

**East Sussex
Health Overview and
Scrutiny Committee**

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 19th March 2009

PRESENT: Councillor Tidy (Chairman); Councillors Healy, Howson, O’Keeffe, Taylor, Wilson (ESCC); Councillor Hough (Eastbourne Borough Council); Councillor Lambert (Lewes District Council); Councillor Davies (Rother District Council); Councillor Martin (Hastings Borough Council); Councillor Phillips (Wealden District Council); Ms Janet Colvert, Chair, Local Involvement Network Core Group

WITNESSES:

Maternity Services

NHS East Sussex Downs and Weald and NHS Hastings and Rother:
Mike Wood, Chief Executive
Dr Diana Grice, Director of Public Health
Jenny Phaure, Project Programme Manager
Ali Parsons, Strategy and Projects Manager

Day and vocational mental health services for adults

Kate Dawson, Head of Strategic Commissioning (Mental Health Social Care and Supporting People), Adult Social Care, East Sussex County Council
Caspar Murphy, Director of Operations, Sussex Oakleaf
Anne Arnold, Service User Representative
Lesley Knight, Service User Representative

Equitable access to primary care

John Vesely, Head of Primary Care, NHS East Sussex Downs and Weald and NHS Hastings and Rother
Dr Anna Barnes, Primary Care Business Change Manager, Station Plaza Project Team, NHS East Sussex Downs and Weald and NHS Hastings and Rother
Simon Lawrence, Director of Development, South East Health

Choice and Booking

John Vesely, Head of Primary Care, NHS East Sussex Downs and Weald and NHS Hastings and Rother

LEAD OFFICER: Claire Lee, Scrutiny Lead Officer

LEGAL ADVISER: Philip Baker, Senior Solicitor, Legal Services (substituting for Angela Reid, Head of Legal Services)

1. APOLOGIES

1.1 Apologies were received from Councillor David Rogers, Ralph Chapman, Chairman, Age Concern East Sussex, Angela Reid, Head of Legal Services.

1.2 It was noted that Ralph Taylor has left his post as Community Networker for Lewes and Wealden, South Downs CVS. As a result, he will no longer be one of the two voluntary services' HOSC representatives. HOSC is waiting for the Speak Up Forum to nominate a new representative.

1.3 HOSC noted that Councillor John Wilson is not standing in the County Council elections on 4th June 2009 and will therefore stand down from the Committee. The Chairman thanked Councillor Wilson for his contribution to the Committee's work over the four years of his membership.

2. MINUTES

2.1 RESOLVED – to approve the minutes of the meeting held on 27th November 2008 as a correct record.

3. INTERESTS

3.1 Councillor Beryl Healy declared an interest as a Trustee of Age Concern Eastbourne and Councillor Philip Howson declared an interest as a Trustee of Age Concern Peacehaven.

3.2 As regards item 7 – equitable access to primary care - Councillor Barry Taylor declared an interest as he is a member of Eastbourne Borough Council Planning Committee.

4. REPORTS

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

5. DEVELOPING MATERNITY SERVICES FOR EAST SUSSEX

5.1 Mike Wood, Chief Executive, NHS East Sussex Downs and Weald (ESDW) and NHS Hastings and Rother (H&R) summarised progress on the development of a maternity services strategy for East Sussex and made the following points:

Strategy

- The strategy includes implementation of all the Independent Reconfiguration Panel (IRP) recommendations.
- The strategy sets out the vision for maternity services including plans for ante and post natal care as well as maintaining obstetric services on two sites.
- Engagement with all parties, particularly through the Maternity Services Development Panel, continues to be a key part of the process. NHS ESDW and NHS H&R are ensuring that this process is visible and accountable, for example minutes from meetings are available on the PCT website.
- The new governance arrangements are strong and accountable. The Development Panel is chaired by Richard Hallett, Chair of the Maternity Services

Liaison Committee and he will present the strategy, which has been endorsed by the Panel, to the Boards of NHS ESDW and H&R at the end of March.

Network model

- The maintenance of obstetric services on two sites is based on a formal network model between Eastbourne DGH, the Conquest and other providers, particularly Brighton and Sussex University Hospitals NHS Trust. The model will be designed to incorporate training for doctors and to attract and retain quality staff.
- National guidance on maternity services is being followed and it is recognised that there will be challenges from the requirements to meet the European Working Time Directive and training needs.
- Choice for women will also need to be considered and the option of providing a more 'homely' midwife-led environment within the hospitals will be explored.
- The strategy sets out the principles of the network model and the detail will be fleshed out by the Clinical Reference Panel (chaired independently by Professor Robert Shaw) and several clinical sub-groups which are being established. This structure is providing good clinical engagement.
- The maternity network model could become a framework for other services. The development of a network model is also being watched by health bodies in other parts of the country which are facing similar issues.

