the PCTs had taken account of the various new national guidance reports published by the Royal Colleges and other national bodies since the original PCT consultation document was published, Mr Yeo confirmed they would continue to take account of all publications and guidance and regarded these as helpful additions.

5.6 RESOLVED to

(1) Note the developments in relation to Fit for the Future

6. EAST SUSSEX SUSTAINABLE COMMUNITY STRATEGY

6.1 Becky Shaw, Director of Policy and Communication, East Sussex County Council introduced the publication 'Pride of Place' – the integrated sustainable community strategy for East Sussex – draft for public consultation. She then took questions.

6.2 'Pride of Place' is the result of the effective joint working of the six Local Strategic Partnerships: East Sussex, Eastbourne, Hastings and St Leonards, Lewes District, Rother and Wealden. In the strategy, the Partnerships want to articulate local priorities and the evidence base underlying this. East Sussex is the first county to have combined individual district, borough and county level community strategies into a single document. The content reflects the character and different focuses of the different areas and, as a result, is a mixed document. The draft strategy was published on 20th November 2007 and there will now be a three-month consultation process.

6.3 Ms Shaw drew the Committee's attention to the Health and Wellbeing section of the report and pointed out that health issues are reflected throughout the strategy, including in each of the five District and Borough chapters which reflect on health and social care issues in their areas. The Joint Strategic Needs Assessment is a fundamental part of the evidence base underlying the strategy.

6.4 The Committee highlighted several challenges which particularly affected health and wellbeing in East Sussex including poor transport infrastructure, ageing population, high rates of long term illness, and areas of deprivation.

Impact of improving life expectancy

6.5 When asked what impact there would be on Adult Social Care services if the 13 year difference in life expectancy between people living in Wealden and people living in Hastings was tackled successfully, Ms Shaw agreed that this would inevitably be an issue. She acknowledged that there are pressures on health and older people's social care services. However, the County Council will of course continue to encourage more healthy lifestyles and so there would be a need to address the funding side in order to cope with additional pressures.

Sports participation

6.6 When asked whether the London Olympics has driven a shift at Government level from sports participation to sporting excellence, and whether this would impact on the East Sussex strategy for encouraging healthy lifestyles, Ms Shaw said that the County's strategy will continue to focus on participation. Projects such as encouraging groups to use the countryside on healthy walks and work by districts and boroughs to support participation in sports facilitate this. She said that sporting excellence would not be easy to achieve for the vast majority of the county's residents.

6.7 Dr. Diana Grice added that the PCTs' strategy is aimed at people living healthier lives for longer and there is a need to improve quality of life as well as life expectancy. The PCTs support the participation in sports work for this reason. She also highlighted that the Joint Needs Assessment demonstrates the need for investment in services for older people.

6.8 The Committee suggested that leisure centres and leisure services suppliers should be encouraged to set up activities in rural spaces so that sports and leisure is not only seen as accessible through designated centres.

Road fatalities

6.9 When asked what is being done to reduce the number of road fatalities in East Sussex, Ms Shaw said that there was continuing debate on the issue within Community Safety Partnerships and Local Strategic Partnerships. Ms Shaw pointed out that 18% of fatalities occurred on trunk roads. These roads constitute a small part of the road network and are maintained by the Highways Agency. 50% of fatalities or serious road incidents occur in Wealden (although this covers a large area of the County). The authority is working with the Police on making roads safer and there is an ongoing programme of educating road users on safety. A recent initiative by the Police – Operation Crackdown - is targeting motorists who use mobile phones while driving. Ms. Shaw pointed out that because of the relatively small number of road fatalities, statistics are easily skewed by one fatal incident e.g. the single car incident in Hastings earlier this year where 5 people died.

6.10 The Committee highlighted the fact that pensioner poverty is contributing to exclusion and inequality in East Sussex and that it was important to encourage the take-up of benefits. The partnership work between Age Concern and the County Council has been successful in this area.

6.11 RESOLVED to

- (1) Note the 'Pride of Place' draft strategy document.
- (2) Note that individual members can respond individually to the consultation (closing date 12th February 2008).

