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 6th July 2009

PRESENT: Councillor Rogers (Vice Chairman); Councillors Lambert, O'Keeffe, Pragnell (ESCC); Councillor Hough (Eastbourne Borough 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, Mr Dave Rogers, Chair, Hastings and Rother Health and Social Care Forum

WITNESSES:

Teaching, Trauma and Tertiary Care (3T) Programme
Brighton and Sussex University Hospitals NHS Trust:
Duncan Selbie, Chief Executive
Nick Groves, Associate Director (3T Service Modernisation)

NHS East Sussex Downs and Weald and NHS Hastings and Rother:
Mike Wood, Chief Executive

Infection control – East Sussex Hospitals NHS Trust
Kim Hodgson, Chief Executive
Dr Barry Phillips, Director of Infection Prevention and Control

NHS East Sussex Downs and Weald and NHS Hastings and Rother:
Mike Wood, Chief Executive

Developing maternity services in East Sussex
NHS East Sussex Downs and Weald and NHS Hastings and Rother:
Mike Wood, Chief Executive
Lisa Compton, Director of Public Engagement and Corporate Affairs
Jenny Phaure, Project Programme Manager

Stroke care in East Sussex
NHS East Sussex Downs and Weald and NHS Hastings and Rother
Rachel Harrington, Programme Lead for Stroke
Kate Russell, Service Improvement Project Lead

LEAD OFFICER: Claire Lee, Scrutiny Lead Officer

LEGAL ADVISER: Angela Reid, Head of Legal Services

1. APOLOGIES

1.1 Apologies were received from Councillor Sylvia Tidy, Councillor Carolyn Heaps, Councillor Philip Howson, Councillor Barry Taylor

1.2 Councillor David Rogers, Vice Chairman acted as Chairman in the absence of Councillor Sylvia Tidy.

WELCOME

1.3 The Chairman welcomed Councillor Peter Pragnell as one of the two new East Sussex County Council members of HOSC and Mr Dave Rogers, Chair, Hastings and Rother Health and Social Care Forum as one of the two voluntary services' HOSC representatives. Councillor Carolyn Heaps, the second of the two new East Sussex County Council members of HOSC gave her apologies.

THANKS

1.4 The Chairman thanked previous members of HOSC: Councillor Beryl Healy, Councillor John Wilson and Mr Ralph Chapman, Chairman, Age Concern East Sussex who all stood down from the committee in June 2009.

COUNCILLOR CAROLYN LAMBERT

1.5 It was noted that Councillor Carolyn Lambert was usually Lewes District Council's representative on HOSC but for this meeting she was attending in her capacity as East Sussex County Councillor.

2. MINUTES

2.1 RESOLVED – to approve the minutes of the meeting held on 19th March 2009 as a correct record.

3. INTERESTS

3.1 As regards item 9 – HOSC task group on aspects of the Mental Capacity Act – Councillor Ruth O'Keeffe declared an interest as her son is a ward of the Court of Protection.

4. REPORTS

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

5. BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST – TEACHING, TRAUMA AND TERTIARY CARE PROGRAMME

5.1 Duncan Selbie, Chief Executive and Nick Groves, Associate Director (3T Service Modernisation), Brighton and Sussex University Hospital NHS Trust (BSUH) gave a presentation summarising progress on the Trust's Teaching, Trauma and Tertiary Care Programme. A copy of the slides is included in the minute book. The following points were noted:

