

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **24<sup>th</sup> September 2009**

By: **Director of Law and Personnel**

Title of report: **HOSC work programme 2009/10**

Purpose of report: **To agree HOSC's work programme for 2009/10 and update the Committee on the scrutiny review of nutrition, hydration and feeding in hospitals and the rural health services event.**

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## **RECOMMENDATIONS**

**HOSC is recommended:**

- 1. To agree the work programme as outlined in Appendix 1.**
  - 2. To note progress on the Committee's scrutiny review of nutrition, hydration and feeding in hospitals.**
  - 3. To note progress on arranging HOSC's rural services event**
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### **1. Background**

1.1 On 8<sup>th</sup> September 2009 HOSC held a work planning seminar. The objective of this session was to review the status of current items on the HOSC work programme, consider items likely to come forward from the NHS over the coming year and to prioritise topics HOSC will consider during 2009/10. Mr Mike Wood, Chief Executive, NHS East Sussex Downs and Weald and NHS Hastings and Rother gave a presentation on strategic commissioning plans and an update on PCT provider services.

### **2. Work programme 2009/10**

2.1 Following the work planning seminar, the HOSC work programme has been updated to incorporate the items discussed. The revised work programme and proposed treatment of each topic is attached at appendix 1 for the Committee's agreement.

2.2 At the seminar, HOSC identified nine topics which are 'high priority'. These are topics of significant concern or interest to health organisations, members and/or the public. These are:

- Nutrition, hydration and feeding in acute hospitals
- Older people's mental health strategy
- Separation of PCT provider services
- Primary angioplasty
- Rural health services
- Integration of Health and Social Care
- Epilepsy
- Prison healthcare
- Returning armed forces personnel

2.3 HOSC also identified 19 topics where it is maintaining a watching brief. These are:

- Maternity strategy
- South East Coast Ambulance Service NHS Trust's strategy for the ambulance station network
- South East Coast Ambulance Service NHS Trust's application for Foundation Trust status
- East Sussex Hospitals NHS Trust's application for Foundation Trust status

- Brighton and Sussex University Hospitals NHS Trust's (BSUH) application for Foundation Trust status
- BSUH Teaching, Trauma and Tertiary Care development
- Mental Capacity Act
- Human Papilloma Virus (HPV) vaccination programme
- Choice and Booking
- GP led health centres
- Day and vocational services for adults
- Stroke care services
- Delay transfers of care
- NHS dentistry
- Long term conditions
- End of life care
- Carers' strategy
- Infection control at East Sussex Hospitals NHS Trust
- Immunisation and infectious disease

2.4 The scrutiny review of nutrition, hydration and feeding in acute hospitals is underway and the Project Board (Cllrs Hough (Chairman), O'Keeffe, Martin, Phillips and Tidy) met on 8<sup>th</sup> September to finalise the scope of the review. The review will include joint working with the East Sussex LINK and Brighton and Hove LINK. The review's focus is on acute hospitals run by East Sussex Hospitals NHS Trust and Brighton and Sussex University Hospitals NHS Trust.

2.5 An event to investigate rural health services will be held on Friday 27<sup>th</sup> November 2009. A planning group (see 2.6) is overseeing the planning of the event. The investigation will focus on how health services are planned, commissioned and delivered in rural East Sussex. Delegates will have the opportunity to feedback and suggest areas for attention. The objective is to identify any issues which the Committee might wish to take forward as a more detailed project/review. Attached as appendix 2 is the outline programme of the event.

#### 2.6 HOSC Rural Health Event – Planning Group

Teresa Gittins, Head of Strategy and Communications, Action in Rural Sussex  
 Dr Simon Kiley, Research and Policy Officer, Action in Rural Sussex  
 Jeremy Leggett, Chief Executive, Action in Rural Sussex  
 Lisa Schrevel, Scrutiny Lead Officer, East Sussex County Council  
 Cllr Sylvia Tidy, Chairman, Health Overview and Scrutiny Committee (HOSC)  
 Richard Watson, Health Improvement Commissioning Manager, NHS East Sussex Downs and Weald and NHS Hastings and Rother  
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## **Health Overview and Scrutiny Committee (HOSC)**

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**Work programme topics: High priority** - Topics of significant concern or interest to health organisations, members and/or the public that will benefit from scrutiny investigation

