

## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 16th June 2008

**PRESENT:** Councillor Tidy (Chairman); Councillor Rogers OBE (Vice Chairman), Councillors Healy, O'Keeffe, Taylor, Wilson (ESCC); Councillor Martin (Hastings Borough Council); Councillor Davies (Rother District Council); Councillor Hough (Eastbourne Borough Council); Councillor Phillips (Wealden District Council); Mr Ralph Chapman, Chairman, Age Concern East Sussex, Janet Colvert, Chair, Local Involvement Network Interim Core Group

### WITNESSES:

#### **Fit for the Future**

Mr Michael Wilson, Programme Director, Fit for the Future, East Sussex Primary Care Trusts (PCTs)

#### **Older People's Mental Health Services**

Mr Andrew Dean, Associate Director Older People's and Forensic Services, Sussex Partnership NHS Trust

Mr Martin Packwood, Commissioning Manager, East Sussex PCTs

Ms Kate Dawson, Head of Strategic Commissioning (Mental Health Social Care and Supporting People), Adult Social Care, East Sussex County Council

#### **Equitable access to primary care**

Mr John Vesely, Head of Primary Care, East Sussex PCTs

Leslie Chapman, Project Manager for GP-led health centres, East Sussex PCTs

Alan Biggs, Procurement Consultant, NHS

#### **Young Carers**

Mr Richard Baldwin, Operations Manager, Integrated Services (West), Children's Services

Mr Mark Braddock, Young Carers Service Manager, Care for the Carers

#### **East Sussex Local Involvement Network (LINK)**

Mr Paul Rideout, Voluntary and Community Services Co-ordinator, Chief Executive's Department

**LEAD OFFICER:** Claire Lee, Scrutiny Lead Officer

**LEGAL ADVISER:** Jonathan Ruddock-West, Assistant Director Legal and Democratic Services (substituting for Angela Reid, Head of Legal Services)

### 1. MINUTES

1.1 **RESOLVED** – to approve the minutes of the meeting held on 20<sup>th</sup> March 2008 as a correct record.

### 2. APOLOGIES FOR ABSENCE

2.1 Apologies were received from Councillor Philip Howson, Councillor Carolyn Lambert (Lewes District Council), Ms Debby Matthews, Director Southdowns CVS, Angela Reid, Head of Legal Services

### JANET COLVERT

The Chairman welcomed Janet Colvert, Chair of the East Sussex Local Involvement Network (LINK) Interim Core Group as the LINK's HOSC representative.

### 3. INTERESTS

3.1 Councillor Beryl Healy declared a personal interest in that she is a Trustee of Age Concern Eastbourne

### 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 AND MATERNITY STRATEGY

5.1 The Chairman confirmed that HOSC had had two meetings with representatives of the Independent Reconfiguration Panel (IRP). The first meeting involved HOSC Chairman, Vice Chairman and Lead Officer and the second meeting involved the HOSC Chairman and five HOSC members.

5.2 Although the IRP are likely to submit their report to the Secretary of State by 31 July 2008, HOSC will not hear anything about the outcome until the Secretary of State announces his decision in September or October 2008.

5.3 Michael Wilson, Programme Director, Fit for the Future, East Sussex PCTs updated the Committee on the status of maternity services pending the Secretary of State's decision. Mr Wilson emphasised that the current arrangements are safe and effective but East Sussex Hospitals NHS Trust (ESHT) is very aware of the issues facing the services and is monitoring the situation closely and reporting to the PCTs. Mr Jamal Zaidi, Clinical Director, Woman's Health, ESHT had reported to Mr Wilson that the main pressure is on recruiting and retaining doctors for the middle grade rota. The Trust is continuing to rely on agency middle grade locum, non-agency NHS locum cover and the flexibility of existing middle grades to provide cover. Mr Wilson indicated that he understood Mr Zaidi's previously expressed view that the units are operating 'at the margins of safety' still applies.