7. STRATEGIC COMMISSIONING PLAN AND JOINT NEEDS ASSESSMENT

7.1 Mr Nick Yeo, Chief Executive, East Sussex PCTs and Dr Diana Grice, Director of Public Health, East Sussex PCTs/East Sussex County Council gave a joint presentation and then took questions. The presentation slides are included in the minute book.

7.2 Additional points from presentation:

- The needs assessment is a joint project with the County Council.
- It is not comprehensive but it is a baseline which has been produced from the data that is available now. Complementary work is underway on some specific issues.
- There is a huge variation in life expectancy across the county as there is a variation in chronic disease rates and health protection.
- Information is available by ward and by GP practice and so it can be used to target particular areas.
- Currently working on accident prevention and there are plans to target vascular disease (the biggest influence on life expectancy) in wards with lower life expectancy. Smoking cessation and prescription of statins are two interventions which have been proven to be successful in reducing vascular disease.
- The objective is to add the health information into the East Sussex in Figures database.
- Limited work has been carried out on children's services and further work will be completed in the next two months.
- Five stakeholder workshops have been undertaken with Adult Social Care in the District and Borough areas. Ongoing patient and public involvement processes are developing at PCT level and also at GP practice level. The

PCTs expect to see more patient forums being established at practice level. In addition, the Council has client group forums.

- The PCTs are taking the needs assessment as the starting point and have identified access to GPs and NHS dentists as two key issues for people.
- Comments on the Joint Strategic Needs Assessment and the PCTs' Commissioning Plans are being sought by the end of December 2007.

Funding

7.3 Asked whether the PCTs had the funding to implement the aspirations in their Strategic Commissioning Plans, Mr Yeo said that Hastings and Rother PCT is in surplus while East Sussex Downs and Weald PCT had ended the last financial year in deficit but this will be eliminated by the end of this financial year. Mr Yeo expects there to be an underlying surplus in 2008/2009 which will mean there will be some scope for investment in services to improve health. The PCTs want to be confident that the investment is targeted in areas which will lead to improved outcomes. Dr Grice commented that the national evidence base on the effectiveness of interventions is not particularly strong, so it is important to evaluate what works locally.

Financial surpluses

7.4 Asked if he believed surpluses are a good thing to have in the health service, Mr Yeo said it was very positive to have a surplus as it means we can afford the cost of the current services and also have a platform to look at investing in new services.

Children's health

7.5 Asked if children's diets can be addressed, in terms of the link to obesity and prevention of illnesses in later life, Mr Yeo agreed that this issue needed to be addressed at the same time as tackling adults with known conditions and lifestyle risk factors.

Empowerment

7.6 Asked how individuals would be empowered to manage their own health, Mr Yeo said the PCTs plan to focus on deprived areas and the challenge is to target the least supported communities who need extra assistance. The issue is how to get people in these areas, who are often not motivated on health issues, to take up services. The plan is to pilot more outreach schemes and build on such projects as Children's Centres.

Joint working on the Needs Assessment

7.7 Asked to comment on the degree of joint working on the Joint Strategic Needs Assessment (JSNA), Dr Grice said that the JSNA was jointly commissioned by Health, Adult Social Care and Children's Services and there had been discussions at the County Council's Chief Officers Management Team (COMT) meetings as regards wider issues. Part of the needs assessment touched on transport issues but the PCTs agree that there is a need to look deeper at transport and environmental aspects e.g. impact on trips and falls, impact of poverty on the economy. Mr. Yeo explained that the JSNA is a living and evolving document and there is more detail in the full document.

Inequalities

7.8 Asked whether the JSNA will address the inequalities between men and women's health, Dr Grice acknowledged that there was a difference between men and women's life expectancy and he said that some services will be targeted at men to help address this.

Older people's services priority in Hastings and Rother

7.9 Asked why older people's services was not a priority in Hastings and Rother, Mr Yeo said that this did not mean that the services were 'deprioritised' and the PCTs are committed to progress across East Sussex. However, Hastings and Rother PCT want to move further in particular areas and have highlighted these in their top-line priorities.