Funding

5.2 NHS ESDW and NHS H&R currently spend £17.5m on maternity services and expect to invest an additional £1 – £2m per year over the next few years – details to be negotiated with East Sussex Hospitals Trust. The total amount of additional investment will exceed the government sum allocated to the local NHS to implement 'Maternity Matters' national commitments. However, it will be important to bear in mind how this investment impacts on spending in other areas and to ensure it represents value for money.

Workforce

- East Sussex Hospitals Trust currently has 130 midwives. It is estimated that a total of 140/141 is needed to reach the Birth Rate Plus standard. Numbers are expected to rise to 139 this year and to Birth Rate Plus levels by next year.
- Currently there are 5 consultants on each site and it is thought that 2 more need to be recruited (1 at each site). This boost to the workforce, combined with the benefits of networking, should be able to deliver a safe and sustainable service for the future.
- It is important that there are positive messages about maternity services in East Sussex to help attract staff. Mr Wood believes a more positive picture is now emerging.

Midwife training

5.3 Mr Wood agreed to provide HOSC with data on the availability of neonatal resuscitation training for midwives and how this is being addressed.

Serious untoward incidents

5.4 Dr Diana Grice confirmed that NHS ESDW and NHS H&R monitor the number of serious untoward incidents. These are analysed by East Sussex Hospitals NHS Trust to identify any lessons learned and findings are shared.

Recruitment of midwives

5.5 Jenny Phaure explained that the reason why the Birth Rate Plus level of midwife staffing would not be reached until next year is mainly to do with recruitment. Recruitment of midwives nationally is an issue. An advert for three new midwives is being placed but there are other recruitment and retention issues, for example waiting for student midwives to complete training. NHS ESDW and NHS H&R are working with East Sussex Hospitals on the funding of additional midwives and this is not the primary issue.

Consultants and networking

5.6 Mr Wood confirmed that there would be six consultants on each site but that they will work flexibly between Eastbourne DGH and the Conquest. Flexible working arrangements are being built into the contracts for new staff while existing staff (not just maternity staff) are being encouraged to be more flexible about working at the different sites. The relationship with Brighton and Sussex University Hospitals would be different, relating more to training arrangements than day to day staffing of East Sussex sites.

5.7 Mr Wood believes that it will be possible to achieve 40 hours consultant presence on labour ward with six consultants on each site. However, the maternity dashboard shows that there is some way to go still on providing consultant presence on labour wards.

Midwife training

5.8 Asked if hospital based midwives would rotate with community midwives, Dr Grice said that clinical models were currently being developed and should be clear by September 2009. There will be training and recruitment issues arising from this in order to achieve the right skill mix. The 'domino' model, popular with midwives, is being considered.

Family Nurse Partnership

5.9 Ms Phaure said that the Family Nurse Partnership pilot project will be evaluated and this will determine if it is beneficial to be rolled out to other parts of the county. The number of mothers recruited in the pilot is a bit lower than expected but Mr Wood added that feedback from the pilot has been positive. He said the service is targeted at younger parents in deprived areas and so would not be universal, but would be targeted at parts of the county which have this type of need.

Consultation

5.10 Mr Wood assured HOSC that efforts are being made to communicate with all communities in East Sussex but he cautioned that there is a degree of 'consultation fatigue'. He indicated that he had received feedback that people would prefer to see the implementation of the strategy.

5.11 HOSC supported this view and suggested that the PCTs continue to concentrate on implementing the recommendations and demonstrating to people that effective maternity services are in place. The committee favours the use of existing communication channels as proposed and would not support further public meetings.

Health inequalities

5.12 Mr Wood said that health inequalities would primarily be addressed through community services e.g. outreach. The strengthened quality of hospital service through the network model will help, but community services are the starting point.

Delivery of maternity strategy

5.13 Mr Wood said that the structures for delivery of the maternity strategy are in place. The work is governed by a project plan with timescales and reporting to the Maternity Services Development Panel (MSDP). The project team is accountable to the MSDP. Work is underway to bring the Maternity Matters action plan and maternity strategy together into one overarching maternity strategy action plan.