- Although the development is in Brighton it is a whole health community resource and will provide care for people across Sussex, including East Sussex.
- The Barry/Jubilee buildings are over 180 years old – some of the oldest building stock in clinical use in the UK.
- 69% of the beds in the new development will be in single rooms (compared with the total of ten single rooms currently); the general and elderly care wards will have 75% single rooms.
- Infection control will be better (although rates have already improved despite the challenges of the current building stock).
- The Trust currently has 499 beds on the Royal Sussex County Hospital site; this is due to increase to 622 by 2017/18 (an increase of 123 beds, of which the 3T development will provide 99). The 3T development is not predicated on any significant increases in the Trust's current catchment, with the exception of the small number of polytrauma cases.
- The stroke network covering Sussex will include 6 thrombolysis centres – three offering an in-hours service and three offering an in and out of hours service (which will include Brighton and a site in East Sussex). The model for stroke care has been approved by Sussex commissioners.
- The Regional Centre for Neurosciences currently in the Hurstwood Park building at the Princess Royal Hospital, Haywards Heath will transfer to Brighton. The services have outgrown the current building and, as a result, some patients have to be transferred to London because of insufficient capacity.
- Sussex Cancer Centre will expand. The development of two linked radiotherapy (Linear Accelerators) units (one in East Sussex, one in West Sussex) are aligned with by separate from the 3T development.
- The Major Trauma Centre will service a population of 1.5 million in Sussex and the wider region. Current modelling suggests that approximately 360 major trauma cases per year will require a Major Trauma Centre. (BSUH currently receives approximately 100 major trauma cases per year). Current thinking is that it is best to bring services together for these patients to achieve improved clinical outcomes.
- The development will realise the research, teaching and training 'dividend'.
- The development will include a helipad. Under current Civil Aviation Authority requirements, this will operate in daylight hours only. Based on national evidence, fewer than 12% of polytrauma cases are likely to arrive by air ambulance.
- There are three stages to the construction, which is scheduled to begin in summer/autumn of 2010. The first stage, which includes moving services out of the Barry/Jubilee buildings, is due to be completed by July 2014. The second stage (Sussex Cancer Centre) is expected to be completed by December 2017. The final stage (car park) is schedule to be completed in 2019.

NHS East Sussex Downs and Weald and NHS Hastings and Rother perspective

5.2 Mike Wood, Chief Executive, NHS East Sussex Downs and Weald (ESDW) and NHS Hastings and Rother (H&R) said that East Sussex Hospitals NHS Trust is the main provider of acute services for residents in East Sussex but that acute services at Brighton are important, particularly for the residents in the west of the county. It is in the interests of Sussex people to have a centre of excellence, particularly for trauma services, as this means patients will not need to be transferred to London hospitals. Mr Wood is pleased to see the day drawing nearer where there is a full trauma service co-located with neurosciences. He said that a balance always has to be struck between

local access and quality of care but it is recognised that highly specialised services cannot be delivered locally to residents. However, commissioners are keen to have continuing dialogue on the balance. A positive 'win-win' relationship is needed between Brighton and local providers and the local population. Teaching hospitals are no longer seen as magnets 'sucking in' patients, but are instead reaching out to communities and BSUH supports this model.

5.3 Mr Wood reiterated that quite a small number of patients in East Sussex use BSUH but the development is important in terms of improving the quality of services and also the provision of services which had not previously been available in Sussex. Mr Wood emphasised that services are more important than the buildings and that it is the right staff to provide the services which is key. Mr Wood supports the development overall but it is important that it fits with local services.

5.4 The witnesses responded to questions as follows:

Engaging with East Sussex residents affected by the development

5.5 Nick Groves said that the Trust is in touch with Sussex Local Involvement Networks (LINks) and see them as a focal point for communications about the development. In addition, a Hospital Liaison Group is being established in partnership with local councillors and local residents close to the site. The Trust has a communications and engagement strategy and would welcome input from HOSC.

Business case and finance hurdles

5.6 Duncan Selbie confirmed that the strategic outline case had been approved by NHS South East Coast (the Strategic Health Authority) in July 2008. The more detailed outline business case had been approved by the Trust's board on 30th June 2009. The outline business case will now be submitted, with letters of support from local commissioners, to the Strategic Health Authority on 7th July 2009. The development does not assume any additional movement of patients into Brighton from East or West Sussex (other than the small number of major trauma cases) and the Trust wants to work with East Sussex Hospitals Trust on local access to some services. The development of the trauma and neurosciences services at Brighton aims to avoid patients having to be moved to London hospitals for treatment (and consequently redirecting the money to Brighton from London, thus keeping it within the Sussex health economy).

