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 24th September 2009

PRESENT: Councillor Sylvia Tidy, Chairman, Councillor Rogers (Vice Chairman); Councillors Heaps, O'Keeffe, Taylor (ESCC); Councillor Hough (Eastbourne Borough Council); Councillor Martin (Hastings Borough Council); Councillor Phillips (Wealden District Council)

WITNESSES:

South East Coast Ambulance Service NHS Trust (SECAmb)
Geraint Davies, Director of Corporate Affairs
Geoff Catling, Head of Estates

Older people's mental health (OPMH) strategy
Martin Packwood, Joint Commissioning Manager for Mental Health, NHS East Sussex Downs and Weald/NHS Hastings and Rother/ESCC Adult Social Care
Nigel Hussey, PCT Commissioning Manager for Mental Health (and lead on OPMH), NHS East Sussex Downs and Weald/NHS Hastings and Rother
Neil Waterhouse, Service Director Older People's Mental Health Services, Sussex Partnership NHS Foundation Trust

Developing maternity services in East Sussex – NHS East Sussex Downs and Weald and NHS Hastings and Rother
Jenny Phaure, Project Programme Manager,
Ali Parsons, Strategy and Planning Manager

LEAD OFFICER: Lisa Schrevel, Scrutiny Lead Officer

LEGAL ADVISER: Angela Reid, Head of Legal Services

1. APOLOGIES

1.1 Apologies were received from Councillors Angharad Davies, Philip Howson, Carolyn Lambert, Peter Pragnell, Mr Dave Rogers, Ms Janet Colvert

WELCOME

1.3 The Chairman welcomed Councillor Carolyn Heaps who joined HOSC following the County Council elections in June 2009 and Lisa Schrevel, Scrutiny Lead Officer who is standing in for Claire Lee while she is on secondment to the Centre for Public Scrutiny.

2. MINUTES

2.1 RESOLVED – to approve the minutes of the meeting held on 6th July 2009 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. SOUTH EAST COAST AMBULANCE SERVICE NHS TRUST (SECAmb) – KEY DEVELOPMENTS

FOUNDATION TRUST

5.1 Geraint Davies, Director of Corporate Affairs, SECAmb gave a presentation on the Trust's application for Foundation Trust status and tabled the SECAmb consultation document 'Our plans for becoming a foundation trust'.

5.2 Key points from presentation

- Consultation period is from 25 July to 16 October 2009.
- Drivers for seeking Foundation Trust status are to become more locally accountable by developing a membership base and governors; to be able to speed up innovations; and to have greater financial freedoms.
- 3,000 staff across 65 sites. 85% of the workforce works directly with patients – either face to face in the field, or over the phone.
- Activity is growing 5% year on year.
- The underlying principle of SECAmb is 'taking healthcare to the patient'.
- Patients fall into three categories: critically ill (stroke, trauma etc), acute/urgent (falls, non-life threatening illness etc) and non-emergency transport.
    - Only 8% of patients fall in the acute category.
    - Acute/urgent cases are growing the most and these patients require a different set of skills to treat. SECAmb wants to meet this challenge with paramedic practitioners and technological innovations.
    - Almost half a million journeys by Patient Transport Service (PTS) but varies across the region e.g. East Sussex is well developed but Surrey has none.
- Survey showed that speed of response is the key requirement of the public, followed by customer satisfaction and value for money.
    - SECAmb plan where staff and ambulances should be so that they are best able to respond to changing demands by the hour, the day, the year.
    - SECAmb aim to transfer the patient to the right place for treatment and this might not be the patient's local hospital due to the developments of specialist centres of excellence e.g. Brighton being developed as a tertiary trauma centre.
    - Developing critical care paramedics who are able to stabilise and treat critically ill patients in the ambulance as it travels to the trauma centre. 60 planned to be in post within the next 5 years. 25 are in training now.

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- As regards urgent care, SECAmb has paramedic practitioners who can act as gatekeepers and direct patients to the best place for treatment e.g. GP, pharmacist or no treatment required. 300 planned to be in post within the next 5 years.
- Currently estimated that 40% of patients go to Accident and Emergency who should not go there.
- Only 120 complaints received out of 1 million interventions. Most related to communications with the public. Issues raised are being tackled.
- SECAmb aims to run an economically efficient fleet which gives value for money. Currently, vehicles are operational 70% of the time and this is needed for it to be economically viable. SECAmb is working to increase the operational time e.g. through the development of make ready depots.
- Foundation Trust status will give SECAmb financial freedoms and enable reinvestment for local service improvement.

- SECAmb was rated the highest performing ambulance trust for infection control in the country by the Care Quality Commission in part through staff training and make ready depots.

Inappropriate calls to ambulance service

5.3 Geraint Davies said that SECAmb believe there is no such thing as an 'inappropriate' call but it's a case of ensuring there is not an inappropriate response. SECAmb are working with GPs and Community Matrons etc to develop a directory of service so that people who call the ambulance service can be redirected to the appropriate intervention. Currently a scheme is running in East Sussex around falls many of which are due to inappropriate care in the community. SECAmb is working with the PCTs and health community on this. Also, paramedic practitioners are linked into primary care and co-located in GP surgeries as part of their training.

Hard to reach groups

5.4 Geraint Davies confirmed that SECAMB had done a lot of work surrounding hard to reach groups (including Travellers) concerning access to SECAmb's services.