Choose and Book

7.10 Asked to comment on the progress of Choose and Book, Mr Yeo admitted that there had been difficulties with this national system but there are advantages to be gained from it. He highlighted some of the concerns: lack of user friendliness for GPs, lack of resilience of the IT and lack of clarity in the clinic listings. Mr Yeo said that the PCTs have undertaken a huge amount of work with the acute trust aimed at making the system easier to use and to improve the IT infrastructure. He expected see improvements within the next two to three months and recognised that there will then be a need to re-promote the system amongst GPs.

Infection control

7.11 Asked to comment on infection control, Mr Yeo admitted that there was still a lot more to do to maximise the effectiveness of approaches being taken to infection control. The PCTs are working with the acute trust to address the issue and investigating individual cases of infection to see what lessons can be learned. Support is available from the Department of Health. Mr Yeo acknowledged that members of the public have great fears about the risk of infection during a hospital stay and are reluctant to be admitted. Mr Yeo confirmed that all aspects of cleanliness were being looked and this included ambulances. However, there is no evidence to say that ambulances are the cause of infection cases currently being investigated.

7.12 Mr Yeo said performance monitoring meetings are underway and that infection rates are monitored by the Healthcare Commission and the Strategic Health Authority. He said that not enough was being done to reassure the public and that more should be done to inform them of the steps being taken to minimise infections. Within the acute trust there is clear signage aimed at staff, and ward managers are trying to support people in raising issues with doctors and highlighting transgressions of hygiene. However, there is reluctance amongst many members of the public, particularly vulnerable patients, to challenge the actions and authority of doctors. The Committee highlighted the fact that one of the reasons behind infection outbreaks was that bed occupancy rates were too high.

Lewes prison

7.13 Asked if health services available in Lewes prison included a drugs programme to combat misuse, Mr Yeo said that the PCT is aware of this issue and is addressing it along with other problems such as sexual health. Lewes prison is scheduled to increase the number of inmates and the PCT is planning to get additional resources from the

Department of Health to cope with this. Dr Grice commented that a specific needs assessment exercise has been undertaken to identify the needs of the prison population.

Feedback

7.14 When asked if the PCTs had processes to deal with public feedback such as petitions, Mr Yeo confirmed that existing procedures could deal with a range of feedback.

'World class commissioning'

7.15 When asked the meaning of a 'world class commissioner', Mr Yeo said that the term encompasses excellence throughout the full cycle of activities required to secure high quality services - such as identifying needs, having strong patient and public involvement and having a programme of interventions to address health needs. Mr Yeo stated that one of the reasons for last year's national reorganisation of PCTs was a desire to strengthen PCTs' capacity to undertake effective commissioning for their populations.

Working age disabled people

7.16 When asked about the approach to services for working age people who are disabled and whether there were options for self-management, Dr Grice said that a detailed breakdown of statistics is being carried out and this will go down to ward level. The PCTs will use this data to work with Adult Social Care on the health and wellbeing of disabled people especially in terms of what types of disability could be preventable.

PCT Provider Arm

7.17 Asked to comment on the future arrangements for the arm of the PCT which provides community services, Mr Yeo said that the preparation and signature of an arms-length Service Level Agreement (SLA) between the PCT and the PCT's Provider Arm was completed in September 2007. A review of potential future models of care and how best to deliver these services will be completed by September 2008. Mr Yeo said that, compared to acute services, there is little data on how community services are being used and the outcomes. Therefore, as a first step, there is the need to better measure and detail the services, in a similar way to other commissioned services. Mr Yeo confirmed that the PCTs would take a service by service approach rather than a 'one size fits all' model and staff will be consulted. Any organisational changes are expected to happen gradually over time.

Medicine management

7.18 Asked about medicine management and how to ensure GPs monitor patients' drug use, Dr Grice confirmed that GPs have a system to review repeat prescriptions and that the PCTs have prescribing leads who oversee this process across East Sussex.