5.7 Mr Selbie explained that the £420 million needed to fund the development will be required in phases over the next 7-8 years. The Trust's current thinking is that the development would be funded through Treasury money rather than a Private Finance Initiative (PFI). Discussions with the Treasury are beginning now. The SHA is expected to give approval to the outline business case by September 2009 and then it will be a case of setting out the capital programme in more detail in a full business case. Ultimately, it is a Treasury decision as to whether the development goes ahead. Assuming Treasury approves the development, the decant programme will begin next year.

Number of disabled parking spaces

5.8 Nick Groves said he would check on this issue and submit a written response.

Cycling facilities

5.9 Nick Groves confirmed that there would be cyclists' parking racks and changing/shower facilities in the new development but he could not confirm the precise location of them.

Treatment of acute brain injuries

5.10 Mr Selbie explained that there will be sufficient capacity in Brighton to treat acute brain injury cases but that acute brain injury services are also provided through the neurosciences network. Not all cases would have to transfer to Brighton and appropriate cases would be treated locally. However, greatly enhanced facilities will be available at Brighton and the decision on how they are used would be made by clinicians on a case by case basis within protocols agreed across the clinical network.

5.11 Mr Selbie confirmed that patients with severe acute brain injuries would be airlifted to Brighton for treatment if the South East Coast Ambulance Service (SECAmb) determined that this was the best way to transfer them.

Neo natal capacity

5.12 Mr Selbie said that 50% of babies requiring neonatal care used to be treated outside of Sussex. The Trust has been increasing capacity and will continue to develop facilities and work in collaboration with commissioners and acute Trusts in East and West Sussex on future developments. The issue is about replacing London transfers rather than taking cases away from Eastbourne DGH or the Conquest, Hastings. Mr Wood confirmed this strategy is supported by NHS ESDW/H&R.

Tertiary care and teaching role

5.13 Mr Selbie said that a modern tertiary role is based on a networking approach and not 'sucking in' work from elsewhere. BSUH is a relatively young teaching hospital and junior doctors graduating from the medical school have only recently begun to work in the hospital. Within 3 years around 90% of the Trust's graduate doctors will have been trained locally and this represent a seismic shift. Over 15-20 years the presence of a local medical school and developed tertiary centre will bring considerable benefits for the people of East Sussex in terms of retaining skilled staff locally and improved clinical outcomes.

Accessibility

5.14 Nick Groves confirmed that improving access and parking are consistent themes in the Trust's engagement with local people. The current plan includes parking spaces for 280 cars (200 new and 80 replacement spaces) but this still requires planning consent from Brighton and Hove City Council. The Trust would like further additional parking and the City Council's own guidance would suggest an even higher number of spaces could be incorporated, but this must be balanced with the City's transport strategies. Mr Selbie agreed that 'park and ride' would be a good facility to have and there are ongoing discussions with the City Council about this.

Construction period

5.15 Nick Groves said that the Trust will publicise the 'decant' process (moving services within and off the site to allow construction) and they will work through the LINks to help communicate this. Janet Colvert confirmed that East Sussex LINk have been involved and would like to establish a long term project to share information across the whole county. Mr Groves confirmed that BSUH would like to work with the LINk on this.

Satellite services

5.16 Mike Wood said that there were already some satellite services in place, e.g. renal. Other possibilities are being developed, based on national and international examples of 'centres of excellence' working on outreach basis. Clinicians decide on what is appropriate and they are encouraged to work across organisational boundaries.

Landscaping

5.17 Mr Selbie confirmed that landscaping is an important part of BSUH's plan to provide a pleasant and therapeutic environment for patients and visitors. The plans include roof gardens and terraces which will provide pleasant outside space and also utilise the sea views. Mr Selbie confirmed that potted plants can currently be brought in for patients although the final decision on this would be made by nurses.