Stroke patients

5.5 Mr Davies said that SECAmb wants to bring in Brain Acoustic Monitoring (BAM) which enables ambulance paramedics to determine if a stroke is due to a 'bleed' or 'clot' and thereby enable the correct intervention and for the patient to be conveyed to the right hospital for treatment. The service is currently trialling BAM equipment. Should the trial be successful the next step would be to produce a 'patient group directive' which is a protocol for the Medical Director and Clinical Director to sign off and give permission for the paramedics to carry out the intervention. Foundation Trust status will make this sort of development easier to achieve.

Differing opinions between SECAmb and hospital trusts on where a patient should be treated

5.6 Mr Davies explained that there is debate between hospitals and SECAmb on what can be appropriate for an ambulance paramedic to undertake. Brighton and Sussex University Hospitals NHS Trust have been supportive of up-skilling ambulance paramedics as this means patients are more likely to be taken to the hospital which can give the appropriate care.

5.7 Mr Davies said that there is tension where SECAmb interface with the hospital and the handover of patients from the ambulance into acute care, and the targets linked to this. Only 15 minutes is allowed for the patient to be moved from the ambulance into the hospital but a debate surrounds where the patient should wait. A further 15 minutes is allowed for crews and vehicles to become operational again. There is also debate around whether a tertiary trauma centre would take patients away from an acute hospital. SECAmb's overriding objective is to ensure that the patient is taken to the appropriate place for care.

Foundation Trust Board meetings in public

5.8 Mr Davies confirmed that meetings of Foundation Trust Board would be in public.

Visits to Make Ready Depot and Call Centre

5.9 Mr Davies offered to arrange visits for HOSC members to SECAmb's Make Ready Depot in Hastings and to the Call Centre in Lewes.

5.10 RESOLVED to

(1) Respond to SECAmb's Foundation Trust consultation and this would include an endorsement of SECAmb's vision and plans.

MAKE READY

5.11 Geoff Catling, Head of Estates, SECAmb gave a presentation on the strategy for the ambulance station network in the light of new make ready depot arrangements for cleaning and restocking ambulances.

5.12 Key points from presentation:

- Make ready system won regional Best of Health award for patient safety.
- Care Quality Commission has recommended the system for national roll-out across all ambulance services in the country.
- System meets stringent standards for cleanliness of ambulances.
- Speed of response is the key to good clinical outcomes and mal-located estate impedes response.
- SECAmb make ready depots in Chertsey, Hastings and, in November 2009, Thanet. Another make ready depot will open in Polegate but not before May 2011.
- Ambulances are cleaned by Infection Control Specialists at the end of every shift.
- Very safe levels achieved - no trace of Clostridium Difficile, reduced levels of microorganisms, no MRSA (but none before either).
- Paramedics should not be expected to clean ambulances.
- Make ready system means all resources concentrated at large depots and service can be delivered from response posts which are aligned with patient demand.
- Make ready depots will enable SECAmb to rationalise its old estate (and also save on £4m backlog in maintenance).

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Public concern surrounding closure of ambulance stations

5.13 Geoff Catling explained that SECAmb had produced a media and briefing pack about make ready depots but some information about the depots had got out earlier. Stories about the closure of Crowborough ambulance station (in the Paddock Wood area) appeared in the local press. Mr Catling said that crews from a particular station often did not attend to patients in the area but had to travel to another part of the county. He gave an example of the Cranbrook station where out of 320 calls only 21 were from patients in the Cranbrook area. To date, there have been no decisions on closures of ambulance stations in the Paddock Wood area. In fact, there are too few locations in the area. SECAmb estimate that they need 11 response posts, but currently have six. Some of the current stations are not conducive to fast response times and speed of response is key to good clinical outcomes.

Cleaning during an ambulance shift

5.14 Mr Catling explained that ambulance crews are trained in basic hygiene techniques and infection control and have the requisite materials to clean superficial contaminants. However, the make ready system is designed to deal with situations where an ambulance might be more seriously contaminated. In these cases, the ambulance returns to the make ready depot and the crew swap ambulances. If necessary, the crew are also able to receive counselling. In a worst case scenario where an ambulance might be seriously contaminated e.g. chemical spillage, SECAmb have pre-determined sites where the ambulance can be left to allow for biological cleansing.

Death in an ambulance

5.15 Should a patient die while in the ambulance, the crew drive to a pre-designated point. Then the ambulance returns to the make ready depot where the crew is able to swap vehicles and also receive counselling, if necessary. Mr Catling pointed out that SECAmb do not act as a mortuary and do not pick up dead people.

5.16 RESOLVED to:

(1) Endorse SECAmb's strategy for the ambulance station network, particularly the development of make ready depots.

6. OLDER PEOPLE'S MENTAL HEALTH (OPMH) SERVICES STRATEGY

6.1 Martin Packwood, Joint Commissioning Manager for Mental Health, NHS East Sussex Downs and Weald/NHS Hastings and Rother/ESCC Adult Social Care presented an update report which will include an assessment of the implications of the new National Dementia Strategy.

6.2 Nigel Hussey, PCT Commissioning Manager for Mental Health (and lead on OPMH), NHS East Sussex Downs and Weald/NHS Hastings and Rother and Neil Waterhouse, Service Director Older People's Mental Health Services, Sussex Partnership NHS Foundation Trust were in attendance.

6.3 Key points from the presentation which outlined work surrounding the 17 objectives of the National Dementia Strategy.