5.4 Mr Wilson confirmed that the PCTs are providing funds totalling £100,000 per month over the tariff to maintain services in their present configuration. The funding provides:

- Interim funding for two middle grade posts to offset the immediate impact of Modernising Medical Careers
- Waiving the requirement for 3% efficiency savings which would have been required of the Woman's Health Directorate.
- Six additional midwives

- Specific support for the costs of the midwifery led unit in Crowborough.

5.5 Mr Wilson answered questions including the following

### **Recruitment of additional midwives**

5.6 When asked if the six additional midwives were in post, Mr Wilson confirmed that they were and had been recruited by ESHT.

### **Home births**

5.7 When asked if women were offered a choice of home births, Mr Wilson said that women could choose to have a home birth but the difficulty was that at the time of labour and delivery a midwife had to be available and this is currently not always possible. Mr Wilson said that a skills audit of ESHT midwives is being undertaken which aims to support more flexible working. Currently midwives are in split into specialised teams – community, hospital, and birthing unit and the aim is to enable midwives to work across different settings. The audit is beginning with a pilot scheme involving midwives at Crowborough Birthing Unit.

### **Crowborough funding**

5.8 Mr Wilson confirmed that the specific support for the costs of the midwifery led unit in Crowborough is on top of the recent increase in the national tariff. The increase in national tariff is designed primarily to cover the cost of offering the choice of home births and inflation. The PCTs' extra funding is in recognition of the fact that the Crowborough unit (as with many other midwife-led units) is not financially self-sustaining and that there is a widely held view that the tariff does not adequately recognise the costs of midwife-led units.

5.9 When asked about the implications of the cost issues for the provision of choice, Mr Wilson indicated that the Government policy to offer choice is very clear and PCTs can be directed to ensure a choice of homebirth, midwife-led unit and hospital birth is available.

5.10 Asked if the Crowborough birthing unit was too small to be financially sustainable, Mr Wilson said that the unit was a typical size as such units tend to handle 300-400 births per year. The costs are also to do with the way the staff are organised and this is where the skills audit may be helpful.

### **Governance of Fit for the Future programme**

5.11 Mr Wilson confirmed that an overarching Programme Board has been established to oversee the delivery of the decisions of the Joint Committee of the two East Sussex PCT Boards under the chairmanship of the PCT Chief Executive. This includes representation from key partners and its remit includes planning for implementation of any reconfiguration of services.

### **Development of ante and post natal care**

5.12 Mr Wilson confirmed that a Maternity Strategy Group has been established to develop broader maternity strategy for the PCTs with a particular emphasis on

strengthening the provision of ante and post natal care. In particular this would see the development of further community outreach services, which include health visiting and community midwifery.

5.13 A base line assessment has been undertaken using a 'Maternity Matters' tool which has provided a clear understanding of the needs for maternity related services in East Sussex. This has highlighted key issues such as ensuring there is early assessment of pregnant women (especially hard to reach groups) and ensuring they have direct access to a midwife. It has also enabled an assessment of whether maternity services can be provided from Children's Centres as not all have the necessary space or facilities.

5.14 When asked about the timescale for progress on the ground, Mr Wilson said that the recruitment of the six additional midwives and work on the skills audit was progress already made. In addition, a new 'Birthrate Plus' assessment of the number of midwives needed for East Sussex is underway. Mr Wilson confirmed that a maternity strategy report will be submitted to the PCT Boards in September 2008 and work will progress further after this.

5.15 When asked if additional midwives are needed for outreach services, Mr Wilson said that the revised Birthrate Plus assessment is likely to show that more than the 6 additional midwives already recruited are needed to deliver the whole Maternity Matters agenda. There will be some specific aspects which need additional funding and staff and it is likely that the block contract for ante and post natal care will need to be reviewed.

### **Individual support in labour**

5.16 Mr Wilson admitted that he does not know how many midwives would be needed to ensure that there was individual support for labour and birth but the challenge would be considerable. This aspect is top of the agenda under Maternity Matters. Very few hospitals nationally are currently achieving individual midwife support as it requires changes to ways of working and new monitoring systems to be able to see whether it is being achieved.