5.18 RESOLVED to

(1) Endorse the aims of the teaching, trauma and tertiary care programme, recognising the potential benefits to East Sussex residents. HOSC is encouraged to see the progress to date but the committee recognises that BSUH is at the beginning of a long journey.

(2) Request a summary of disabled parking bays – in particular how the number was calculated, whether there will be patrols to ensure they are used solely by Blue Badge holders and penalties for misuse.

(3) Request that the Trust keep HOSC informed as the programme progresses.

(4) Request a detailed progress report at the meeting of HOSC on 17th June 2010 to cover decant plans, funding decisions and construction timetable.

6. <u>EAST SUSSEX HOSPITALS NHS TRUST (ESHT) – INFECTION CONTROL</u>

6.1 Kim Hodgson, Chief Executive and Dr Barry Phillips, Director of Infection Prevention and Control presented their report analysing the causes and lessons learnt from the Clostridium Difficile (C Diff) outbreak at Eastbourne DGH in early 2009 and summarised the Trust's wider infection control strategy.

6.2 Dr Phillips extended his deepest sympathies to the members of families who had suffered as a result of the C Diff outbreak and also to the many members of staff of the hospital and external agencies who dealt with the outbreak. Dr Phillips recognised the huge effort which had been made and this multi-agency collaboration was much appreciated and he thanked all involved.

6.3 The following points were noted:

- Dr Phillips is an Intensive Care Unit consultant and started as Director of Infection and Prevention and Control in January 2009.
- Eastbourne DGH had a high number of admissions through December 2008 and January 2009. Many were elderly patients affected by winter flu and respiratory conditions. These patients needed life saving antibiotic therapy. These antibiotics make patients particularly vulnerable to C Diff.
- The Trust has a robust surveillance system in place and it was clear that there was a high level of admissions pre-Christmas 2008 and this had resulted in a lot of ward movement to accommodate patients.
- In January, the number of C Diff cases was higher than previous years. This triggered an alert and investigation of whether this was due to the increased number of patients, or increased rates of infection.
- ESHT wanted to be as open and transparent as possible about its response to the C Diff outbreak. When the levels of infection rose, the Trust was keen to obtain expert advice e.g. Health Protection Agency and NHS ESDW/H&R.
- Each case was reviewed and communication with the Health Protection Agency was on a daily basis.
- The Trust had to outsource the testing for the strain of C Diff and this meant it took longer to identify whether cases were linked and therefore constituted an outbreak. The 027 strain of C Diff was identified, which is particularly virulent. An outbreak was declared.

6.4 Dr Phillips explained the action taken by the Trust's to treat patients with C Diff and to prevent further cases:

- An isolation ward was rapidly set-up and multi-disciplinary meetings arranged.
- The Trust needed to divert some patients to the Conquest Hospital, Hastings and to Brighton to create space for isolation of C Diff patients and to allow for the separation of new patients and for deep cleaning to be undertaken.
- The deep cleaning programme included investment of £100,000 in vaporisation kit. This means the Trust has rapid access to the equipment in-house rather than having to employ an external company.
- The Trust also asked the Health Protection Agency to undertake a peer review of the actions taken and to see if anything more should be done. The Agency arrived on 24th March 2009 and the outbreak was declared over on 14th April 2009.

6.5 Dr Phillips summarised what changes and enhancements to infection control and prevention have been made since the outbreak:

- a rapid response system is in place to deal with infections.
- the Trust has its own deep cleaning equipment available in-house.
- rapid C Diff testing system is in place to identify strains of infection.
- weekly Infection Control Steering Group meeting – chaired by Chief Executive and including NHS ESDW/H&R representative and Health Protection Agency representative.
- dedicated isolation ward available.
- boosted Infection Control Team.
- changes to antibiotics prescribing policy.
- enhanced relationship with the Health Protection Agency.
- link consultants for each area and link nurses.

- robust root cause analysis system.
- robust winter planning for 2009/10 and this includes swine flu.