European working time directive

5.14 Dr Grice said that meeting the European working time directive (EWTD) conditions has been a challenge for some time and it was one of the factors prompting service changes. A workforce group is in place to look in detail at staffing requirements to fulfil the EWTD conditions and it is expected that this will require growth in the number of doctors. Mr Wood added that the objective behind the EWTD was to reduce the long hours worked by staff and consequent tiredness.

Improving post natal care

5.15 Ms Phaure said the maternity strategy includes developing post natal care in community settings (e.g. supermarkets, community centres), aiming to engage with hard to reach groups. Local hospitals also have a 'baby friendly' initiative which includes encouraging breast-feeding before the mother and baby return home. Clinical working groups are looking at the best way to improve breast-feeding rates. There are good examples already available in the county, such as at Crowborough Birthing Unit.

Dashboard data

5.16 Dr Grice said that dashboard data is currently recorded by East Sussex Hospitals NHS Trust units and this means that data on East Sussex mothers admitted to hospitals outside the county borders is not included. She agreed there was a need to work towards incorporating data from other hospitals.

5.17 Dr Grice said that obesity is included in the dashboard as it is a risk factor for complications during pregnancy and birth. Currently only annual figures are available but the hospitals are looking at providing more frequent data.

Unplanned closures

5.18 Mr Wood said that unplanned closures remain an issue and that there is a need to agree the right measure for the dashboard so as to be more informative, e.g. the

number of women affected by closure. The aim is to have fewer closures and reduce the number of mothers who have to divert.

5.19 RESOLVED to

- (1) Request a definition of 'severe mental illness'.
- (2) Request data on neonatal resuscitation training.
- (3) Support the direction of travel outlined in the Maternity Strategy.
- (4) Support the network approach to maintaining and developing obstetric services in both Eastbourne and Hastings.
- (5) Request a further monitoring report for the HOSC meeting on Monday 6th July 2009.

6. DAY AND VOCATIONAL MENTAL HEALTH SERVICES FOR ADULTS

6.1 Kate Dawson, Head of Strategic Commissioning (Mental Health Social Care and Supporting People) from Adult Social Care, East Sussex County Council presented an overview of mental health day and vocational services. A copy of the slides is included in the minute book. The services are part of the wider jointly commissioned mental health strategy.

6.2 Lesley Knight and Anne Arnold outlined their involvement in the review process as two of the four service user representatives on the project steering group. The service user representatives were involved in all the decision making, had equal voting rights and sat on the interview panel that selected the new providers. Both service user representatives believed the experience had been extremely positive and stimulating. They supported the new emphasis on 'recovery plans' rather than 'care plans'. Recovery plans empower service users and encourage them to try and experience more activities in the community rather than being confined to activities in the day centres. However, the resource hub of the new service model provides a safe environment and base if needed. The phrase summing up the new approach is 'feel the fear and do it anyway' and the new day service vision supports this.

Service user involvement

6.3 Kate Dawson said that the project steering group included four service users who were involved from the beginning of the process. They were also members of the interview panel for the new providers. The service user representatives were self-selected. In addition, there was a reference group with a wider membership which was used to test out aspects prior to the interview process. Any service user could feed into the reference group.

6.4 Ms Dawson explained that there was a prolonged process of consultation surrounding the review and the plans created some anxiety amongst service users. The aim had been to balance the need to move reasonably quickly through the process in order to resolve uncertainty against the need to ensure everybody had sufficient time to consider the proposals and comment.

6.5 Ms Knight and Ms Arnold outlined some of the challenges in representing service users in the process and how the new service model is challenging for some people.

Proposed staffing of new services

6.6 Ms Dawson explained that the contracts ensure providers can manage services safely and appropriately. Suitably experienced staff will be recruited who will be able to handle situations arising, but it is not intended to be a medicalised service.

Aim of new model

6.7 The aim of the new service model is to achieve both better care for existing service users and more care for more service users. Commissioners have a responsibility to service users who may have become dependent on the existing model and it is recognised that there will be a long period of transition.

New service model

6.8 Caspar Murphy, Director of Operations, Sussex Oakleaf added that his organisation wants individuals to feel they are progressing with their lives. The new service model represents a large cultural shift away from 'one size fits all'. This is challenging for individuals as well as organisations but many people are embracing the new approach and they are curious about it. Sussex Oakleaf is continuing to consult with service users throughout the process of change. The organisation recognises that there are many people across East Sussex with mental health issues who do not use mental health services e.g. day centres. These people may well be interested in alternative services. The challenge is to deliver a more individualised model.