### **Quality and outcomes indicators**

5.17 The PCTs and ESHT have been developing a set of measures which allow the tracking of performance and progress. This work builds on the Fit for the Future indicators agreed with the SHA. Some of the measures will help ESHT staff to monitor performance day to day and others are helpful for Maternity Matters work. However, some data is not easily available and the PCTs are working to ensure that new data streams are established where necessary.

5.18 RESOLVED to:

(1) To note the status of HOSC's referral to the Secretary of State.

(2) To monitor progress on the development of maternity services and the implementation of the Maternity Matters agenda. This monitoring will include discussion of the quality indicators and the Maternity Strategy report to the PCT Boards in September 2008.

## 6. JOINT HOSC ON FIT FOR THE FUTURE IN WEST SUSSEX

6.1 Councillor David Rogers summarised the progress of the Joint HOSC's scrutiny of the Fit for the Future proposals in West Sussex and Brighton and Hove. Councillor Rogers and Councillor Diane Phillips are the nominated East Sussex HOSC representatives on the Joint HOSC and Councillor Sylvia Tidy is the nominated substitute.

6.2 RESOLVED to

(1) Note the progress of the Joint HOSC and the decisions of the Primary Care Trusts.

## 7a. STRATEGY FOR OLDER PEOPLE'S MENTAL HEALTH SERVICES

7.1 Andrew Dean, Associate Director Older People's and Forensic Services, Sussex Partnership Trust, Martin Packwood, Commissioning Manager, East Sussex PCTs, and Kate Dawson, Head of Strategic Commissioning (Mental Health Social Care and Supporting People), Adult Social Care, East Sussex County Council attended. Mr Dean and Mr Packwood gave a presentation on the strategic direction of East Sussex Older People's Mental Health Services (slides available in the minute book).

7.2 Mr Dean, Mr Packwood and Ms Dawson answered questions including the following:

### **Psychological therapies**

7.3 Mr Packwood confirmed that the PCTs have been successful in obtaining government funding for East Sussex but are at an early stage in determining how the resources will be deployed. The first 22 trainees will commence a 12 month training programme in September 2008 and a further 50 trainees will start the programme in year 2.

### **Hospital admission**

7.4 HOSC noted that, nationally, two thirds of all NHS beds are occupied by people aged 65 or over, with up to 66% of these people either having or will develop a mental health problem during their stay. (The figure is 78% in East Sussex.) Mr Dean confirmed that statistics suggest that the hospital assessment experience can be confusing for people suffering from dementia and that it is better to avoid admission and assess the person at home. However, the statistics do include some short term issues.

### **Sheltered accommodation**

7.5 When asked if more resources were available to provide mentally and physically stimulating activities for people in sheltered accommodation to help sustain better health, Ms Dawson said that the Supporting People Programme has been covering this type of issue. However, this programme is under pressure and the authority is currently going through a re-commissioning process, firstly for working age adult services, then older people's services. The authority is developing extra care housing schemes and ensuring these are designed with mental health needs such as dementia in mind in order to support people living in that environment for as long as possible. Resources are

being moved away from inpatient / residential care towards a more flexible model which targets people with mental health needs and dementia in the community and at home for as long as possible.

### **Links with GPs and primary care**

7.6 Mr Dean said that Sussex Partnership NHS Trust (SPT) is planning to have more input into primary care by providing clinics in GP practices. The Memory Assessment and Support Team (MAST) is the closest to this model at present. This model aims to reduce the need for GPs to refer patients and is reliant on the reduction in bed based care.

### **Needs analysis**

7.7 Mr Packwood confirmed that a population needs assessment has been completed and this included looking at the differential rates of dementia in the county. The assessment had informed the distribution of resources especially to the community teams.

### **Respite care in the north of the county**

7.8 Mr Dean said that SPT is considering the future of the Crowborough site as part of the plans for the medium term (3-5 years). Ms Dawson added that Adult Social Care will provide respite care at Milton Court and that there is also provision at Hookstead in the north of the county and Mount Dennis (Hastings).

