

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 27th November 2008

PRESENT: Councillor Tidy (Chairman); Councillor Rogers OBE (Vice Chairman), Councillors Taylor, Wilson (ESCC); Councillor Martin (Hastings Borough Council); Councillor Phillips (Wealden District Council); Mr Ralph Chapman, Chairman, Age Concern East Sussex, Ms Janet Colvert, Chair, Local Involvement Network Interim Core Group

WITNESSES:

HPV Vaccination programme

Joanne Bernhaut, Consultant in Public Health, East Sussex PCTs
Alison Smith, Children's Services Commissioning and Strategic Development Manager, East Sussex PCTs

NHS Dentistry

Jane Hewitt, Dental and Optometry Services Development Manager, East Sussex PCTs

Long Term Conditions

Fiona Streeter, Service Design and Transformation Manager, East Sussex PCTs
Sarah Crouch, Putting People First Service Development Manager, Adult Social Care, East Sussex County Council
Jessie McArthur, Head of Policy & Service Development, Adult Social Care, East Sussex County Council

East Sussex Fit for the Future / Maternity Strategy

Vanessa Harris, Director of Finance, East Sussex PCTs
Ali Parsons, Strategy and Projects Manager, East Sussex PCTs

LEAD OFFICER: Claire Lee, Scrutiny Lead Officer

LEGAL ADVISER: Angela Reid, Head of Legal Services

1. APOLOGIES

Apologies were received from Councillor Angharad Davies, Councillor Beryl Healy, Councillor Philip Howson, Councillor Alex Hough, Councillor Ruth O'Keeffe, Ms Debby Matthews, Director, Southdowns CVS.

2. MINUTES

2.1 RESOLVED – to approve the minutes of the meeting held on 16th September 2008 as a correct record.

3. INTERESTS

3.1 None Declared

4. REPORTS

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

5. HPV (HUMAN PAPILLOMAVIRUS) VACCINATION PROGRAMME FOR CERVICAL CANCER

5.1 Alison Smith, Children's Services Commissioning and Strategic Development Manager and Joanne Bernhaut, Consultant in Public Health, East Sussex PCTs outlined the HPV vaccination programme and made the following points:

- In October 2007, the Department of Health announced the introduction of a national HPV vaccination programme for all young girls in the UK designed to reduce the incidence of cervical cancer. The scheme has been running for some time in Canada and Australia and is a proven programme in reducing incidence of cervical cancer.
- This year all 12-13 year old girls will be offered the vaccination in a schools based programme run by a team of nurses. The programme commenced in November. This age range was chosen because the vaccine is best administered before women are sexually active. Each girl will receive a complete course of three doses, one month and six months apart.
- During 2008/09 17-18 year old women are being offered HPV vaccine via GPs. This will apply to women born between 1 September 1990 and 31 August 1991.
- By 2011 all young women under 18 will have been offered the vaccine.
- Alongside the programme, there is a clear message that cervical screening will continue. East Sussex has quite good cervical screening uptake rates but it is crucial to ensure that women are aware that HPV does not protect against all causes of cervical cancer and that they must attend cervical screening.
- Currently uptake of cervical screening is 80.4% in East Sussex Downs and Weald PCT and 76.8% in Hastings and Rother PCT but there are wide variations between areas and GP practices. Improving uptake is a high priority for the PCTs and cervical screening is one of their World Class Commissioning outcomes. The PCTs are committed to a year on year improvement over the next five years.
- The PCTs are scrutinising data from individual GP practices to identify where there are low rates of take up. The practices tend to be in deprived areas and the PCTs are looking to use good practice from other areas to improve take-up.
- A new post – Cervical Screening Improvement Nurse – is now in place to look at the evidence base and target women who do not go to a GP for screening.

Non compulsory programme

5.2 Alison Smith confirmed that the vaccination is not compulsory but all 12/13 year old girls will be invited to take part.

Hard to reach groups and different ethnic groups

5.3 Joanne Bernhaut said that the programme is offered to all 12/13 year olds through the schools and therefore all groups should be reached. As regards, 17/18 year olds, the PCTs did consider whether the scheme could be offered through colleges. They concluded that this would not reach all individuals and decided the best route would be through GPs. As it is a designated 'local enhanced service', the PCTs will be able to get clear data on uptake and address any incidences of low uptake (although the first tranche of data is not available yet). There are funds in reserve to tackle any areas of low uptake.