<b>Topic</b>	<b>Summary of status</b>	<b>HOSC update due</b>	<b>Method</b>
<b>Nutrition and feeding in acute hospitals</b>	Focus on acute hospitals. Review Board: Cllrs Hough, O'Keeffe, Martin, Phillips, Tidy. Chairman: Cllr Hough. Initial Review Board meeting 8 September 2009 agreed scope	Update report on <b>24 September 2009</b> . Review Report <b>11 March 2010</b> , monitor recommendations to 2011.	Scrutiny review.
<b>Older people's mental health strategy</b>	Focus on dementia strategy. Includes overall strategy and specific proposals around Beechwood etc. Also implications of the new National Dementia Strategy.	Update report on <b>24 September 2009</b>	Agenda item
<b>Separation of PCT provider services</b>	PCTs exploring the options for the £70m or so of community services. The objective is to determine the management and then, as commissioners, determine the best models for provision.	Plan into <b>2010</b> schedule	Agenda item
<b>Primary angioplasty-</b>	Post November work dependent on what the proposals are.	Presentation pencilled in for <b>20 November 2009</b>	Agenda item (followed by possible Task Group)
<b>Rural health</b>	Rural health services event in November 2009. Working with Action in Rural Sussex. The objective is to inform HOSC so that it could then take forward one or more issues emerging from the event as a more detailed project/review.	<b>Provisional date 27 November 2009</b> (East Sussex National Golf Resort)	Themed meeting
<b>Integration of Health and Social Care</b>	Meet with MW, KH and MD to discuss integration strategy and how it will be monitored. Explore funding issues e.g. impact of maternity services and what services will be provided. Need to build in themes on home care, continuing health care and exemplar for older people's services.	Plan into <b>2010</b> schedule <b>post April</b> (after organisations have met to discuss integration)	Themed meeting

<b>Topic</b>	<b>Summary of status</b>	<b>HOSC update due</b>	<b>Method</b>
<b>Epilepsy</b>	Brief required on current epilepsy service and demand etc. The premise is that a specialist epilepsy hospital unit is required.	Plan into <b>2010</b> schedule	Information request (followed by possible Task Group)
<b>Prison healthcare</b>	PCTs recently took over responsibility for prison healthcare but will this be part of provider services contracting out? Mental health and drug use aspects. Impact of increased number of secure beds at Hellingly?	Plan into <b>2010</b> schedule	Information request
<b>Returning armed forces personnel</b>	Determine scale of services and number of service personnel in East Sussex, funding etc before deciding on any further work.	Plan into <b>2010</b> schedule	Information request

**Current work programme topics: Monitoring** - Maintaining a watching brief on topics that have been scrutinised.

<b>Topic</b>	<b>Summary of status</b>	<b>Next HOSC update due</b>	<b>Method</b>
<b>Maternity strategy</b>	Ongoing monitoring at six month intervals until resolution	Progress report <b>24 September 2009</b>	Agenda item
<b>SECAMB plans for ambulance stations</b>	Strategy for ambulance station network in light of new 'make ready' depot arrangements for cleaning and restocking ambulances.	Presentation on <b>24 September 2009</b>	Agenda item
<b>Foundation Trust (FT) application (1)</b>	<b>South East Coast Ambulance Service NHS Trust (SECAMB)</b>	Presentation on <b>24 September 2009</b>	Agenda item
<b>Foundation Trust (FT) application (2)</b>	<b>East Sussex Hospital NHS Trust</b> –finalising application. (FT board meetings will be in public)	ESHT still finalising application.	Informal briefing
<b>Foundation Trust (3)</b>	<b>Brighton and Sussex University Hospitals NHS Trust (BSUH)</b> – Aiming to be authorised in autumn 2010.	Presentation on <b>20 November 2009</b>	Agenda item
<b>BSUH Teaching, Trauma and Tertiary Care</b>	Introductory briefing in July 2009. Briefing in June 2010 on business case development and decant programme	Update <b>17 June 2010</b> .	Agenda item
<b>Mental Capacity Act</b>	HOSC Task Group reported to HOSC July 2009. Gathering responses to recommendations. Need to consider their impact.	Update on responses <b>20 November 2009</b>	Agenda item
<b>HPV vaccination programme</b>	Initial item September 2008. Schools based vaccination programme started November 2008. If no issues raised in November	Update report <b>20 November 2009</b>	Agenda item (and if no issues – stop monitoring)
<b>Choice and booking</b>	Ongoing monitoring by HOSC due to performance issues. March 2009 – 20% to 35% of East Sussex GPs' referrals handled through the system compared	Update report <b>17 June 2010</b> (change to March?)	Agenda item (and then update by email June 2011)