### **Investment in community care**

7.9 HOSC supports the direction of travel towards increased community care but it is concerned that this depends on investment or there is a risk that the costs fall on the individual. When asked how to guarantee a rise in investment to provide adequate community services alongside the expected rise in the number of older people, Mr Packwood admitted that there can be no guarantees as there are always competing demands and priorities. However, the Government is publishing a national dementia strategy this Autumn and this will raise the profile of dementia care and should set targets for local PCTs which will provide a good foundation for making the case for funding.

### **Single point of access telephone number**

7.10 Mr Packwood explained that the single point of access is mainly for GPs and health professionals, but he noted the request for telephone access numbers for the public to have an 0300 prefix which would ensure callers are charged a local rate even if using a mobile. Or there should be an alternative ordinary number for mobile phone users.

7.11 RESOLVED TO:

(1) Receive an update report in June 2009

(2) Receive an update on psychological therapies in six months and a year

7b, REPORT BACK FROM HOSC TASK GROUP ON BEECHWOOD UNIT, UCKFIELD AND MILTON COURT, EASTBOURNE PROPOSALS

7.12 Councillor Beryl Healy summarised the Task Group's interim conclusions and confirmed that it intends to meet again in July to review the responses to the Sussex Partnership NHS Trust's consultation programme. The Task Group approves the direction underlying the proposals. However, it is important to recognise that increasing investment in community based services will be required in order to support the strategy.

7.13 Mr Dean and Mr Packwood answered questions including the following.

**Memory Assessment and Support Team (MAST)**

7.14 Mr Packwood said that MAST is a pilot in the Bexhill area as part of the overall strategy of early diagnosis and early intervention. GPs may now be more receptive to earlier intervention as there is more support available to offer patients e.g. carer support, psycho social interventions, improved drugs. It is expected that the national dementia strategy will continue this early intervention and diagnosis approach and Mr Packwood is hopeful that this will support funding to develop services county-wide.

**Roborough, Eastbourne**

7.15 Mr Dean confirmed that the Roborough site had been purchased by SPT and will be developed as one of the main in-patient units. Discussions are ongoing as to whether it will be for working age or older people. The site is not big enough for the two services. The SPT has a five year building plan and has two sites in mind for inpatient services in the south west locality – Amberstone in Hailsham and Roborough.

7.16 RESOLVED to:

(1) Endorse the Task Group's interim response as outlined

(2) Request that the Task Group meets again in July to review the response to consultation and then make further responses to the Trust as appropriate.

8. EQUITABLE ACCESS TO PRIMARY CARE

8.1 John Vesely, Director of Primary Care, East Sussex PCTs was accompanied by Leslie Chapman, Project Manager and Alan Biggs, NHS Procurement Consultant. Mr Vesely summarised his presentation on plans for the new GP-led health centres for Eastbourne and Hastings. He confirmed that the Station Plaza, Hastings development is scheduled to be completed by December 2009. The Eastbourne site in the Devonshire ward has not been identified to date but Mr Vesely is confident that one will be found. The centres will offer core GP services from 8am to 8pm seven days a week and have bookable appointments and a walk-in service. Both centres will have the capacity for more services to be added in future which would then make them more like a polyclinic model.

8.2 Mr Vesely answered questions including the following:

**Fit with primary care strategy**

8.3 Mr Vesely said the government requirement to commission a GP led health centre in each PCT area meant that East Sussex would benefit from two developments. He stated that the PCTs had always planned to look at extending opening hours and walk-in centres but the government requirements had brought this higher up the agenda. The health centre developments had not led to significant rescheduling of planned primary care developments but there could be some impact in Eastbourne, depending on resources available.