Parental concerns

5.4 Alison Smith said that parents had expressed few concerns about the vaccination programme and that many parents are actively seeking out the vaccine. The message is all about prevention of cancer and this has helped 'sell' the vaccination programme. Any concerns have mainly related to girls' sexual activity and so there is a need to ensure the programme is put in the wider context of sexual health promotion. There have been some general concerns about whether the actual vaccine has any side effects and information is provided on this to allay these concerns.

Cost of vaccination programme

5.5 Alison Smith highlighted that this is the most expensive vaccination programme undertaken in England. It is important for girls to complete the three stage vaccination programme and there is a need to protect the vaccine itself so that there is no waste. Cost is £80 per vaccine. Ms Smith was unable to confirm private charges for vaccination as these will vary, but said up to £300 had been quoted.

Missing a vaccination through school absence

5.6 Alison Smith said that the team of nurses will hold catch-up clinics and follow up on any girls missing a vaccination. This catch-up clinic might not be at the girl's school and the PCTs will look to ensure that any transport issues (e.g. in rural areas) can be resolved.

5.7 Joanne Bernhaut said that there is flexibility in the timing of the vaccination series and that if a girl misses a shot, as long as the vaccination is administered soon after, the vaccine is still effective.

Cervarix versus Gardasil and costs

5.8 Joanne Bernhaut explained that the Department of Health (DoH) had chosen Cervarix which protects against HPV types 16 and 18 rather than Gardasil which also protects against genital warts. The PCTs have to use Cervarix. Ms Bernhaut said that the DoH had taken evidence from a range of sources and this included looking at evidence from other countries and NICE. The DoH had stated that its decision was not based on cost factors.

5.9 Ms Bernhaut explained that genital warts is not a life threatening condition but can be difficult and expensive to treat. The PCTs are keen to promote sexual health

including use of condoms in order to decrease incidences of all sexually transmitted diseases. This work will continue alongside the HPV programme.

Independent schools

5.10 Alison Smith said that all independent and non-maintained schools in East Sussex had been included within the programme and there had been good co-operation. Only one independent school had declined to take part and parents of girls at the school would be invited to take part in the programme. If take-up is good, the PCTs will hold vaccination clinics at an independent venue for those girls. Parents of girls from other parts of the country or overseas at schools in East Sussex will also receive the letter about the programme. In the cases of East Sussex girls at out of county schools, the PCTs would expect these girls to be offered the vaccination at their school. However, the PCTs would be happy to offer them their vaccination in East Sussex if required.

5.11 RESOLVED to:

(1) Review the first year's implementation of the HPV programme by receiving a report in November 2009.

6. NHS DENTISTRY IN EAST SUSSEX

6.1 Jane Hewitt, Dental Services Development Manager, East Sussex PCTs presented a status report on NHS dentistry in East Sussex and made the following points.

- Waiting times for Special Care Dental Services have reduced. This is primarily as a result of work by Phil Hamlin, Acting Clinical Director and reviewing the criteria for accepting and discharging patients.
- The number of dentists accepting NHS patients has increased since a year ago.
- The Department of Health measures access by rolling 24 months figures for unique patients coming to NHS dentists.
- The PCTs have targets to increase the number of patients. At the moment DoH figures show a decrease but it is retrospective and the PCTs expect it to increase in the future when recent commissioning activity is reflected. There has been a 6% increase in activity in Hastings and Rother and 7% in East Sussex Downs and Weald.
- Targets by 2011 for Hastings and Rother PCT is to meet the needs of 67% of the population (up from 61%) and for East Sussex Downs and Weald PCT to meet the needs of 60% of the population (up from 57%)
- Another measure of access is patient satisfaction and this is high. 85% of patients indicated the dental appointment was as soon as necessary.
- Figures on wheelchair access have been obtained via phonecalls to practices and so the level of access will vary. The PCTs continue to improve the number of existing practices with DDA compliance by offering capital grants and ensure that new practices meet DDA requirements through the tendering process.
- There are now more opportunities for early evening and Saturday morning appointments and this trend is expected to continue.