<b>Topic</b>	<b>Summary of status</b>	<b>Next HOSC update due</b>	<b>Method</b>
	to national target of 90%. PCTs will not give up on the system.		
<b>GP led health centres</b>	HOSC monitored specification and procurement. South East Health to run two new GP-led health centres: Eastbourne to open Sept 2009. Hastings to open June 2010.	Update report <b>17 June 2010</b> when both centres should be open	Agenda item (and then update by email June 2011)
<b>Day and vocational services for adults</b>	HOSC reviewed new model in March 2009. Aim to provide meaningful daytime activities and to enable people to move onto greater independence, including mainstream employment and education.	Review of first year due in <b>September 2010</b> .	Agenda item (and then determine future monitoring, if any)
<b>Stroke care services</b>	Currently monitoring implementation of HOSC's 20 recommendations. Multi-agency Stroke Programme Board (Cllr Davies a member) co-ordinating work on over 140 recommendations from various bodies (including HOSC).	Update reports <b>11 March 2010</b> and <b>16 September 2010</b> . And March 2011	Agenda item
<b>Delayed transfer of care (DTCs)</b>	In May 2007 DTCs were under 40 compared to an average of 74 during 2005/2006. The number of DTCs due to social care reasons was in single figures. HOSC noted improvement and continued to monitor status of DTCs. As at 6 August 2009 DTCs totalled 65; 15 were due to social care reasons. Approach depends on outcomes from Health Social Care integration discussion.	To be confirmed	Agenda item
<b>NHS Dentistry</b>	Regular (approximately annual) monitoring reports being received due to this being an issue of public interest. November 2008 - progress 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. Need map of NHS dentists in East Sussex Districts and Boroughs. Consider ease of access to an NHS dentist.	Update report <b>20 November 2009</b>	Agenda item (and then no further work planned unless commissioning arrangements planned)



<b>Topic</b>	<b>Summary of status</b>	<b>Next HOSC update due</b>	<b>Method</b>
<b>Long term conditions</b>	Last update report November 2008. East Sussex Long Term Conditions Strategy will bring together Physical Disability, Sensory Impairment and Long Term Conditions strategies. Strategy will be jointly developed.	Update report <b>20 November 2009</b>	Agenda item (and then no further work planned)
<b>End of life care</b>	Look at how national strategies are being implemented locally and summary of practice in East Sussex e.g. good practice, role of hospices, funding issues.		Information request (and consider Task Group in 2011)
<b>Carers strategy</b>	New national strategy and objectives and funding have gone to the PCTs. HOSC to be briefed on how this funding is being used.		Information request
<b>Infection control at ESHT</b>	Briefed in July on action taken around C Diff outbreak and strategy in place to prevent further outbreaks. Option to request further reports if issues arise e.g. new more resistant strains of bacteria, swine flu etc.		Information request should there be a fresh outbreak.
<b>Immunisation and infectious disease</b>	If any person goes to their GP or hospital suffering from one of 30 notifiable infectious diseases, the GP or doctor has to notify the Health Protection Agency (HPA). Possible issue should swine flu cases rise substantially.		Information request on status of MMR vaccination and cases of measles

## Health Overview and Scrutiny Committee

There are three ways to prioritise topics: **High Priority:** Topics of significant concern or interest to health organisations, members and/or the public that will benefit from scrutiny investigation. **Monitoring:** Maintaining a watching brief on topics that have been scrutinised. Members will wish to agree what it is they wish to focus on. **No further work planned:** Topics that have been scrutinised and will return to the work programme only when triggered by a significant event or member request.

Methods for tackling a topic:

<i>Option</i>	<i>Suitable for</i>
<b>HOSC information request</b> <i>Example: Macular degeneration</i>	HOSC has power to request relevant information from NHS organisations to help it do its job. Some very specific issues can be explored and resolved simply by submitting a written request for information to the relevant NHS body.
<b>HOSC informal briefing</b> <i>Examples: Foundation Trust briefing, visit to SECAMB control centre</i>	Where information is required to develop HOSC's general understanding of health and the NHS. These are sometimes offered by NHS organisations either on a regular basis to explain their work, or in relation to a specific service or organisational development. Alternatively, these can be arranged on a specific topic at the request of HOSC.
<b>HOSC agenda item</b> <i>Examples: Dentistry, GP led health centres</i>	Issues where the primary purpose is holding NHS organisations to account, monitoring performance or progress or where the scope is such that the topic is manageable in an agenda item of 30 – 60 minutes. Agenda items are also useful for briefing the committee on service developments or responding to issues raised by NHS organisations.
<b>HOSC themed meeting</b> <i>Example: Fit for the Future evidence-gathering sessions, Rural Services Event</i>	As above, but where the scope requires more time or witnesses. This must be balanced with the need to accommodate other items on the work programme within meetings. These may be particularly useful where HOSC is formally considering a 'substantial variation' to services and needs to take evidence in order to respond to the NHS.
<b>HOSC task group</b> <i>Example: Mental Capacity Act</i>	Looking into a specific issue with limited scope, or which requires a quick turnaround (2-3 months) and reporting back findings to HOSC to enable the committee to take a view. This is likely to be reactive to issues arising and would be a group of 2-3 HOSC members.
<b>HOSC scrutiny review</b> <i>Example: Stroke Services Review, Nutrition and Feeding in Acute Hospitals</i>	Complex, multi-faceted issues which require in-depth research, questioning a range of witnesses and possible consultation with the public/stakeholders. The review would be undertaken by a sub-group or 'Review Board' of 3 or 4 HOSC members (and co-optees if appropriate) and would take around 6 months or more. The final report and recommendations would be agreed by HOSC and the committee would monitor progress on implementation of the recommendations through agenda items over 12-18 months.