### **Views of GPs on the developments**

8.4 East Sussex already has a well developed primary care service and GPs did express some trepidation at first about plans for the new GP-led centres. There was concern that the centres would attract patients from some GPs who already had declining patient lists. However, the PCTs want to ensure there is 'nil detriment' and deliberately chose sites where there is a transient population and areas where there are higher levels of health needs. The PCTs worked to reassure the GPs that their increasing role in addressing health inequalities would place extra demand on them and the extra capacity provided by the new centres was needed to cope with this. GPs still have concerns about the centres creating an expectation that they will provide longer opening hours in their practices. However, some GPs have expressed interest in bidding to manage the new centres.

8.5 Mr Vesely said that the PCTs do not see the two centres as the end of the programme and there may be further centres if the need emerges, based on usage data. Plans for the development of Arthur Blackman Clinic and Silverhill in Hastings will still go ahead. The GP led health centre at Station Plaza is an additional development.

### **Stakeholder consultation**

8.6 Mr Chapman confirmed that consultation is being carried out in each PCT area and this has included focus groups with stakeholders in Eastbourne and Hastings. Feedback has been positive and there has been a lot of support for the centres. However, some concerns on more detailed issues were highlighted such as costs, the services which would be provided and the use of the walk-in service. Choosing the right Eastbourne site in the Devonshire ward is a key issue and it has to be accessible for commuters.

### **Staffing of health centres**

8.7 Mr Vesely said that the principle of primary care centre development is to help GPs support each other and obtain economies of scale without losing individual practices' identities. These developments fit in with this principle. East Sussex has not had a problem filling GP vacancies due to the attractiveness of the developments offered and location.

### **Home visits**

8.8 Mr Vesely confirmed that the centres will offer home visits to patients registered with the centre as the service to registered patients will be in line with that offered at any practice.

### **Timescales of procurement**



8.9 Mr Vesely said that there is some flex in the procurement process and the PCTs had obtained specific agreement for the Station Plaza development to go live in December 2009 which is later than the national deadline of April 2009. The Eastbourne centre is scheduled to be operational by April 2009 and the contracts for both centres are on schedule to be awarded by December 2008.

8.10 Mr Biggs said that local GPs were able to bid for the contracts but that advice and information is being given to all potential bidders on an equal basis to ensure that the procurement process is impartial.

### **Impact on local GPs**

8.11 Mr Vesely said that the PCTs had sought to minimise the impact of the centres on local GPs. However, if a significant number of patients from local practices start using the walk-in and extended service hours of the centres then this may raise issues about the accessibility of the services at the patients' own practice. The PCT would talk to the practice affected and see if the issue can be resolved. There is no intention to charge GPs if their patients attend the new centres.

### **Access to patient records**

8.12 Mr Vesely explained that GPs at the centre will not have access to the records of walk-in patients although this might change if the electronic record systems can be integrated locally or nationally – this is some way off.

8.13 In the interim, centres which treat walk-in patients registered with other GPs will have to advise the patient's own GP of any treatment by the following morning and this will be by fax, which is the system already in use.

### **Extended opening hours at other practices**

8.14 Mr Vesely said that the PCTs are taking account of patients' preferences on opening hours as expressed in surveys, and that usage of the walk-in service at the centres will provide good additional evidence of demand. Some practices already open longer hours than the requirements of the core contract. There is a local enhanced scheme offered to East Sussex practices if they wish to open evenings / weekends. The majority of practices have shown interest but the key will be what hours they are prepared to offer and this is subject to negotiation with the PCT.

8.15 The locations of the new centres have been chosen on the basis of evidence of an expected demand for an extended hours service but there is a need to be careful to distinguish the GP service on offer at the centres from a minor injuries unit type service.

8.16 RESOLVED to:

(1) Note the status of the procurement of GP-led health centres

(2) Advise the PCTs that HOSC will not be directly involved in the procurement process for the GP-led health centres but will continue to be involved as a consultee.

(3) Receive an update in September on bidders' interest.

## 9. YOUNG CARERS UPDATE

9.1 Richard Baldwin, Operations Manager, Integrated Services (West), Children's Services, East Sussex County Council and Mark Braddock, Young Carers Services Manager, Care for the Carers gave an update on services for young carers.