6.6 Dr Phillips confirmed that infection rates had now dropped off dramatically and this was for both C Diff and Methicillin-resistant Staphylococcus aureus (MRSA). Only 2 cases of the latter have been reported this year.

6.7 Kim Hodgson said that the Trust had a good record of infection control over a number of years. Since the outbreak was declared over, the Trust has had some of the lowest rates of infection in the country.

6.8 Mike Wood said that he was impressed with the openness of the Trust and the way the outbreak had been managed. He emphasised the need for the whole health and social care system to work together on infection prevention and control. He, Kim Hodgson and Keith Hinkley, Director of Adult Social Care, East Sussex County Council meet regularly to discuss how the organisations can work towards reducing the pressure on hospital beds.

MRSA screening

6.9 Dr Phillips confirmed that the Trust has an MRSA screening programme and this was ahead of the national schedule. Screening of elective (planned) patients was initiated in January 2009, non-elective (emergency) cases in March 2009 and day cases from April 2009. The Trust does not routinely screen staff across the organisation. However, staff who work in the isolation area are not allowed to work elsewhere until screened as clear. Should a person screen positive, he/she is treated to remove the MRSA (i.e. decolonised). It was noted that some people have MRSA naturally present in their body.

Bed occupancy

6.10 Ms Hodgson said that bed occupancy under normal circumstances was 85% but this rose to 94% during January and February 2009. Bed occupancy is measured at midnight on Thursdays. This means it does not include day case patients.

6.11 Progress is being made on reducing the average length of hospital stays. Work is also underway to reduce the 6 bed bays at Eastbourne DGH to 4 bed bays with an ensuite. It is not possible to convert to single bed rooms.

Impact of swine flu

6.12 Ms Hodgson explained that the NHS generally plans for emergency on the basis of averages and there is a need to plan for peaks as part of emergency planning. In relation to swine flu, Department of Health advice is to treat people at home whenever possible. Therefore NHS ESDW and NHS H&R lead on swine flu.

6.13 Mike Wood confirmed that swine flu patients are advised to stay at home and organise a ‘flu friend’ to collect drugs from swine flu centres which are being established. However, if the situation changes the PCTs have contingency plans for isolation units in a hospital setting. Hospital admission will be avoided as far as possible although some vulnerable elderly patients may well need to be admitted.

Infection prevention measures

6.14 Dr Phillips confirmed that there have been significant changes to infection control policy in recent years and the policies were very clear. Hospital wide there are observers who roam and conduct audits of compliance. Infection control link staff are able to approach anyone not washing/gelling their hands. A cultural shift has already resulted in a marked improvement and this culture change will continue.

6.15 Ms Hodgson said that a recent audit showed that 98% of people, when observed, were using the proper hand washing technique. Personal gel packs are available for staff and there are policies on non-compliance and incidents are recorded. If a member of staff does not comply with the infection control policy, they are seen by a member of the infection control team and, if necessary, Dr Phillips or Ms Hodgson will talk to them. Persistent non-compliance can lead to disciplinary action.

Causes of infection

6.16 Dr Phillips said that detailed root cause analysis is undertaken at individual case level by the patient's consultant, an infection control representative and a consultant microbiologist. The results are then subjected to reflective analysis which takes in numbers and trends. It was found that antibiotic prescription was an important factor in cases. The case analysis has established the key clinical learning points and Dr Phillips is now working on collating overall statistics. Root cause analysis showed that about a third of the patients were admitted to hospital with C Diff or MRSA already in their bodies.

6.17 C Diff O27 (the strain identified in the recent outbreak) can often cause a relapse in a patient. If a person gets another attack of diarrhoea after 30 days clear, this is counted as a new case. So, one patient can be counted several times.

Uniforms

6.18 Dr Phillips agreed that uniforms are important as a means of helping to prevent infection and there are moves to formalise uniforms, including for doctors. The Trust has a policy on staff not wearing uniform out of the hospital and takes the dress code very seriously. This policy includes staff wearing no ties, badges or jewellery (apart from wedding rings) and being bare below the elbow. Doctors do not wear white coats. Staff are expected to use disposable gloves and apron when having contact with patients and to dispose of this at the bedside before moving onto the next patient. The Trust is refreshing the staff facilities including showers and lockers.