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- East Sussex population over 65 will rise by 19% from 2006 to 2016. Within that period, people over 75 will rise by 9% and people over 80 will rise by 6% and over 85 by 17%.
- Dementia rates increase amongst people over 75.
- Dementia is a physiological condition and currently there is no cure but there are interventions which can slow down its development.
- Sussex wide partnership approach to treatment of dementia. Key activities will include coordinating information and awareness about dementia and coordinating professional training.
- Under identification by GPs is an issue and GPs are 'reluctant' to identify and refer people with dementia for specialist diagnosis.
- East Sussex initiatives underway for screening for dementia and increased formal identification.
- Progress being made in introducing and/or expanding tools and services designed to achieve good quality early diagnosis and intervention for all.
- East Sussex successfully bid to the Department of Health for funding to become a National Demonstrator site for three initiatives:
    - The introduction of 3 dementia advisors and volunteer training (by October 2009).
    - Breaks for Carers of people with dementia.
    - GP liaison
- Learning from these will be shared nationally and Demonstrator Site pilots operating outside the county, including structured peer support, will provide key learning and support.
- Older People's Psychiatric Liaison Service is being expanded to improve care for people with dementia in hospital.
- ESCC are in the process of agreeing the service specification for tendering a new specialist home support service for adults with dementia.
- A number of schemes in place to improve housing support, housing related services and telecare to support people with dementia and their carers.
- Ensuring end of life care is fully integrated into the care pathway for people with dementia, and their carers.
- East Sussex Dementia Action Plan completed. In January 2010 there will be a 'whole systems' care pathway mapping exercise for dementia care and services.
- Working collaboratively across the Sussex health and social care economy through the Department of Health South Coast Dementia Network.

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Demographic factors in East Sussex

6.4 Mr Packwood said that the department and South East Region Strategic Health Authority (SHA) are conscious of the fact that East Sussex is the area with the most elderly aged population and that they need to ensure dementia services are in the vanguard. Mr Packwood sees the development of services by GPs as a key priority. As regards progress on the dementia strategy, Mr Packwood said that we're getting there. Mike Wood, Chief Executive NHS East Sussex Downs and Weald and NHS Hastings and Rother sees delivery of services for older people, not just dementia services, as one of the key strategic priorities. We're further ahead in terms of the overall components and we want to ensure they're joined up. Early identification is key and this may "turn on the tap" for the rest of the services and throughput.

Variation in GP's performance on dementia register numbers

6.5 Asked to explain the range (10% to 120%) in East Sussex Downs and Weald PCT GP practice dementia register numbers as percentage of expected prevalence, Mr Packwood admitted that this level of differential is unacceptable. However, he pointed out that the performance needs to be seen in context that GPs have different skills and expertise in dementia diagnosis e.g. use of screening tools. PCTs have to undertake more training as well as ensuring that screening tools are available for GPs to take up.

6.6 Mr Packwood anticipates that the GP contract will change and Qualities and Outcome Framework (QOF) is changing to reflect the number of Mini Mental State Examinations (MMS) undertaken by a GP. MMS is a reasonable predictor of dementia. Currently there are no consistent standards for identifying dementia and ESCC and the PCTs want to accredit and see a number of screening tools for early diagnosis of dementia adopted.

6.7 HOSC would like further detail and the names of the GP practices in the table on slide 6 'GP practice dementia register numbers as % of expected prevalence'.

Incentivisation of GPs

6.8 Mr Packwood said that basic dementia screening is to be applied as part of the new QOF. East Sussex is pressing to have the standard introduced and also want GPs to register the proportion of patients who might have dementia relative to the expected rate.

6.9 Incentives to encourage GPs to improve the rates of dementia diagnosis and improve the dementia register numbers as a percentage of expected prevalence is a national strategy. It should be noted that QOF continues to change and develop to drive up quality and standards. National Institute for Clinical Excellence (NICE) is suggesting dementia screening tools should be adopted as part of QOF. The NICE approach includes assessing the treatments' effectiveness and also carrying out cost benefit analysis.

Ambiguity over diagnosis of dementia

6.10 Mr Packwood said that there is ambiguity over diagnosis of dementia. There are a number of tests required before a person can formally be declared clinically as suffering from dementia – usually Alzheimer's. However, a Mini Mental State (MMS) examination in primary care is less extensive and measures cognitive impairment. MMS and other screening methods vary in their predictive power and there can be false positives. If we can find something which is a realistic predictor it would be better to use this. Mr Packwood admitted that ambiguity over diagnosis of dementia is a genuine dilemma.

Incentives for carers

6.11 Mr Packwood agreed that carers are essential in supporting people with dementia with the increase in home-based care, and confirmed the provision of a number of initiatives including specialist home care and care breaks. However, Mr Packwood agreed that these initiatives are 'a drop in the ocean' when taking into account the anticipated rise in numbers of people with dementia in East Sussex through a growing older population and increased diagnosis. He said the PCTs are finding what resources they can, where they can. Additional funding has been sourced and we're learning and want to check effectiveness of the new initiatives. We have to get it right as

there will be a quantum increase in demand for dementia services. We're making these points very clearly and recently concluded the five year financial planning process which has specified a need for growth in millions specifically for dementia care but this will have to be seen in the wider context of other priorities for the PCTs.

Joint approach

6.12 For a long time there has been a joint commissioning approach to mental health and Mr Packwood's post is jointly commissioned by ESCC and the PCTs. Chief Executive of NHS East Sussex Downs and Weald and NHS Hastings and Rother and ESCC Director of Adult Social Care are in discussion about taking more formal steps to integrated commissioning of health and social care.