- The PCTs have found people are unaware of how to access an NHS dentist. As a result, the PCTs are distributing brochures and displaying posters to advertise the dental helpline. Also, the NHS Choices website provides information. The PCTs have also distributed guides to local services and this includes dental information.
- The PCTs have raised the level of systems for clinical governance under the new contract. Support is available for practices via training, tools and financial incentives.
- An Oral Health Needs Assessment has been completed and this provides a baseline assessment of the current position at ward level. It highlights where there needs to be improved provision of NHS dental services.
- The tendering process takes about 6 months from advertisement to establishing the practice operation. Three new practices are due to come on stream in the next few weeks.
- There are government targets on Units of Dental Activity and percentage of the population accessing a NHS dentist.
- The PCTs are looking to put one new NHS practice in each of the four quadrants of Hastings and Rother. They are also looking for new additional practices in the Eastbourne, Chailey / Newick area, Forest Row and Wadhurst areas. There are already new practices in Hailsham and Crowborough as a result of the tendering process.
- The PCTs have improved clinical data to monitor the type of care being given.
- In summary, progress has been made in provision of NHS dentistry and there are plans for further improvements that will be supported by budget increases. Planned improvements include developing speciality services and reviewing emergency dental services.

Cost of establishing local specialist services

6.2 Jane Hewitt explained that it is case of moving money around rather than spending more. A business case has to be made for a consultant-led service linked to community specialists. Patients would access this service rather than travelling to London.

Needs of the whole population

6.3 Asked why the target only aimed to provide NHS dentistry to 60% to 67% of the population, Ms Hewitt explained a proportion of the population preferred to go private and some people do not want to go to a dentist e.g. because of fear. In 1993 when there were a larger number of NHS dentists than today 61% of the total population had seen a dentist in the last 24 months. This equated to 64% in East Sussex Downs and Weald PCT & Hastings & Rother PCT and over 70% in some other areas outside this SHA area. and this was the highest recorded level. The PCTs plan to promote the benefits of oral health, improve awareness and promote access.

Disabled access

6.4 Ms Hewitt said that there are records of all complaints to services including dentists. She is not aware of any complaints concerning access to dental surgeries for disabled patients.

Impact of tendering process on existing NHS dentists

6.5 Ms Hewitt said that the new dentists are not competing with existing practices but the tenders are on the basis of providing additional services to meet increased demand. However, patients might well move dentists if they preferred another practice. Existing practices could bid for additional Units of Dental Activity and perhaps take on an additional dentist to undertake the work.

Use of community buildings particularly in rural areas

6.6 Ms Hewitt said that the PCTs are interested in looking at opportunities for co-location of dentistry with existing services as this has potential benefits. All feasible options for premises will be considered. For example opportunities to provide dentistry within planned new Primary Care Centres are being looked at.

6.7 RESOLVED to:

(1) Request comparative data for NHS dentistry access amongst other PCTs nationally.

(2) Request specific notification when consultation on plans for special care dental services in Seaford and Peacehaven is due to begin.

(3) Receive an update on general NHS dentistry in November 2009.

7. SERVICES FOR PEOPLE WITH LONG TERM CONDITIONS

7.1 Fiona Streeter, Service Design and Transformation Manager, East Sussex PCTs; Sarah Crouch, Putting People First Service Development Manager, Adult Social Care, East Sussex County Council and Jessie McArthur, Head of Policy and Service Development, Adult Social Care, East Sussex County Council were in attendance.

7.2 Fiona Streeter and Sarah Crouch gave a joint presentation on long term conditions. A copy of the slides is included in the minute book.

7.3 The planned East Sussex Long Term Conditions Strategy will bring together the strategies for Physical Disability, Sensory Impairment and Long Term Conditions. Terms of reference are being finalised and the strategy will be jointly developed. The aim is for full stakeholder engagement with a strong user focus. The work will complement existing Joint Commissioning Strategies e.g. Older People's, Carer's, Learning Disability and Stroke. The likely completion date is end of September 2009.

7.4 As regards long term conditions, the previous PCTs had chronic disease strategies and the principle will be to review and integrate these strategies and refresh where required.