9.2 Key points from Mr Baldwin's summary included:

- The Young Carers Strategy Group has agreed a joint assessment protocol on young carers and is now promoting the protocol amongst stakeholders.
- Young people are assessed for their needs as a young person, not just as a carer.
- Support Clubs are in place in three locations across the county.
- The Young Carers Strategy Group is keen to bring young carer representation on to the Group and this is being worked on.
- Principally, identification of young carers is via their schools.
- Schools have an increased awareness of the needs of young carers and the Common Assessment Framework (CAF) approach to agreeing services has assisted in sign posting young people to the Support Groups or providing other, more specialised support if appropriate.
- The number of young carers is increasing, partly due to an increase in carers of substance misusers.
- The Young Carers Strategy Group and joint working is advanced in East Sussex compared with other local authorities.

9.3 Key points from Mr Braddock's summary included:

- Services for young carers have evolved and, nationally, there is much more awareness of the need to work with the whole family.
- The Young Carers Clubs are a major development over the last 18 months. They reduce social exclusion, help reduce isolation and provide an opportunity to meet other young carers.
- The clubs also allow Care for the Carers to engage with young carers.
- The clubs are popular e.g. 34 young carers attend the Hastings club every fortnight and it is full. Transport is provided for young carers to attend.
- Care for the Carers would like to build capacity of the clubs but funding is an issue (the clubs are not core funded) and the organisation is looking for small pots of money, Also, the age range is from 8 to 18 and so the clubs would like to reflect the different needs of older and younger age groups by splitting the groups.
- Care for the Carers work closely with schools and one to one support is offered to young carers.

9.4 Mr Baldwin and Mr Braddock answered questions including the following:

### **Roll out of Common Assessment Framework**

9.5 Mr Baldwin confirmed that the Common Assessment Framework (CAF) had been rolled out to all schools but it was fair to say that schools were at different stages of understanding and systems for implementation.

### **Substance misuse issues**

9.6 Mr Baldwin confirmed that young people caring for substance misusers is growing issue and the identification of these carers is through the CAF which helps identify the specific needs of the young carer. Parents with substance misuse problems are generally harder to engage but there are varying degrees of substance misuse. Early identification is the key to making an early assessment of the young carers need. Mr Braddock added that a young carers substance misuse group is being set up to address the issue.

### **School attendance**

9.7 Mr Baldwin explained that there is no data available to demonstrate that young carers school attendance improves following support. However, it is still early days in raising the profile of the young carers work and it is hoped that it will be possible to do this analysis in the future as it would be in the interests of the Strategy Group to prove this.

9.8 RESOLVED to:

(1) Note that good progress has been made since November 2006 by the Young Carers Strategy Group.

(2) Note that there is demonstrably admirable progress in the joint protocols between Adult Services and Children's Services.

(3) Continue monitoring progress on the on-going work through HOSC receiving reports which are regularly produced for Children's Services and Adult Social Care.

### **10. ESTABLISHMENT OF A LOCAL INVOLVEMENT NETWORK (LINK) FOR EAST SUSSEX UPDATE REPORT**

10.1 Paul Rideout, Voluntary and Community Services Co-ordinator, Chief Executive's Department, East Sussex County Council was in attendance.

10.2 Janet Colvert, Chair, LINK Interim Core Group summarised the key points on the establishment of the LINK:

- The Interim Core Group is pleased with progress on the establishment of LINK and this follows on from the strong support by the LINK Steering Group which oversaw the procurement of the host organisation, East Sussex Disability Association (ESDA).
- From 1 April 2008 when ESDA began work as the host progress has been excellent with a high level of communication and support between ESDA, the County Council and LINK.
- ESDA has established the LINK office in Eastbourne and three out of the four LINK support staff are in place. The fourth member has been appointed.
- An Interim Core Group of 8 volunteers has met regularly and is now working with health trusts, Adult Social Care, HOSC and Adult Social Care Scrutiny Committee to build relationships and ways of working together.
- LINK policies are also being developed as is a draft strategy document.
- The volunteers are being very generous with their time and this is much appreciated.
- There will be a proper election of the Core Group in September 2008.