6.13 RESOLVED to

(1) Request a progress report at the meeting of HOSC on 16th September 2010.

(2) Request a revised table of 'GP practice dementia register numbers as % of expected prevalence' which identifies the GP practices in NHS East Sussex Downs and Weald and NHS Hastings and Rother

7. COMMUNITY AND INPATIENT CARE FOR OLDER PEOPLE WITH ORGANIC MENTAL HEALTH NEEDS (e.g. DEMENTIA)

7.1 Neil Waterhouse, Service Director Older People's Mental Health Services, Sussex Partnership NHS Foundation Trust presented a report on the implementation of specific proposals to reduce and re-organise acute assessment beds and develop community based assessment, considered by the HOSC Task Group during 2008.

7.2 Martin Packwood, Joint Commissioning Manager for Mental Health, NHS East Sussex Downs and Weald/NHS Hastings and Rother/ESCC Adult Social Care and Nigel Hussey, PCT Commissioning Manager for Mental Health, NHS East Sussex Downs and Weald/NHS Hastings and Rother were in attendance.

7.3 Key points from presentation

- Early diagnosis of dementia can reduce long term institutionalisation by 22%
- Sussex Partnership NHS Foundation Trust's (SPT) ambition is to be nationally recognised as the best in the country for provision of care to people with dementia.
- People with organic mental health problems deteriorate rapidly when they go into hospital.
- The idea of the Intensive Support Team was to avoid unnecessary admissions to acute sector beds by intervening earlier and provide great choice to service users and carers. Also to provide better services to enable people to be treated and cared for in their own homes where best practice suggests dementia support is most effective.
- Intensive Support Team very successful as a model:
    - Occupied bed days have reduced as a result of intensive home support.
    - Average length of stay has reduced significantly as a result of being able to keep people at home. The objective is to reduce this average length of stay further.

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- Memory Assessment Support Team (MAST) developed across Hastings and MAST best practice being applied across the Eastbourne area. Additional funding secured.
- SPT has given travel support to 13 patients affected by the closure of Beechwood who were admitted to St Anne's, and have received no formal complaints. Travel support also given to the patients' carers.
- Carers' engagement workers seek out carer groups and seek feedback on the impact of the new services.
- Future aims include:
    - More prevention and earlier intervention.
    - Ensuring that home and community based services deliver the full range of interventions known to be effective, including in a crisis.
    - Hospital care will provide the most intensive care for people with the most clinically acute and challenging needs.
    - More support to colleagues caring for people in hospital and residential care homes.

Dementia patients with additional medical needs causing disturbance for other patients

7.4 Mr Waterhouse said that part of the role of the SPT's psychiatric liaison service is to work with general nursing staff in the acute hospital setting and offer training on some of the skills required to nurse patients with dementia. Certainly our commissioners are looking to invest further in these areas.

Out of hours intensive home support

7.5 Mr Waterhouse said that SPT has area crisis response services for adults up to 65 and there is a small response team for those over 65. He admitted that it is less than adequate. The demand outside of current hours (8am-8pm daily) is low (2-3 people per week) but there is still a need. There are services in the local authority and other services which SPT could partner with to address this need.

Respite for carers

7.6 Local authority will have more respite care for short breaks at Milton Court when it is on line and this is anticipated to be in December 2009.

Transport

7.7 Given changes in provision of services, HOSC understood that transport implications for different parts of the county would be looked into and the results shared. Martin Packwood said that transport in rural areas is a generic issue for access to health and social care services. Mark Stainton, Adult Social Care is looking at transport in the round.

7.8 Mr Waterhouse confirmed that transport support for patients affected by the closure of the Beechwood Unit included support for the patient's visitors.

Use of funding released from closure of Beechwood unit

7.9 Mr Packwood confirmed that the funding saved from the closure of Beechwood Unit has been used to fund the MAST, intensive home support and a small surplus of £165,000 has been used to extend the Psychiatric Liaison Service.

Use of in-patient beds

7.10 Mr Waterhouse said the in-patient beds are used for East Sussex. People are admitted primarily to the unit which is most appropriate for their care and secondly to the one closest to their home. The future is about specialism and it may mean more travel but the centre will have the right services.

7.11 Mr Packwood added that we're travelling to more specialist in-patients but trying to ensure people are looked after at home. Partnership with cross-border organisations requires contractual arrangements for provision of services in those areas. The PCTs haven't moved along the specialist journey so far.

Sussex Partnership NHS Foundation Trust (SPT) – Board meetings

7.12 Mr Waterhouse agreed to raise HOSC concerns about SPT's decision to hold their Board meetings in private with the Chief Executive, Lisa Rodrigues.

7.13 RESOLVED to:

(1) Endorse SPT's implementation of the proposals for inpatient acute assessment beds and associated developments in community services for older people with organic mental health needs.

(2) Request an update information brief to be submitted in June 2010.

(3) Request a brief on the issue of partnership between SPT and Kent and Medway NHS and Social Care Partnership Trust.