Referral routes

6.9 Mr Murphy said that there is an issue around reaching people with mental health needs who are not 'in the system'. Services need to more proactive and reach outside the traditional mental health services and into primary care through 'gateway' workers who are able to signpost people to the right service.

6.10 Ms Dawson added that commissioners are looking at personal budgets in the longer term, where people are supported to self-assess and purchase their own care. This would further broaden the range of options available to people.

Satellite services

6.11 Mr Murphy outlined the 'hub and spoke' model to operate in rural areas, where a service might be taken out to service users in order to be accessible. The 'satellite' idea is where local service users identify activities or venues in their locality where they would feel comfortable and space is available. They are then supported to access these. A Community Links worker role is intended to make local connections and identify venues.

Impact of credit crunch

6.12 Mr Murphy said that Sussex Oakleaf is starting to see the impact of the credit crunch e.g. issues regarding homelessness. Mr Murphy believes more people who have not been in the mental health system before will now need help. The challenge is to

reach out to provide a service to them and there is a need to link with other agencies to do this.

6.13 Ms Dawson added that service providers have to be as smart as possible but there is likely to be an increase in demand on services and pressure on the resources available.

Transport for service users in rural areas

6.14 Mr Murphy said that there is no single approach to this. Sussex Oakleaf is discussing the needs of service users with transport providers. The contract specifies that providers must ensure users can access services, but there will be a balance between providing transport and providing access in other ways such as through satellite services or supporting service users to use public transport.

6.15 RESOLVED to

(1) Receive an update on day and vocational mental health services, reviewing the first year of the new contracts, at the HOSC meeting in September 2010.

7. EQUITABLE ACCESS TO PRIMARY CARE

7.1 John Vesely, Head of Primary Care, NHS East Sussex Downs and Weald (ESDW) and NHS Hastings and Rother (H&R) summarised progress in the development of GP-led health centres in Eastbourne and Hastings. Five year contracts were awarded on 16th February 2009 and this was the culmination of a 14 month rigorous procurement process. The total values of the contracts are approximately £6.47 and £6.53 million respectively.

7.2 The Eastbourne GP-led health centre contract was awarded to South East Health, who will deliver the service in partnership with the Lighthouse Medical Practice. The centre will be situated in the Eastbourne railway station complex and a planning application for the site has been logged with Eastbourne Borough Council. The service is scheduled to be open on 15th September 2009.

7.3 The contract for the Hastings Centre was also awarded to South East Health and the company will deliver the service in partnership with three local GPs. The service will be on the ground floor of the new Hastings Station Plaza Primary Care Centre. The service is scheduled to be open on 1st June 2010. As well as basic GP services, the centre will also offer a range of enhanced services including childhood immunisations, minor surgery, anti-coagulation monitoring, and sexual health services. A number of additional services will also be available, including cervical screening, maternity medical services, contraceptive services, vaccinations and immunisations. It is planned that Station Plaza will provide services for 20,000 patients per year.

South East Health

7.4 Simon Lawrence, Director of Development, South East Health (SEH) gave an overview of the company. SEH has been an independent provider of health services since 1996. It evolved from SEEDOC and BrightDOC – previous providers of out of hours GP services using local doctors in a co-operative model. In 2003, following the introduction of the new General Medical Service contract, the majority of GPs in East

Sussex opted out of offering 24 hour cover and NHS ESDW and NHS H&R commissioned South East Health to provide out of hours cover.

7.5 SEH is a not for profit organisation and has its own governance processes. It covers Kent, Brighton and East Sussex and has 2 million potential patients. Advice is given over the phone or patients are asked to attend one of the Primary Care Centres for treatment. Home visits are also arranged if required. SEH offers other services including some located in the main acute hospitals. The organisation's medical staff are a mix of local GPs and directly employed GPs and nurses. SEH has over 500 GP members.

Station Plaza development

7.6 Dr Anna Barnes summarised the latest position at the Station Plaza development which will incorporate new premises for six local GP practices as well as the new GP-led health centre. Some of the GPs already have a partnership with SEH and so good links were already in place. As well as basic GP services, there will be a range of health services based in the building which are intended to work together.

7.7 When it opens, the six local GP practices will move into the centre from three existing premises nearby and there is an on-going communication plan to ensure that patients and local people are aware of the new centre and services. The Sexual Health Service currently based at Ore is also moving to Station Plaza, although NHS H&R plans to provide 'spoke' sexual health services for local people within the St Leonards Primary Care Centre from 2010 and Ore Primary Care Centre from 2012.