Teenage pregnancy

7.19 The Committee highlighted a concern that teenage pregnancy was not a priority in Hastings and Rother despite the high rate. Mr Yeo said that a partnership oversight group was in place but that its actions had not been successful to date. PCT services

offered to young people are currently being reviewed to see if there are opportunities to better address the issue. Reducing the number of teenage pregnancies is a PCT priority. There has been an increase in school nursing provision in Hastings and Rother and it is hoped that schools will also review their education programme.

Children's health

7.20 Mr Yeo said the children's health is a key issue and more detailed work is underway on children's needs. Declining funding for young people is an issue e.g. Headroom funding is only available for the next two years. Dr Grice admitted that engaging with young people is a challenge and Hastings and Rother PCT is currently looking at piloting social marketing to see if this might be an effective mechanism.

Fall strategy

7.21 Asked if a falls strategy was in place, Mr Yeo confirmed that there is such a strategy and that the initiatives within it are starting to make a difference.

Gypsies and travellers

7.22 Asked if there were strategies for the health of gypsies and travellers, Mr Yeo said that the PCTs are aware of the issues but the JSNA does not include them as there is a separate piece of work underway on gypsies and travellers' health.

Alcohol misuse

7.23 Asked about licensing laws and binge drinking, Mr Yeo said the PCTs are able to map binge drinking habits and they are aware of 'hot spots' in Eastbourne and Bexhill. He said there is a need to look at changing lifestyle behaviours and the PCTs intend to target the 'hot spots'.

Practice based commissioning

7.24 Asked how the potential inequalities of practice based commissioning would be ironed out, Mr Yeo agreed that it was uneven but that some local flexibility is needed. The differing local circumstances of different practices means they will identify differing priorities. The PCTs support the whole system of practice based commissioning and want to ensure that practices and commissioning clusters are engaged in shaping future services. Some practices may be providers of more services in the future.

Community hospitals

7.25 Asked about the PCTs' policy on Community Hospitals, Mr Yeo said that there were working groups in Crowborough, Lewes and Uckfield looking beyond April 2008 to consider how to make best use of the community hospital facilities in this part of the county. Mr Yeo confirmed that he will come back to the Committee on this issue.

7.26 RESOLVED to

- (1) Note the Strategic Commissioning Plan and Joint Strategic Needs Assessment and take the information into account when planning the Committee's future work programme.

8. SUSSEX PARTNERSHIP NHS TRUST FOUNDATION TRUST APPLICATION

8.1 Lisa Rodrigues, Chief Executive and Ann Merricks, Assistant Chief Executive, Sussex Partnership NHS Trust updated the Committee on the trust's foundation trust application.

8.2 The update included the following points:

- Sussex Partnership NHS Trust was set up 1st April 2006 and Foundation Trust status will allow the trust to progress.
- Governance allows further engagement of the public in the organisation. The trust aims to have 15,000 members (1% of the population of Sussex) which will give a bigger base for eliciting comment and signalling issues.
- The Foundation Trust model enables engagement of staff in a different way and encourages greater ownership and loyalty.
- Constitutional arrangements mean that money can be used differently and the foundation trust will be able to borrow funds. The trust will be able to generate surpluses each year to fund more services.
- The Trust's plans include providing more care in community settings, developing care pathways and a seamless service, and providing more specialist services within Sussex with the support of PCT and local authority commissioners.
- There have been 188 responses to consultation to date. The consultation closes on 28th December 2007.
- The trust has held a total of 46 meetings with interested groups especially service users and carers.
- Two public meetings have been held (Eastbourne and Crawley) and a third one will be held in Brighton.
- 180 members have been recruited to date and 30 of these have expressed an interest in becoming a governor.
- A wider recruitment campaign will start in January 2008.

Children and young people

8.3 When asked how Foundation Trust status would benefit services for young people, Ms Rodrigues said that children and adolescent mental health services (CAMHS) provide services in partnership with the County Councils. A recent joint area review of Children's Services in East Sussex commended the improved CAMHS and the joint commissioning arrangements are as well placed as possible for further improvement. Although Foundation Trust status will not be a strong influence on the future direction of these services, the financial freedoms will help in terms of resources available to support development.