8. DEVELOPING MATERNITY SERVICES

8.1 Jenny Phaure, Maternity Services (IRP) Programme Manager, NHS East Sussex Downs and Weald and NHS Hastings & Rother presented a progress report on the development of a service model for childbirth services provided by East Sussex Hospitals NHS Trust (ESHT) and the ongoing implementation of the wider maternity strategy. Ali Parsons, Strategy and Planning Manager was in attendance

8.2 Key points from presentation:

- Clinical subgroups established by the Clinicians Forum undertook work on service priorities across their particular area.
- They were given a range of tasks to examine practice against national standards and look at current services and see if this provided the best model of care; and put forward recommendations on how they saw the model of delivery to the Clinicians Forum.
- Subgroups presented findings to the Clinicians Forum.
    - Safe services are being delivered across the two sites and birthing centre and Independent Reconfiguration Panel (IRP) recommendations have been implemented.

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- As the model stands it is an effective model but there is scope for service innovation and enhancements.

- Clinicians Forum will recommend areas for development to the Maternity Services Development Panel on Monday 28th September. The Maternity Strategy will be revised in light of recommendations and submitted to the board in November.
- Financial and Commissioning Subgroup (FCSG) set up to look at service priorities and commissioning priorities year on year with the hospital trust and report back annually.
- Also to look at the costs involved to ensure that future services are affordable and offer added value as well as improving outcomes for mothers and babies.
- Commissioning has to look at the different kinds of services required and the numbers involved e.g. number of babies requiring intensive care and numbers of normal births.
- World Class Commissioning is more demanding and there needs to be good real time data.
- It means the commissioner has to be open to change and may look to provide services in a slightly different way.
- Service priorities for years 1 and 2:

  - Specialist psychiatric service in place to offer all pregnant women early assessment, signposting and support.
  - Better manage the large number of women who turn up at the labour ward but who are not in established labour.
  - Need to be innovative in responding to these needs so that midwives can concentrate on providing 1 to 1 care to mothers in established labour.
  - Idea for a triage service based on initial telephone to a midwife who can advise appropriately and stop them coming into the labour ward.
  - There is a need to look at better utilisation of maternity support worker and community midwives and establishing more services in the community.

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- Second year priority is to revisit the idea of an additional 6th consultant at one of the acute sites.
- Funding is now in place and the consultant will work across both sites. The consultant will be in on call and will be able to provide a higher level of labour ward presence.
- Dashboard shows that consultant now available 36 hours per week in the labour ward. So an additional sixth consultant will be a real benefit.
- Other initiatives being discussed with ESHT are consistent labour ward round, and opportunities for increased mentoring and training support.

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8.3 FCSG is also working on tariff and provision. This includes work on 'unpicking' block contracts. At the moment the work centres on apportioning the level of activity to the services being delivered. ESHT are presenting a deficit budget on maternity of £2.5 million over tariff but this includes £1.6 million which the PCT has already given to ESHT this year and so the deficit is actually £4.1 million.

8.4 The PCT is undertaking predictive modelling which involves analysis on how much maternity services should cost and discussing this with ESHT. However, ESHT have a higher cost service budget at the moment. Negotiations are underway to agree the figure for the two site model. Currently the PCTs' estimate is £14.5 million compared to ESHT figure of £17.5 million. The PCTs recognise that there may be a case for paying over tariff but it's the level of that payment which is being debated.

8.5 PCTs are keen to recognise the service enhancements and innovation which are emerging from the sub-groups and looking at how these might be incorporated into future commissioning arrangements e.g. community midwives should have a stronger role. The PCTs want to harness the motivation to take this forward and work with ESHT to implement changes particularly as regards the role of midwives e.g. midwives working on the acute site and in the community. Women are fortunate in East Sussex that we're retaining consultants across two sites and there is the opportunity through Maternity Matters to promote midwife led care on the wards.

8.6 Crowborough Birthing Centre has around 300 births per year and this is comparable with other midwife led units across the country. Crowborough is a beacon of excellence but cost of overheads is on the rise and this has prompted financial debate. PCTs do not want to lose the skills and a working group is looking at how to take the Crowborough service forward.

8.7 PCTs are looking towards network development through involvement with Sussex Maternity Network. This network gives opportunities for sharing expertise and training opportunities with BSUH etc. The PCTs would like to shape the work of the network more.

8.8 A further recommendation is that the four clinical subgroups reduce to one with representatives from each subgroup. This subgroup would feed into the clinical network.

Rate of progress on community midwives (this recommendation was accepted 2 years ago and not dependent on IRP)

8.9 Jenny Phaure admitted there is still a long way to go. Midwives are working in the community but it is not just about the location it is also about opening hours, the way services are delivered and women's awareness of services. The processes are there but need further development. Ms Phaure said that there is room for further progress.

Midwife:birth ratio above the 1:35 threshold

8.10 This ratio has deteriorated from 1:34 in April 2009 to 1.40 in June 2009. Jenny Phaure explained that the deterioration was due to problems experienced around recruitment of midwives. There was a delay in recruiting the 4 additional community midwives and ESHT is still waiting for the fourth to take up their post. The PCTs are in discussions with ESHT and want to see a plan on how to manage this in the future.

8.11 Birth Rate Plus calculations factor too and this moves the ratio up but the idea is to move tasks to the community support worker so that the midwife can be released for 1 to 1 care.

Dashboard data

8.12 HOSC raised a number of issues around incomplete or confusing data on the dashboard and Jenny Phaure agreed to feed this into the ongoing development programme for the dashboard.