Rate of progress

7.5 HOSC recognised that good progress had been made in establishing joint working between the PCTs and Adult Social Care. However, in March 2007, the committee had been briefed on the setting up of the Long Term Conditions Strategic Steering Group and wanted to know what progress had been made in the last 18 months. Jessie McArthur explained that there had been a delay in formalising how best to approach what is a complex strategy and that capacity issues had played a part in this, as had the broadened scope. Staff and resources are now in place to develop the strategy and there are many examples of work being carried out on the ground and projects which have been developing in the interim.

7.6 The Joint Older People's Commissioning Strategy has come on line in the last 18 months (plus a further five joint commissioning strategies) which has entailed a considerable amount of work. The development of the Older People's Strategy has been helpful in establishing governance arrangements which provide leadership and co-ordination for joint work.

Comparison between the 2005 and 2008 surveys

7.7 Sarah Crouch said that the methodology used in the surveys was as consistent as possible and the same questions were used. Census data was used for both, but different individuals responded to each survey. Ms Crouch said that more exploration was needed to find out why staff in the survey believed that services had worsened in the last 2 years, whilst older people felt they had improved.

Impact on hospital admissions

7.8 Fiona Streeter said that the aim is to provide care in the community wherever possible or appropriate and this will be a key performance indicator for the strategy. However, how this impacts on the number of hospital admissions is only part of a complex picture and there is a need to measure the usage of a range of services as well as outcomes for people.

Services for people under 65

7.9 Fiona Streeter explained that one of drivers for bringing the Long Term Conditions strategy together with the strategy for Physical Disability/Sensory Impairment was to ensure that improvements will apply to all ages.

Demographic pressures

7.10 HOSC expressed concern that demographic pressures in East Sussex would mean more services would be needed across the county and the committee asked whether the pilot schemes in place would be expanded. Ms Streeter said that the Telehealth pilot currently run jointly by East Sussex Downs and Weald PCT, Adult Social Care and Eastbourne and Wealden Life Line is in the evaluation phase. The evaluation is due to be completed in March 2009 and it will be considered then whether to expand the scheme. Ms McArthur added that Telecare schemes had also been rolled out to over 1200 people, offering a broader range of not so specialised services. Telecare is continuing beyond the end of the period covered by government grant.

7.11 Ms Streeter highlighted the case management pilot project which is proving very useful and the evaluation report is almost complete. Teams of community matrons and Adult Social Care case managers are working together to see if they can work more effectively. This project is going well and resulting in better co-ordination and joint working e.g. development of joint care plans (some of the first in the country). This pilot project is being continued while evaluation is underway to ensure there is continuity.

Involvement of voluntary organisations

7.12 Jessie McArthur said that voluntary organisations play a crucial role and there were a number of levels of engagement with them. Voluntary organisations had representatives on the Older People's Partnership Board (OPPB) which is responsible for the implementation and monitoring of the Older People's Joint Commissioning Strategy. Then there are six sub-groups, some with voluntary organisation representatives which report to the OPPB and there are various liaison meetings with Adult Social Care and Health. The voluntary sector is involved in the development of services. Ms Streeter added that the PCTs involve relevant voluntary organisations in specific work.

Equipment

7.13 HOSC asked if the difference between the perception of staff and public over the supply of equipment was to do with staff views on the supply of equipment to patients or that the staff did not have equipment required for their job. Ms Crouch said that further investigation had suggested that there may be issues with both. Ms Streeter added that it is key to engage with staff to pick up on these sorts of issues and there would need to be a programme of staff involvement alongside the planned patient and public involvement.

Practice based commissioning

7.14 Fiona Streeter said that her team works closely with practice based commissioning colleagues to develop care pathways and engage with GPs to see which pathways or parts of pathways are appropriate for commissioning at practice level.

7.15 RESOLVED to

(1) Submit the HOSC stroke review report (due March 2009) to the PCTs and Adult Social Care to inform the long term conditions strategy.

(2) Request that HOSC is invited to participate in the consultation work which will be done as part of developing the strategy.

(3) Request an update on the strategy development in September 2009.

8. FIT FOR THE FUTURE / MATERNITY STRATEGY

8.1 Vanessa Harris, Director of Finance and Ali Parsons, Strategy and Projects Manager, East Sussex PCTs, were in attendance.