## **HOSC RURAL HEALTH EVENT**

### **Investigating NHS delivery in rural East Sussex**

27 November 2009, East Sussex National Golf Club, Uckfield (TBC)

**9.30 am Registration**

**10.00 am Welcome** Councillor Sylvia Tidy, Chair of East Sussex Health Overview and Scrutiny Committee (HOSC). An introduction to the day, its aims and objectives

**10.15 am Commissioning Health Services in East Sussex**

Speaker: Mike Wood, Chief Executive, East Sussex PCTs. An overview of how the PCTs commission services for the whole of East Sussex, covering the PCTs' five strategic objectives:

- Reduce health inequalities and improve life expectancy
- Improve chronic disease detection and management and treatment
- Improve health
- Increase investment in older people's services
- Improve mental health and well being

**10.30 am The Challenges of Providing Health Services in Rural East Sussex**

Speaker: Jayne Boyfield, Director of Provider Services, East Sussex Community Health Services (or another senior manager from her team). An overview of the complexity and key challenges of providing health services in rural East Sussex: e.g. accessibility, economies of scale, viability, quality, cross-border liaison. Ideally, the presentation will tie in primary care, secondary care, acute services, and preventative services and also include community hospitals and mental health issues.

**10.45 am Questions**

**11.00 am REFRESHMENT BREAK**

**11.30 am Vox Pops – Personal Experiences of Rural Health Services**

- Health inequalities and life expectancy - Possible speaker: Pat Bunell, AiRS
- Chronic diseases - Possible speaker: Chris Sampson GP
- Improving health - Possible speaker: Youth Parliament member
- Older people's services - Possible speaker: Senior Citizen/Forum
- Mental health and well being - Possible speaker: Martin Packwood, Lead Commissioning Manager, Adult Mental Health Services
- Best practice - examples from East Sussex and other counties

<b>Noon</b>	<b>Panel - questions and discussion</b>
<b>12.30 pm</b>	<b>LUNCH</b>
<b>1.30 pm</b>	<p><b>Breakout Groups at the Scrutiny Café<sup>1</sup></b>  A series of 3, 20 minute small group discussions to explore specific issues, what concerns people most, and potential lines of enquiry that HOSC could pursue relating to:</p> <ul style="list-style-type: none"> <li>▪ Health inequalities and life expectancy</li> <li>▪ Chronic disease</li> <li>▪ Improving health</li> <li>▪ Older people's services</li> <li>▪ Mental health and well being</li> </ul>
<b>2.30 pm</b>	<b>Feedback from Breakout Groups</b>
<b>3.00 pm</b>	<b>BREAK</b>
<b>3.15 pm</b>	<b>Wrap Up and Next Steps – Cllr Sylvia Tidy</b>
<b>3.30 pm</b>	<b>CLOSE</b>

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<sup>1</sup> **Scrutiny Café** is a face to face engagement technique developed in the 1990's, and used successfully at a number of scrutiny events including the 2008 Centre for Public Scrutiny conference. It offers participants the opportunity to share experiences, information and ideas in a relaxed café-style environment. It is self-facilitating and participant driven, and allows for self-recording of thoughts and ideas. In summary it involves:

- small group discussions on hosted tables (maximum 10 people per table, plus host)
- discussion around a common set of questions
- after 20 minutes participants move to a new table, allowing views, information and ideas to be exchanged
- table hosts remain at their table to outline the discussions so far
- new questions are introduced for each round
- groups are encouraged to reach common ground
- thoughts and ideas are recorded by participants on a paper table cloth
- plenary at the end to share insights and reflections
- a report is written up capturing discussions and conclusions – in this case, potential lines of enquiry for HOSC in relation to health services in rural areas