Points highlighted:

- Staffing – midwife:birth ratio not split by site
- Colours on % booked after 12 weeks needs transposing

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Health visitors

8.13 HOSC has heard anecdotal evidence that health visitors in Hastings have been told to refer as many families as possible regardless of how minor the concerns for the extra help (so that as before Hastings will seem to have more needy families and, therefore, need more community midwives and health visitors). However, in Eastbourne, health visitors have been told not to make unnecessary referrals as they have been told Eastbourne has enough community midwives.

8.14 Jenny Phaure said she was not aware of this issue and would have to look into it before reporting back to HOSC.

8.15 RESOLVED to:

(1) Welcome progress on the development of maternity services and review progress in November 2009.

(2) Welcome progress on the development of the dashboard model and request that a robust and complete dashboard model is in use by September 2010 including split site data on midwife:birth ratios.

(3) Request opening hours for antenatal and postnatal clinics in Lewes.

(4) Request clarification on the advice given to health visitors in Hastings and Eastbourne as regards referrals to community midwives.

9. CHANGES TO THE REGULATION OF HEALTH AND SOCIAL CARE SERVICES

9.1 RESOLVED to:

(1) Agree the Committee will not submit commentary as part of the final Annual Health Check process in November 2009 for the following reasons:

- Because the process has been moved forward to November 2009 (instead of March/April 2010) only a short time has elapsed since HOSC last submitted commentary.
- Because only a short time has elapsed, and this time included the period of local elections and the summer break, HOSC has undertaken no further detailed review work which could be a source of evidence on which to base commentary.
- HOSC's resources are currently devoted to the priorities identified by Members, including the review of nutrition, hydration and feeding in hospitals and the organisation of the HOSC Rural Health Event.

(2) Agree that the HOSC Chairman writes to each local NHS organisation to confirm this decision.

10. HOSC WORK PROGRAMME

10.1 RESOLVED to:

(1) Agree the HOSC work programme for 2009/10 as outlined.

(2) Note progress on the Committee's scrutiny review of nutrition, hydration and feeding in hospitals.

(3) Note progress on the arrangements for HOSC's Rural Health Event on Friday 27th November 2009. Venue: Uckfield Civic Centre, Uckfield

11. REVIEW OF HOSC LIAISON MEMBER ARRANGEMENTS WITH NHS ORGANISATIONS

11.1 RESOLVED to:

(1) Agree the proposed HOSC liaison member arrangements with NHS organisations and advise the organisations of the arrangements.

(2) Agree that the liaison member would keep a watching brief on 'their' organisation and could undertake a range of activities depending on their capacity and time available. The activities could include one or more of the following on an informal basis:

- Attending public briefings or seminars held by the trust as observer
- Consider the Trust's Board meeting agendas and other relevant papers
- Attend Board meetings as an observer
- Liaising with the relevant Local Involvement Network (LINk) representative to share knowledge and identify issues of shared concern.
- Providing a brief summary of any particular issues of any potential concern via phone/e-mail to the Scrutiny Lead Officer
- Updating HOSC on activities at the Committee meeting

NHS Organisation	**Proposed HOSC liaison members**	
PCTs		
NHS East Sussex Downs & Weald	Cllr Lambert	Cllr O'Keeffe
NHS Hastings and Rother	Cllr Pragnell	Cllr Martin
Other Trusts		
Brighton & Sussex University Hospitals NHS Trust	Cllr Howson	Cllr Rogers
Maidstone and Tunbridge Wells NHS Trust	Cllr Phillips	Cllr Tidy
East Sussex Hospitals NHS Trust	Cllr Hough	Cllr Davies
Sussex Partnership NHS Foundation Trust	Cllr Tidy	Cllr Taylor
South East Coast Ambulance Service NHS Trust	Cllr Heaps	Dave Rogers

Janet Colvert, Chair, LINk Core Group already meets regularly with representatives from NHS organisations in East Sussex as part of her LINk responsibilities.

12. INDIVIDUAL HOSC MEMBERS ACTIVITY

Cllr Ruth O'Keeffe

12.1 Cllr O'Keeffe is in contact with the Vegetarian Society as part of the research for HOSC's nutrition, hydration and feeding in hospitals review.

Cllr Eve Martin

12.2 Cllr Martin attended Hastings and Rother Social Care Forum in September and also South East Coast Ambulance Service event on 'shaping the future of your ambulance service 2009' in Maidstone on 3rd September.

Cllr Diane Phillips

12.3 Cllr Philips is in contact with Patient Advice and Liaison Service (PALS) as part of the research for HOSC's nutrition, hydration and feeding in hospitals review.

Cllr David Rogers

12.4 Cllr Rogers attended the South East Coast Ambulance Service event on 'shaping the future of your ambulance service 2009' in Haywards Heath on 18th September.

Cllr Sylvia Tidy

12.5 Cllr Tidy met with Mike Wood, Chief Executive and Lisa Compton, NHS ESDW and NHS H&R on 7th August; John Bacon, Chairman, Sussex Partnership NHS Foundation Trust on 7th August; and Irene Dibben, Chairman, East Sussex Hospitals NHS Trust on 11th September. These meetings were part of the on-going series of informal briefings with chief executives or chairs of local health organisations.

12.6 Cllr Tidy attended the South East HOSC Chairs and Officers meeting on 4th September. She attended the Annual General Meeting of NHS Hastings and Rother on 22nd September and plans to attend the AGM of NHS East Sussex Downs and Weald in the afternoon of the 24th September.