8.4 As regards membership of young people, Ms Merricks said that members have to be at least 14 years old (16 for governors). However, she confirmed that the Trust wants to develop ways of engaging with children who are younger than 14. The Committee encouraged the Trust to make use of existing mechanisms for this engagement.

Numbers and representation on the Council of Governors

8.5 Ms Merricks said that the trust is open to looking at the make-up of the Council of Governors but it wants to ensure the service users have the largest voice. Ms Merricks noted the Committee's comments on the differing sized populations living in East Sussex, West Sussex and Brighton each being represented by 2 governors. Ms Merricks said that the trust wanted to avoid having just one governor representative for an area and also to ensure that the publically elected governors have a majority on the Council of Governors as required by Foundation Trust regulations.

8.6 Ms Merricks explained that consultation with stakeholder organisations has identified their preference for their own governor representative, rather than the alternative approach where one governor could represent several organisations. The Committee commented that it may not be necessary for all stakeholder groups to be represented on the Council of Governors as stakeholder representation can take place outside formal governance structures, and this may in fact be beneficial.

Cost of foundation trust

8.7 When asked how much the Foundation Trust would cost to run, Ms Rodrigues said the Sussex Partnership NHS Trust had an annual income of £215m per annum and the cost of setting up the Foundation Trust would be a small percentage of this (hundreds of thousands of pounds rather than millions). The final figure will be published in the yearly accounts of the Trust and the costs will be kept as low as possible. There will be some ongoing costs in supporting the Council of Governors and so the trust will bear this in mind when determining the final size of the Council. Communication is a core duty of the current trust and would continue even if the Foundation Trust application was unsuccessful. The Trust agreed with the Committee's comment that there must be adequate support in place for service user representatives and that it must also bear in mind the possible effect on their care and relationship with other service users.

8.8 RESOLVED to

(1) Respond to Sussex Partnership NHS Trust's consultation document by 28th December 2007.

9. DENTISTRY UPDATE REPORT TO MONITOR PROGRESS SINCE NOVEMBER 2006

9.1 Jane Hewitt, Dental and Optometry Services Development Manager and Phil Hamlin, Acting Clinical Director, Special Care Dental Services, East Sussex PCTs updated the Committee on progress and took questions.

9.2 The update on NHS dentistry included the following points:

- 4,000 more NHS dentist patients were treated in the 24 previous months to 31 March 2007.
- 89% of patients in Hastings and Rother PCT indicated the dental appointment was as soon as necessary. The figure in East Sussex Downs and Weald PCT was 87%. 3% of patients in both areas indicated that the appointment should have been much sooner. The response results are better than South East Coast area average.
- There has been a decrease in enquiries to Patient Advice and Liaison Service (PALS) from patients seeking a dentist accepting NHS patients.

- Access to NHS dentistry in East Sussex generally meets the targets.
- There have been two enquiries about wheelchair access to dental surgeries in the last 10 months.
- One outstanding dispute over the dental contract is not being taken further by the contractor. Two possible leavers have opted to retain their contract.
- The predicted deficit in 2006/2007 was managed through the contingency fund and overall balance was achieved.
- In 2007/2008 the patient charges (PCR) are currently forecast to exceed the allocation.

9.3 The update on special care dental services included the following points:

- Crowborough and Heathfield clinics were closed and patients transferred to Uckfield and Hailsham clinics in May 2007. No complaints were received during the consultation period and only a small number of patients were affected.
- A few patients had longer travel journeys but there have been no problems reported on transport arrangements.
- In the Heathfield area, 3 patients are on the waiting list and the approximate wait is 8 weeks.
- In the Crowborough area, 6 patients are on the waiting list and the approximate wait is 12 weeks.
- Recruitment and sickness problems have meant the number of dentists is not up to establishment which has affected the service's ability to reduce waiting times. However, staffing is expected to be up to strength by Spring 2008 and waiting times are expected to be less than 5 weeks by Summer 2008.
- The proposed merger of Seaford clinic with Peacehaven will be delayed until special care dental services are fully staffed. Subject to consultation, the Seaford clinic (one treatment room) is expected to close in late summer 2008 and the patients transferred to Peacehaven (two treatment rooms).