- The mood in LINK is positive although it is recognised that there is still a huge amount of work to do.
- Now that the LINK is up to speed on staffing, it is planned to develop a publicity campaign and improve the awareness of the LINK especially amongst harder to reach groups.

10.3 Mr Rideout outlined key points surrounding managing the host organisation (ESDA) contract.

- The County Council has appointed a project officer to manage the contract.
- Performance indicators have been set and agreed.
- Performance indicators take account of the initial developmental phase.
- First monitoring meeting with ESDA will take place next week.
- By September a full set of performance indicators will be in place.

10.4 Councillor Sylvia Tidy thanked Janet Colvert and Paul Rideout for their hard work and effort surrounding the establishment of East Sussex LINK. Cllr Tidy highlighted the enormous contribution of the Patient and Public Involvement Forums in helping to prepare the ground for the development of the LINK. The Forums were keen to see East Sussex in the forefront of developments and this has born fruit. HOSC would like to thank all the individuals involved.

10.5 RESOLVED to:

- (1) Note the progress in establishing the East Sussex LINK.
- (2) Agree the protocol for handling issues referred to HOSC by the LINK.

11. HOSC WORK PROGRAMME 2008/2009

11.1 RESOLVED to:

- (1) Agree the HOSC work programme 2008/2009

(2) To nominate Councillor Angharad Davies, Councillor Beryl Healy, Councillor Eve Martin and Councillor David Rogers to form a review board to lead the scrutiny review of stroke care.

12. INDIVIDUAL HOSC MEMBERS ACTIVITY

**12.1 Councillor Sylvia Tidy:**

- Meeting of the regional HOSC Chairmen with the SHA (1 April). This covered issues around GP commissioning, GP-led health centres, regional public health strategy and the Our NHS, Our Future Review.
- Visit to Royal Sussex County Hospital, Brighton (8 April) – after the visit there was a presentation focussed on plans for redevelopment of the site. This item will come to HOSC at some point during the year.
- Meeting with Nick Yeo (18 April) – discussed GP commissioning, GP led health centres and the arrangements for appointing Nick's successor – a new PCT Chief Executive is expected in the Autumn, with Director of Finance Vanessa Harris acting up in the meantime.
- West Sussex HOSC (12 May) – attended an item on the review of services in the north east of West Sussex by West Sussex PCT. It is possible that

some people in the north west of East Sussex may be affected by this so the need to engage these residents in consultation and for HOSC to be kept informed was stressed.

- Meeting with John Bacon, new Chair of Sussex Partnership Trust (19 May) – discussed the Trust’s Foundation Trust application progress, older people’s mental health services, psychological therapies and the transition from children’s to adult services.

#### **12.2 Councillor David Rogers**

- Ongoing involvement and attendance at Joint HOSC meetings
- Visit to Royal Sussex County Hospital, Brighton (8 April)
- Launch event of the regional vision for NHS health services by South East Coast Strategic Health Authority which included a presentation by Lord Darzi by video link.

#### **12.3 Councillor Ruth O’Keeffe**

- Has begun research on issues surrounding the Mental Health Capacity Act

#### **12.4 Councillor Barry Taylor and Councillor Beryl Healy**

- Attended PCT stakeholder consultation meeting on plans for the GP-led health centre in Eastbourne. Support for the plan to site the centre in Devonshire Ward.

#### **12.5 Councillor Alex Hough**

- Sussex Partnership NHS Trust meeting to discuss Roborough House development of counselling services
- Involvement with Eastbourne local patient forum – key topic for discussion is the planned GP-led health centre in Eastbourne.

#### **12.6 Councillor Diane Phillips**

- Ongoing involvement and attendance at Joint HOSC meetings
- Visit to Royal Sussex County Hospital, Brighton (8 April)
- Meeting on the review of services in the north east of West Sussex in East Grinstead.

*The meeting ended at 1.00pm*