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Meeting ended at 1.15pm

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5. SOUTH EAST COAST AMBULANCE SERVICE NHS TRUST (SECAmb) – KEY DEVELOPMENTS

FOUNDATION TRUST

Geraint Davies, Director of Corporate Affairs, SECAmb gave a presentation on the Trust's application for Foundation Trust status and tabled the SECAmb consultation document 'Our plans for becoming a foundation trust'.

Key points from presentation

Consultation period is from 25 July to 16 October 2009.
Drivers for seeking Foundation Trust status

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are to become more locally accountable by developing a membership base and governors; to be able to speed up innovations; and to have greater financial freedoms.
3,000 staff across 65 sites. 85% of the workforce

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directly with patients – either face to face in the field, or over the phone.
Activity is growing 5% year on year.
The underlying principle of SECAmb is 'taking healthcare to the patient'.
Patients fall into three categories: critically ill (stroke, trauma etc), acute/urgent (falls, non-life threatening illness etc) and non-emergency transport.
Only 8% of patients fall in the acute category.
Acute/urgent cases are growing the most and these patients require a different set of skills to treat. SECAmb wants to meet this challenge with paramedic practitioners and technological innovations.
Almost half a million journeys by Patient Transport Service (PTS) but varies across the region e.g. East Sussex

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but Surrey has none.

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Only 8% of patients fall in the acute category
Acute/urgent cases are growing the most and these patients require a different set of skills to treat. SECAmb wants to adapt to this development with their paramedic practitioners.
Principle is 'taking healthcare to the patient'

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Survey showed that speed of response is the key requirement of

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the public, followed by customer satisfaction and value for money.
SECAmb plan where staff and ambulances should be so that they are best able to respond to

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changing demands

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by the hour, the day, the year.

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Only 120 complaints out of 1 million interventions and most of the complaints about communications. Communication issues raised are being tackled.

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SECAmb aim to transfer the patient to the right place for treatment and this might not be the patient's local hospital due to the developments of specialist centres of excellence e.g. Brighton being developed as a tertiary trauma centre.

Developing critical care paramedics who are able to stabilise and treat critically ill patients in the ambulance as it travels to the trauma centre. 60 planned to be in post within the next 5 years. 25 are in training now.

As regards urgent care, SECAmb has paramedic practitioners who can act as gatekeepers and direct patients to the best place for treatment e.g. GP, pharmacist or no treatment required. 300 planned to be in post within the next 5 years.

Currently estimated that 40% of patients go to Accident and Emergency who should not go there.

Only 120 complaints received out of 1 million interventions. Most related to communications with the public. Issues raised are being tackled. SECAmb aims to run an economically efficient fleet which gives value for money. Currently, vehicles are operational 70% of the time and this is needed for it to be economically viable. SECAmb is working to increase the operational time e.g. through the development of make ready depots.

Foundation Trust status will give SECAmb financial freedoms and enable reinvestment for local service improvement.

SECAmb was rated the highest performing ambulance trust for infection control in the country by the Care Quality Commission in part through staff training and make ready depots.

Inappropriate calls to ambulance service

Geraint Davies said that SECAmb believe there is no such thing as an 'inappropriate' call but it's a case of ensuring there is not an inappropriate response. SECAmb are working with GPs and Community Matrons etc to develop a directory of service so that people who call the ambulance service can be redirected to the appropriate intervention. Currently a scheme is running in East Sussex around falls many of which are due to inappropriate care in the community. SECAmb is working with the PCTs and health community on this. Also, paramedic practitioners are linked into primary care and co-located in GP surgeries as part of their training.

Hard to reach groups

Geraint Davies confirmed that SECAMB had done a lot of work surrounding hard to reach groups (including Travellers) concerning access to SECAmb's services.

Stroke patients

Mr Davies said that SECAmb wants to bring in Brain Acoustic Monitoring (BAM) which enables ambulance paramedics to determine if a stroke is due to a 'bleed' or 'clot' and

thereby enable the correct intervention and for the patient to be conveyed to the right hospital for treatment. The service is currently trialling BAM equipment. Should the trial be successful the next step would be to produce a 'patient group directive' which is a protocol for the Medical Director and Clinical Director to sign off and give permission for the paramedics to carry out the intervention. Foundation Trust status will make this sort of development easier to achieve.

Differing opinions between SECAmb and hospital trusts on where a patient should be treated

Mr Davies explained that there is debate between hospitals and SECAmb on what can be appropriate for an ambulance paramedic to undertake. Brighton and Sussex University Hospitals NHS Trust have been supportive of up-skilling ambulance paramedics as this means patients are more likely to be taken to the hospital which can give the appropriate care.

Mr Davies said that there is tension where SECAmb interface with the hospital and the handover of patients

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from the ambulance into acute care, and the targets linked to this. Only 15 minutes is allowed for the patient to be moved from the ambulance into the hospital but a debate surrounds where the patient should wait

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– if that proves to be necessary

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. A further 15 minutes is allowed for crews and vehicles to become operational again. There is also debate around whether a tertiary trauma centre would take

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patients away from an acute hospital. SECAmb's overriding objective is to ensure that the patient is taken to the appropriate place for care.

Foundation Trust Board meetings in public

Mr Davies confirmed that meetings of Foundation Trust Board would be in public.

Visits to Make Ready Depot and Call Centre

Mr Davies offered to arrange visits for HOSC members to SECAmb's Make Ready Depot in Hastings and to the Call Centre in Lewes.