Waiting times

9.4 When asked how waiting times for special care dental services compare to waiting times for a regular NHS dentist, Ms Hewitt explained that reports at normal NHS dentists do not include waiting times. However, over 80% of patients thought the waiting times reasonable. New NHS dental contracts or increased contracts are usually expected to be able to offer appointments to new NHS patients and the situation is reviewed if waits exceed two months.

Capacity

9.5 Asked about the NHS dentists cited as 'with capacity', Ms Hewitt said that these NHS dentists have sufficient capacity to cope with the demand but have the ability to expand their workload if this became necessary. This may be through recruiting extra dentists to use extra space available at the practice, or through a part-time NHS dentist increasing their NHS work. Some NHS dentists are not accepting any new NHS patients but could if their NHS contract was increased.

Access

9.6 When asked how it can be justified that 5% more of the population in Hastings and Rother PCT have seen an NHS dentist in the last year compared to East Sussex

Downs and Weald PCT, Ms Hewitt explained that the service capacity in the areas is based on historical budget setting which was used as the baseline. Hastings and Rother had a higher spend on dentistry in the test phase. East Sussex Downs and Weald PCT dentistry resources are currently stretched but improving the capacity could be considered in the next financial year because the PCT will not be in deficit. Hastings and Rother PCT have no deficit.

Closure of special care dental clinic

9.7 When asked how the closure of the clinics in Crowborough and Heathfield had improved the service, Mr Hamlin said that the service provided in Hailsham and Uckfield is improved e.g. emergency patients can be seen more quickly and there is more choice of appointment days and times.

9.8 Asked how people access domiciliary services, Mr Hamlin said that the Special Care Dental Service takes referrals through the PCTs, dentists or other Health Professionals. Domiciliary services can be provided for housebound patients meeting the referral criteria.

NHS dental contract

9.9 When asked how many NHS dentists terminated their contract when new arrangements were introduced, Ms Hewitt said that six did not renew their contract in East Sussex Downs and Weald PCT and five of these were in Uckfield. However, the PCT has now increased resources in Uckfield and there is provision for more activity than was lost.

9.10 When asked if dentists were unhappy with the new NHS contract, Ms Hewitt said that only a small number of dentists did not take up the new contract. The PCTs had concerns that dentists might use up their allocated units of dental activity early and have insufficient capacity towards the end of the year. However, this concern was not realised.

Wheelchair access

9.11 Asked how many NHS dentists had full wheelchair access, Ms Hewitt was unable to provide specific numbers but undertook to supply the information to HOSC.

Promotion of NHS dentists

9.12 Asked how availability of NHS dentists is promoted, Ms Hewitt explained that there are a number of means by which people could access information about NHS dentists. These include: posters about the emergency daytime access service; advertisements on how to find an NHS dentist; posters in GPs, optometrists, libraries, pharmacies; information via PALS or NHS Direct; through the booklet delivered to every household on how to access all health services and via the PCT website.

9.13 RESOLVED to

- (1) Note the update and progress on NHS dentistry including special care dental services.

(2) Invite East Sussex PCTs to return to the Committee in November 2008 to give a further update on NHS dentistry including special care dental services.

(3) Request from East Sussex PCTs the latest information on the numbers and locations of NHS dentist surgeries which have full wheelchair access.

10. ESTABLISHMENT OF A LOCAL INVOLVEMENT NETWORK (LINK) FOR EAST SUSSEX

10.1 Paul Rideout, Voluntary and Community Services Co-ordinator, Chief Executive's Department, East Sussex County Council updated the Committee on progress toward the establishment of a Local Involvement Network (LINK) for East Sussex and took questions. The update on LINK for East Sussex included the following points:

- The Government will announce funding arrangements in the near future.
- The LINK procurement phase of a 'host organisation' is now underway in East Sussex and it is expected that the County's LINK will be established by 1 April 2008.
- The LINK will have a development phase from April 2008 to October 2008 where the LINK and host will work in partnership to establish the LINK.
- An East Sussex LINK Working Group has been established by the PPI Forums to consider potential models for the LINK.
- East Sussex PPI Forums have been involved from the outset in developing the LINK model and have helped drive the process and accepted the need for change as directed by the Government.
- East Sussex is well ahead of its neighbours in developing its LINK.