NHS dentistry at the GP-led health centres

7.8 Dr Barnes said there will be an NHS dental practice within the Station Plaza development. As regards NHS dentistry in the Eastbourne centre, Mr Vesely said the initial contract is fairly tight and does not include dentistry but there is the potential to add services in the longer term. However, space at the Eastbourne site is a constraint and the practicalities of adding services would need to be considered.

7.9 More broadly, NHS ESDW and NHS H&R consider dentistry (and pharmacy) as part of their primary care strategy in order to identify where these services can be incorporated with planned developments. Mr Vesely agreed to provide HOSC with a specific brief on the situation surrounding the development of the Peacehaven health centre.

7.10 Mr Lawrence added that although space for expansion at the station site in Eastbourne is limited, the site has many other benefits in terms of accessibility and SEH is looking to develop a wider alliance with rail companies as stations are often ideal sites.

GPs at Station Plaza

7.11 Dr Barnes confirmed that three GP premises in Hastings, containing six GP practices are closing and relocating to Station Plaza. Existing patients in the affected practices will be notified individually by letter. There will also be a communications programme to advertise the new services.

Further Primary Care Centre developments in Hastings

7.12 Dr Barnes said that in addition to Station Plaza, Primary Care Centres are planned for the Ore Valley (2012) and Upper St Leonards (Silverhill) (2010) in the estates strategy. Consultation on these sites is underway. She has met with NHS H&R GP lead and with GPs in Upper St Leonards as well as with the residents' panel. NHS H&R is keen to progress the development and it is hoping the centre will be part of the Asda development but it is waiting for more detail on the plans.

7.13 As regards Ore, NHS H&R is looking at the Millennium Community site or Ore station (which is next to the college). The plans are progressing, albeit more slowly, and more meetings are planned in April. Dr Barnes has already met with the Ore Valley Forum and neighbourhood renewal teams.

7.14 HOSC suggested that Practice Newsletters could be used to help keep people informed of progress on these developments.

7.15 RESOLVED to

(1) Continue to support the reorganisation of service into the Station Plaza Primary Care Centre in Hastings.

(2) Endorse the proposed communication plan in relation to the Station Plaza Primary Care Centre

(3) Request a further update at the HOSC meeting in June 2010.

8. CHOICE AND BOOKING

8.1 John Vesely, Head of Primary Care, NHS East Sussex Downs and Weald (ESDW) and NHS Hastings and Rother (H&R) updated HOSC on progress with Choice and Booking.

8.2 Mr Vesely said that there was improvement in performance at the start of the year, although concern that this may be dropping once again. Performance mirrors the national and South East region experience but at a lower level. The Choice and Booking team is investigating why this is the case. It is also working with GP practices to improve their performance. Mr Vesely said that more GPs are trying to use the service but there are ongoing problems accessing the consultant and clinic required.

8.3 Most problems are associated with the East Sussex Hospitals Trust Patient Administration System. A Surrey acute trust with the same software has recently upgraded to help improve the Choice and Booking service and, at the instigation of the Strategic Health Authority (SHA), the team there are visiting East Sussex Hospitals NHS Trust to share knowledge.

8.4 Mr Vesely said that there had been whole system failures of the Choice and Booking system for up to three days and this is very damaging to the confidence of GPs and patients. However, the reasons for failure are not understood and the SHA is investigating. It may be related to high numbers of users which is particularly frustrating.

8.5 Mr Vesely confirmed that the GP incentive scheme will continue. In addition, a £25,000 media campaign will be funded by the SHA to inform patients about their right to a choice (less focus on booking). Radio, press, leaflets and posters will be used.

8.6 Mr Vesely said that some practices in East Sussex are achieving 50 to 60% of appointments through Choice and Booking. He also said that the Choice and Booking is no longer a national priority target but that the SHA is still monitoring performance, as do the Boards of NHS ESDW and NHS H&R.

Community hospitals

8.7 Mr Vesely confirmed that some clinics at community hospitals cannot be put on the Choice and Booking system. This data is stored locally and reported to the SHA but it is not accepted by the national Choice and Booking system. Inclusion of these appointments would make a difference of around 10% but it is a common issue across the country and so there would remain a gap between East Sussex and national performance.