6.19 RESOLVED to

(1) Endorse the measures taken by East Sussex Hospitals NHS Trust to combat the recent outbreak of Clostridium Difficile at Eastbourne DGH.

(2) Note the Trust's approach to infection control and lessons learnt.

(3) Maintain a watching brief on infection levels and retain the option to request further reports if issues arise.

7. <u>DEVELOPING MATERNITY SERVICES IN EAST SUSSEX</u>

7.1 Mike Wood, Chief Executive, Lisa Compton, Director of Public Engagement and Corporate Affairs and Jenny Phaure, Project Programme Manager, NHS East Sussex Downs and Weald (ESDW) and NHS Hastings and Rother (H&R) outlined progress with the maternity services programme and focussed on plans for engaging local people and organisations.

7.2 Lisa Compton said that members of the Maternity Services Development Panel (MSDP) act as communication ambassadors and the panel has broad representation. An engagement plan was agreed by the MSDP during May 2009. This is an iterative plan and has been discussed several times. It includes a public information leaflet which is currently being printed. MSDP members will use this leaflet as part of their communications with their own group members.

7.3 Ms Compton said that engagement includes communicating with staff and that there have been a series of focus groups to discuss maternity services. There will be a mid-point review of the engagement programme later in July. It is not planned to hold any large public meetings but the strategy is to continue the ongoing 'drip drip' feed of information. This information will include all aspects of maternity and not be confined to the plans for consultant-led units.

Recruitment of midwives

7.4 Jenny Phaure confirmed that there were 134.71 full time equivalent midwives currently employed. She said this is down 6.29 on Birth Rate Plus target levels.

Outreach ante and post natal care

7.5 Jenny Phaure explained that geographical restructuring of midwives is underway as part of the Maternity Matters action plan and this involves considerable movement. Some maternity services have been set up in the community. Ms Phaure will provide a summary of these.

Seldom heard groups

7.6 Ms Compton said NHS ESDW/H&R are working with the Maternity Services Liaison Committee, including undertaking focus groups to consider how best to engage with seldom heard groups. The public leaflet will be available in different languages and formats. In addition, it is planned to use existing links with these groups.

Staff engagement

7.7 There have been a number of briefings including midwives and health visitors. For example, five midwife briefings were completed last month and the feedback is influencing the ongoing work.

Crowborough Birthing Unit

7.8 Mike Wood said that NHS ESDW and NHS H&R are keen to promote the Crowborough Birthing Unit. Currently the unit offers a high quality service to a small number of mothers and the objective is to offer the service to a larger number of mothers.

Brighton and Sussex University Hospitals interface

7.9 Mike Wood said the Maternity Services Development Panel is conscious that maternity is not just about Eastbourne DGH and the Conquest Hospital, Hastings but embraces the whole maternity network including other hospitals such as Princess Royal and Royal Sussex County Hospitals. He will be able to provide more information about the development of this wider maternity network to the HOSC meeting in September.

7.10 RESOLVED to

(1) Note the progress on the maternity services programme and endorse the engagement plan.

(2) Request a summary of maternity services which have been set up in the community.

(3) Request copies of the public information leaflet for Committee Members.

(4) Request a further monitoring report at the HOSC meeting on Thursday 24th September 2009

8. HOSC REVIEW OF STROKE CARE IN EAST SUSSEX – NHS RESPONSE

8.1 Rachel Harrington, Programme Lead for Stroke and Kate Russell, Service Improvement Project Lead, NHS East Sussex Downs and Weald (ESDW) and NHS Hastings and Rother (H&R) presented the response of local healthcare organisations to HOSC's recommendations from its review of stroke care.