10.2 Asked if East Sussex LINK would be up and running by 1st April 2008, Mr Rideout confirmed that this would be the case. He said the host organisation contract will be awarded before April to allow the successful organisation to work with the East Sussex LINK Working Group on planning a LINK development phase. This phase will be developmental and it should not be expected that the LINK will be up to full strength immediately. It is hoped that PPI Forum members' enthusiasm will be captured and that they become involved in the LINK. It is also hoped that the Government funding is sufficient to ensure a workable LINK.

10.3 The Committee considered the national LINKs regulations and agreed the following:

- The proposal to use the Freedom of Information Act as the basis for requests for information is sensible and sufficient, although LINKs' relationships with health and social care should be sufficiently strong for requests to be handled without the need for formal recourse to the Act.
- The timescale of 20 working days for health and social care commissioners to respond is appropriate.
- To express concerns about the exemption of Children's Services.
- To support the proposed exemptions to LINKs right to enter.
- The safeguards around the undertaking of visits by LINK members are sufficient, although the regulations should be explicit that LINK members should not undertake visits alone.
- There must be sufficient funds available for training LINK members.

- There is a need to clarify when inspections can be carried out.
- There is a need to clarify what is meant by 'right' skills.
- The timescale within which scrutiny committees should acknowledge receipt of LINK referrals is appropriate.

10.4 RESOLVED to

(1) Note the progress in developing an East Sussex LINK

(2) Respond to the Department of Health's consultation on LINK regulations as outlined above (10.3) by 21st December 2007.

11. INDIVIDUAL HOSC MEMBERS' ACTIVITY

11.1 Individual HOSC members' activity included:

- Cllr Phillips attended a meeting of the East Sussex Downs and Weald PCT PPI Forum meeting which included a presentation by Carol Williams from the South East Regional Office of the Healthcare Commission. The PPI Forum challenged how much notice the Healthcare Commission took of PPI Forum submissions but were not satisfied with Ms Williams response. The PPIF had also discussed the transition to a LINK.
- Cllr Phillips had also attended a meeting of the Kent HOSC and tabled notes of the discussion. One of the items was infection control. A representative from Kent HOSC would be pleased to attend East Sussex HOSC to discuss this topic.
- Cllr O'Keeffe also attended the East Sussex Downs and Weald PCT PPI Forum meeting and listened to a presentation by the PCT on the Strategic Commissioning Plan. Cllr O'Keeffe felt that a number of questions had not been answered.
- Cllr O'Keeffe raised the issue of training on the new Mental Capacity Act as a possible topic of HOSC interest. The act covers how decisions are made where a service user is unable to communicate.
- Cllr Wilson attending a meeting of the Hastings and Rother PCT PPI Forum and reported an 'air of resignation' as the PPI Forum winds down toward its abolition in March 2008 because of the establishment of the LINK.
- Debby Matthews attending a meeting of the Sussex Partnership NHS Trust PPI Forum where concerns raised about the prison service and mental health issues. She raised the issues of whether prisoners would be counted as residents of East Sussex and therefore fall under the LINK remit.
- Cllr Rogers reported back on Joint HOSC involvement and reaffirmed that the East Sussex HOSC representatives on the Committee were bringing the East Sussex dimension to the review, in particular, the ramifications of any changes to services at the Princess Royal Hospital, Haywards Heath.
- Cllr Taylor attended a meeting of the South East Coast Ambulance Trust PPI Forum where there was a presentation about new brain acoustic monitoring equipment that can detect if a stroke is a 'bleed' or 'blockage'. This is important to determine as soon as possible after the stroke to ensure the

correct treatment can be administered as soon as possible to improve patient outcomes.

- Cllr Tidy attended a meeting of the South East Region HOSC Chairmen and is also scheduled to attend a meeting between the Chairmen and representatives from the Strategic Health Authority. A particular issue to be discussed is the designation of various Trusts as providers of 'specialist services'.

Meeting ended at 1.30pm.