8.2 Ms Harris outlined progress in ante and post natal care and outreach services including the following points:

- Geographical working for midwives is being introduced with the aim of improving access for women. The new arrangements have been agreed with GPs. Women will have their first appointment with a midwife within 12 weeks of pregnancy. Significant changes include community bases for midwives and geographical case-organisation. GP surgeries will now allow non-registered patients to see a midwife at their practice if this is more convenient. Alternative clinic venues are being established e.g. ASDA in Eastbourne and Children's Centres.
- A pilot Family Nurse Partnership scheme is being established in Hastings. This is an evidence-based home visiting programme aiming to improve the health, wellbeing and self-sufficiency of low-income first time parents. Clients remain in the programme until the child is 2 years old. The partnership will work with 100 young mothers.
- Around 400 women in East Sussex may require access to perinatal mental health services for treatment of conditions such as depression, stress, anxiety during their pregnancy and postnatally. External funding from the Care Services Improvement Partnership has been obtained to implement a Perinatal Mental Health Network for Sussex – supported by a specialist midwife. The aim is to guide patients to the right service for the level of care needed and improve outcomes.

8.3 The Independent Reconfiguration Panel's (IRP) main recommendation was to maintain the two consultant led obstetric units at Eastbourne DGH and the Conquest Hospital. Two groups are being set up to oversee the development of a model to achieve this: the Maternity Services Clinicians Forum and the Maternity Services Development Panel. However, there have been problems in appointing appropriate independent chairs for these groups, despite good assistance from the Royal College of Obstetricians and Gynaecologists.

8.4 To avoid further delay, the first meetings will be in the first working week of January 2009, , Mike Wood, the new PCT Chief Executive will lead the Fit for the Future work himself following Ms Harris's departure from the PCTs. A project team is being put in place to support the two groups.

Family Nurse Partnership

8.5 Ms Harris agreed that issues for young mothers in areas of deprivation were wider than simply health matters. She explained that the Family Nurse Partnership was designed to be a holistic multi-agency programme and needs to be long term. The PCT will have to consider what services are offered in support after the first two years of the child's life.

8.6 Ms Harris said that it is not expected that there will be a problem recruiting the 80 young mothers aged 19 and under at 16 weeks of pregnancy. Additionally, a further 20 mothers from the 20-22 year age group will also be recruited. Ms Harris agreed to supply the latest figures on recruitment and what proportion of eligible births this represents.

8.7 When asked why the partnership was only aimed at young mothers rather than older mothers, Ms Harris agreed that both cohorts needed help. However, the partnership is specifically targeted at first time young mothers as this is a particularly vulnerable group who are often inexperienced and may have little family support. Ms Harris agreed that other first time mothers needed support and this is being looked at in the wider context of the maternity services strategy. Ms Harris said that the Family Nurse Partnership started in October 2008 and that an update against expected outcomes could be provided in March 2009.

Midwifery changes

8.8 Ms Harris explained that the aim of the changes is to improve access to services. Mothers will be able to see midwives at 'drop-in' sessions where no appointment is needed at convenient locations e.g. ASDA. .

Crowborough Birthing Unit and antenatal care funding

8.9 HOSC asked whether the Unit was now receiving financial recognition for the antenatal work it carried out. Ms Harris said she would come back to HOSC on this issue.

Outcomes

8.10 HOSC commented that progress on ante and post natal care and outreach services issues had been disappointing given that these non-controversial recommendations had been accepted by the PCTs almost a year ago. Ms Harris countered that some changes had already been made and confirmed that she would come back with the expected timescale and outcomes of the various projects. She said that the groups need to define timelines and whether certain areas are prioritised.

8.11 RESOLVED to:

(1) Request clarification on the funding arrangements for antenatal care in the cases where a mother initially goes to her GP and then attends the Crowborough Birthing Unit.

(2) Request figures on the number of young mothers recruited to participate in the Hastings pilot Family Nurse Partnership and the proportion of eligible births this represents. Also to receive a progress report on the project in March 2009.

(3) Request the planned timescales and expected outcomes of the various projects underway to develop ante and post natal care and outreach services.

(4) Request a further update on progress with maternity strategy, including IRP recommendations, in March 2009.