8.2 Rachel Harrington confirmed that East Sussex Stroke Strategy had been approved by NHS ESDW and NHS H&R Professional Executive Committees and Boards in January and February 2009. The HOSC review of stroke care was timely as it fed into the structures being set up to deliver a total of 141 recommendations made over the last 3 years by various bodies. NHS ESDW and NHS H&R are working closely with partner organisations and also with commissioning leads in NHS Brighton and Hove as regards patient flows into Brighton and Sussex University Hospitals NHS Trust. A Stroke Programme Board has been set up to oversee four work streams that have been tasked to act on the recommendations. Each work stream is developing detailed work programmes which will be signed off by the stroke programme board in September 2009.

8.3 Ms Harrington confirmed that the Sussex-wide stroke network is leading on the provision of Thrombolysis services (clot-busting drugs).

8.4 HOSC noted the degree of progress in a relatively short time and Ms Harrington explained that a momentum had been achieved and there had been positive discussions with all partners. This had helped immensely in assimilating the large number of recommendations.

Transient Ischaemic Attack (TIA)

8.5 Ms Harrington said that there is a 20% risk of a stroke within four weeks of a patient suffering a TIA. She explained that rapid access TIA clinics have been set up to give patients access to diagnostics and subsequent treatment.

8.6 Ms Harrington confirmed that the national FAST stroke awareness campaign has been seen as successful and the campaign will be re-launched in November 2009. Locally, NHS ESDW and NHS H&R will use the national literature to target specific areas such as the 20 most deprived wards and rural areas. The objective is to maintain visibility of the programme. From September 2009, briefings will be undertaken to remind staff about the early signs of stroke.

8.7 Ms Harrington agreed to investigate reports that a very visible sign of stroke is a person's tongue pointing to one side or other, rather than being straight. She agreed that, if this is supported by evidence, it would be helpful to raise awareness of this.

Work with GPs

8.8 Ms Harrington said that a lot of work had been done with local GPs and they are engaged in all the workstreams, especially well-being, stroke awareness and prevention (including secondary prevention). Ms Harrington highlighted that 30% of stroke patients suffer from arrhythmia prior to a stroke and diagnosis of this needs to be improved. Sussex Heart Network is engaged in this area. Further developments around blood pressure measurement and use of statins is also underway. NHS ESDW and NHS H&R want to develop a system for reviewing stroke survivors in primary care at six week, six month and year intervals. GPs are keen to do this.

Vascular health checks

8.9 When asked whether vascular health checks will have sufficient links to stroke, Ms Harrington explained that workstream one (well-being, awareness and prevention) is delivered through the Chronic Vascular Diseases (CVD) Steering Group and this group includes a cardiac consultant and a stroke consultant. Ms Harrington explained that NHS ESDW and NHS H&R are applying for pilot status around a national arrhythmia project which will be significant in terms of stroke.

8.10 Ms Harrington was unaware of the timing for NHS mid-life checks but she said she thought the checks would be available for everybody over 40. Ms Harrington said that vascular checks are to be introduced in 2010.

Age profile of East Sussex

8.11 Ms Harrington said that reducing smoking is still the main target as it remains a significant risk factor as regards strokes and cardiac disease. NHS ESDW and NHS H&R are also targeting older people through local community centres and shops. Some wards with high numbers of elderly people are also being targeted.

South East Coast Ambulance NHS Trust

8.12 South East Coast Ambulance NHS Trust has appointed a stroke co-ordinator for Sussex to work with David Davis, Clinical Stroke Care Development Lead.

Responses to HOSC recommendations

8.13 HOSC would like to see the words 'wherever possible' removed in the response to recommendation 8. HOSC would also like to see 'at least 90%' become '100%'. Ms Harrington explained that acute partners were conscious of pressures on acute stroke

units. The objective is to reduce the length of stay in hospital which will free up places in acute stroke units. Ms Harrington explained that quarterly local reporting on this target is now in place (as opposed to relying on the 2 yearly National Sentinel Audit) and that this is regarded a key indicator alongside access to a scan within 24 hours of admission.