Incentive scheme

8.8 Mr Vesely said that the GP incentive scheme was intended to encourage initial take up of Choice and Booking rather than to be on-going. However, the scheme has continued due to the system being difficult for GPs to access. It may be appropriate to consider alternative use of the funding to support the system as a whole in the future.

Referral management system

8.9 Mr Vesely confirmed that NHS ESDW and NHS H&R will continue to pursue Choice and Booking as patients should be able to have a choice. Although not actively instigating a central referral management system to process referrals at this time, work is underway with GPs to identify how they want to scrutinise and manage their referrals e.g. in groups of practices. NHS ESDW and NHS H&R are also looking at the referral management system in Brighton (which achieves 50% to 55% Choice and Booking appointments) to see if this might be an option in East Sussex. However, Mr Vesely is adamant that Choice and Booking must be clinician led.

8.10 RESOLVED to

(1) Receive an update report on Choice and Booking at the HOSC meeting in June 2010.

9. SCRUTINY REVIEW OF STROKE CARE

9.1 Councillor Angharad Davies, Chairman of the Review Board on Stroke Care presented the final report. The many people who contributed to the review were thanked.

9.2 RESOLVED to:

(1) Welcome and endorse the report of the Review Board on Stroke Care in East Sussex.

(2) Agree that responses to the 20 recommendations should be requested from the organisations named in the report, for consideration at the HOSC meeting in July 2009.

(3) Receive monitoring reports on progress at 6, 12 and 18 months.

10. TASK GROUP ON MENTAL CAPACITY ACT

10.1 Councillor Ruth O’Keeffe updated the committee on the work of the HOSC Task Group established to research support for patients and carers in relation to aspects of the Mental Capacity Act. Councillor Sylvia Tidy is the second member of the Task Group.

10.2 RESOLVED to:

(1) Extend the timescale of the review so that a fuller report can be prepared for the HOSC meeting on Monday 6th July 2009.

11. HEALTHCARE COMMISSION ANNUAL HEALTH CHECK 2008/2009

11.1 RESOLVED to

(1) Agree the Committee’s approach to the Healthcare Commission Annual Health Check which will be to make general comments to the individual NHS organisations and particularly focus on the patient and public involvement aspects of the national standards. This will include the organisation’s engagement with HOSC.

(2) Agree that letters agreed by the HOSC Chairman and Vice-Chairman will be sent to each relevant NHS organisation, based on an overview of the year’s work.

12. INDIVIDUAL HOSC MEMBERS ACTIVITY INCLUDING LOCAL INVOLVEMENT NETWORK (LINK) UPDATE

Janet Colvert, Chair, LINK Core Group

12.1 The Local Involvement Network (LINK) is now one year old and has moved forward hugely and achieved a great deal. On 24th March the LINK will hold its ‘one year on’ event to present and discuss LINK progress and future plans with stakeholders. The LINK is managed by the LINK Core Group which meets monthly. A three year rolling programme of work has been developed which is able to respond to issues raised by LINK participants and members of the public. Following concerns raised by the public, cross-border health services have been one of the areas of recent work.

12.2 LINK has regular joint meetings with Mike Wood, Chief Executive, NHS East Sussex Downs and Weald and NHS Hastings and Rother and Keith Hinkley, Director, Adult Social Care, East Sussex County Council. The LINK is looking forward to its second year and would like to thank HOSC for its support.

Councillor Eve Martin

12.2 Attended meetings of the Healthy Hastings Partnership Board and the Hastings and Rother Health and Social Care Forum.

Councillor Sylvia Tidy

- Attended two meetings of Regional HOSC Chairmen with the Strategic Health Authority. December's session focussed on commissioning and February's was a general discussion on current issues.
- Gave a presentation to the LINK's cross-border working event, sharing HOSC's experiences on working with our neighbours and with Trusts based over the border.
- On 27th February met with Mike Wood and Lisa Compton at NHS ESDW and NHS H&R to discuss current issues including maternity.
- Attended meetings of the Maternity Services Development Panel on behalf of HOSC as an observer.
- Attended a Centre for Public Scrutiny national networking event which included some thought provoking presentations, particularly on health inequalities.
- Met with Kim Hodgson, Chief Executive and colleagues at East Sussex Hospitals NHS Trust and discussed current issues at the Trust.

12.3 RESOLVED to

- (1) Send a letter from HOSC to Ms Hodgson reaffirming HOSC endorsement of the Trust's proposed strategy for development of services should the Trust achieve Foundation Trust status.

Meeting ended at 1.30pm