9. FIT FOR THE FUTURE IN WEST SUSSEX

9.1 Councillor Rogers introduced the report and summarised the key points. It was noted that the West Sussex Fit for the Future process was in abeyance pending the outcome of the proposals for a merger between Worthing and Southlands NHS Trust

and Royal West Sussex NHS Trust. This abeyance includes services from the Princess Royal Hospital in Haywards Heath which have particular relevance to East Sussex residents in the west area of the county. HOSC will be kept informed of developments.

9.2 RESOLVED to:

(1) Note the update on Fit for the Future in West Sussex and the status of the Joint HOSC's referral to the Secretary of State for Health.

(2) Thank West Sussex Health Scrutiny Team for their support to the Joint HOSC members.

10. HEALTHCARE COMMISSION ANNUAL HEALTH CHECK RESULTS 2007/08

10.1 RESOLVED to:

(1) Note the report and investigate the reasons for East Sussex Downs and Weald PCT's deterioration from 'Fair' to 'Weak' for quality of services, and both PCTs' plans for improvement at a seminar at 3pm on Wednesday 10th December 2008 in the Committee Room, County Hall, Lewes.

11. LOCAL INVOLVEMENT NETWORK (LINK) UPDATE

11.1 Janet Colvert, Chair, LINK Interim Core Group summarised the development of East Sussex LINK and included the following points:

- Development of the East Sussex LINK has been a 'bottom-up' process within DoH guidance. This freedom has been appreciated but challenging.
- East Sussex LINK launched on 1 April 2008. ESDA is the host organisation and the LINK support team is in place.
- Interim Core Group has been working on governance and developing relationships with health and social care.
- East Sussex LINK is also working across borders with other LINKs.
- Views are being sought on what work people would like to see the LINK undertake and meetings have been held at various venues across the county e.g. village and town halls and farmers markets.
- LINK has concentrated on establishing itself so that it was in a position to undertake more hands-on work.
- Training has been undertaken to prepare LINK members for visits.
- Election has been held and the Core Group has now been elected. This election was important as it validated the Core Group. The group comprises ten individuals and these will be joined by 6 voluntary and community sector representatives who are being nominated by Speak Up.
- The Core Group has had an induction day and will have their inaugural meeting in early December, giving a mandate to start LINK business proper.
- LINK will concentrate on looking for good practice and identifying areas for improvement.

11.2 RESOLVED TO:

(1) Note the development of LINK.

(2) Congratulate all the individuals involved in developing the East Sussex LINK and the support staff and welcome the opportunities presented by the LINK's broad remit across health and social care.

12. MENTAL CAPACITY ACT TASK GROUP

12.1 RESOLVED to:

(1) Establish a HOSC Task Group comprising Cllr Ruth O'Keeffe and Cllr Sylvia Tidy to consider support for patients and carers in relation to aspects of the Mental Capacity Act to report back to HOSC in March 2009.

13. INDIVIDUAL HOSC MEMBERS ACTIVITY

Councillor David Rogers

- Review Board Member of the on-going HOSC Review of Stroke Services.

Councillor Eve Martin

- Review Board Member of the on-going HOSC Review of Stroke Services
- Attended a LINK meeting in Pett.
- Attended a Healthier Hastings Partnership Board meeting.

Councillor Diane Phillips

- Attended a LINK meeting in Crowborough.

Councillor Sylvia Tidy

- Met Mike Wood, new PCT Chief Executive (30 October). Discussion covered HOSC's work programme and PCT input, the need to further look at the PCTs Annual Health Check ratings.
- Met with South East Coast Strategic Health Authority (23 October). Issues raised included Annual Health Check ratings, Fit for the Future issues and taking forward the Darzi Review.
- Met with HOSC Chairmen in the South East (3 November) – Discussion included the scrutiny of changes to very specialised services and the group is looking to develop some shared principles on this. There was also concern about some Foundation Trusts ceasing to hold their Board meetings in public and the HOSC Chairmen in the South East have sent a letter to the Secretary of State to express worries over lack of transparency.
- Attended the Department of Health Review of Health Scrutiny event (21 November). Discussion included debate on the role of HOSCs and whether there should be a limit on the time taken to decide whether to refer an issue or not. Consensus view was that HOSC work is valuable and offers an independent view on proposals for health changes and act as a conduit for the general public

to make their views known. HOSCs would not like to see any dilution of their power or restriction on review timing.

Meeting ended at 12.45pm