8.14 RESOLVED to

(1) Note the response to HOSC's recommendations from NHS East Sussex Downs and Weald and NHS Hastings and Rother on behalf of local health and social care organisations.

(2) Be informed of the viability of the 'tongue test' for determining if a person is suffering a stroke.

(3) Request updates on progress against recommendations at the HOSC meetings: 11th March 2010; 16th September 2010 and March 2011 (date to be confirmed)

9. HOSC TASK GROUP ON ASPECTS OF THE MENTAL CAPACITY ACT – FINAL REPORT

9.1 Councillor Ruth O'Keeffe, who jointly chaired the Task Group with Councillor Sylvia Tidy introduced the report. The report makes five recommendations relating to the support available to local people in applying for power of attorney.

9.2 RESOLVED to

(1) Welcome and endorse the report and recommendations.

(2) Request responses to the recommendations. Some of the recommendations are directed to local health and social care managers overseeing the implementation of the Mental Capacity Act provisions and others are recommendations for consideration by the Office of the Public Guardian. These latter recommendations will be outlined in a letter from HOSC to the Office of the Public Guardian in order to obtain their response. Responses to the other recommendations will be sought from the relevant local managers.

10. HOSC WORK PROGRAMME

10.1 RESOLVED to

(1) Agree that the membership of the Review Board on nutrition and feeding in hospitals is Councillors Sylvia Tidy, Ruth O'Keeffe, Alex Hough, Eve Martin and Diane Phillips.

(2) Agree to hold an awayday on the morning of 8th September 2009 to review the HOSC work programme.

(3) Agree to hold an event for stakeholders in November to look at health issues in rural areas. This will help HOSC ensure that it is aware of these issues and includes any appropriate topics in the future work programme.

11. INDIVIDUAL HOSC MEMBERS ACTIVITY, INCLUDING LOCAL INVOLVEMENT NETWORK (LINk) UPDATE

LINk update

11.1 Janet Colvert, Chair, LINk Core Group presented the LINk update. LINk held its first Annual General Meeting on 17th June 2009 and produced its first Annual Report. Included in the Annual Report is a DVD which describes one LINk participant's journey from how she first became involved. Ms Colvert highlighted how the LINk wants to encourage more participants to become actively involved in projects within the LINk work programme. A recruitment campaign is underway.

11.2 The LINk work programme is now in place and activity groups are being set up to take it forward. The LINk is also involved in various projects, e.g. maternity services and Brighton and Sussex University Hospitals NHS Trust Teaching, Trauma and Tertiary Care Programme, and has representation on a wide range of groups. Ms Colvert highlighted that LINk is now more visible and more listened to. Its improving profile is evidenced by the increasing usage of the LINk website.

Councillor Eve Martin

11.3 Attended the Healthy Hastings Partnership Board and the South East Coast Ambulance Service NHS Trust launch of the stroke FAST campaign.

Councillor Diane Phillips

11.4 Attended the meeting of the Patient and Public Engagement Group. Cllr Phillips was impressed with the work of this Group and paid tribute to it.

Councillor Angharad Davies

11.5 Attended a Health Prevention Conference on 25th June 2009. Councillor Davies has been in contact with Dr Tony Rudd who chairs the Intercollegiate Stroke Group on the Sentinel Audit. Dr Rudd was pleased to receive a copy of the HOSC Review of Stroke Care and he believes that East Sussex could become a leading centre for the management of stroke. Councillor Davies has also written to the Daily Telegraph about the stroke review and also the Battle and Bexhill Observer to congratulate the four local oarsmen who recently won a rowing race from Australia to Madagascar. The oarsmen raised funds for the Stroke Association.

Councillor David Rogers

11.6 On Monday 13th July, Councillor Rogers will chair (in his Local Government Association role) an event for HOSC chairman and officers to inform the development of update national guidance on health scrutiny. Cllr Sylvia Tidy and Claire Lee will attend on behalf of East Sussex HOSC.

Meeting ended at 12.30pm