RESOLVED to

Respond to SECAmb's Foundation Trust consultation and this would include an endorsement of SECAmb's vision and plans.

Invite SECAmb back to a future HOSC meeting to update HOSC on progress.

MAKE READY

Geoff Catling, Head of Estates, SECAmb gave a presentation on the strategy for the ambulance station network in the light of new make ready depot arrangements for cleaning and restocking ambulances.

Key points from presentation:

Make ready system won regional Best of Health award for patient safety.
Care Quality Commission

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has recommended the system for national roll-out across all ambulance services in the country.
System meets stringent standards for cleanliness of ambulances.
Speed of response is the key to good clinical outcomes and mal-located estate impedes response.
SECAmb make ready depots in Chertsey, Hastings and, in November 2009,

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Thanet. Another make ready depot will open in Polegate but not before May 2011.
Ambulances are cleaned by Infection Control Specialists at the end of every shift.
Very safe levels achieved -

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no trace of Clostridium Difficile, reduced levels of microorganisms, no MRSA (but none before either

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).
Paramedics should not be expected to clean ambulances.
Make ready system means all resources concentrated at large depots and service can be delivered from response posts which are aligned with patient demand.

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Another make ready depot will open in Polegate but not before May 2011

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Make ready depots will enable SECAmb to rationalise its old estate (and also save on £4m backlog in maintenance).

Public concern surrounding closure of ambulance stations

Geoff Catling explained that SECAmb had produced a media and briefing pack about make ready depots but some information about the depots had got out earlier. Stories about the closure of Crowborough ambulance station (in the Paddock Wood area) appeared in the local press. Mr Catling said that crews from a particular station often did not attend to patients in the area but had to travel to another part of the county. He gave an example of the Cranbrook station where out of 320 calls only 21 were from patients in the Cranbrook area. To date, there have been no decisions on closures of ambulance stations in the Paddock Wood area. In fact, there are too few locations in the area. SECAmb estimate that they need 11 response posts, but currently have six. Some of the current stations are not conducive to fast response times and speed of response is key to good clinical outcomes.

Cleaning during an ambulance shift

Mr Catling explained that ambulance crews are trained in basic hygiene techniques and infection control and have the requisite materials to clean superficial contaminants. However, the make ready system is designed to deal with situations where an ambulance might be more seriously contaminated. In these cases, the ambulance returns to the make ready depot and the crew swap ambulances. If necessary,

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the crew are also able to receive counselling. In a worst case scenario where an ambulance might be seriously contaminated e.g. chemical spillage, SECAmb have pre-determined sites where the ambulance can be left to allow for biological cleansing.

Death in an ambulance

Should a patient die while in the ambulance, the crew drive to a pre-designated point. Then the ambulance returns to the make ready depot where the crew is able to swap vehicles and also receive counselling, if necessary. Mr Catling pointed out that SECAmb do not act as a mortuary and do not pick up dead people.

RESOLVED to:

Endorse SECAmb's strategy for the ambulance station network, particularly the development of make ready depots.

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6. OLDER PEOPLE'S MENTAL HEALTH (OPMH) SERVICES STRATEGY

Martin Packwood, Joint Commissioning Manager for Mental Health, NHS East Sussex Downs and Weald/NHS Hastings and Rother/ESCC Adult Social Care presented an update report which will include an assessment of the implications of the new National Dementia Strategy.

Nigel Hussey, PCT Commissioning Manager for Mental Health (and lead on OPMH), NHS East Sussex Downs and Weald/NHS Hastings and Rother and Neil Waterhouse, Service Director Older People's Mental Health Services, Sussex Partnership NHS Foundation Trust were in attendance.

Key points from the presentation which outlined work surrounding the 17 objectives National Dementia Strategy.

East Sussex population over 65 will rise by 19% from 2006 to 2016.

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Within that period,

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people over 75 will rise by 9% and

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people over 80 will rise by 6% and over 85 by 17%.

Dementia rates increase amongst people over 75.

Dementia is a physiological condition and currently there is no cure but there are interventions which can

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alleviate the condition

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slow down its development.

Sussex wide partnership approach to treatment of dementia. Key activities will include coordinating information and awareness about dementia and coordinating professional training.

Under identification by GPs is an issue and GPs are 'reluctant' to identify and refer people with dementia for specialist diagnosis.

East Sussex initiatives underway for screening for dementia and increased formal identification.

Progress being made in introducing and/or expanding tools and services designed to achieve good quality early diagnosis and intervention for all.

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East Sussex has been successful bidding for Department of Health funding to be come a National Demonstrator site for the introduction of 3 dementia advisors (by October 2009)

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East Sussex successfully bid to Department of Health for funding to become a National Demonstrator site for three initiatives:

The introduction of 3 dementia advisors and volunteer training (by October 2009).

Breaks for Carers of people with dementia.

GP liaison

Learning from these will be shared nationally and Demonstrator Site pilots operating outside the county, including structured peer support, will provide key learning and support.

Older People's Psychiatric Liaison Service being expanded to improve care for people with dementia in hospital.

ESCC are in the process of agreeing the service specification for tendering a new specialist home support service for adults with dementia.

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Successful bid for funding to become a National Demonstrator site for Breaks for Carers of people with dementia

Older People' Psychiatric Liaison Service being expanded

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A number of schemes in place to improve housing support, housing related services and telecare to support people with dementia and their carers.

Ensuring end of life care is fully integrated into the care pathway for people with dementia, and their carers.

East Sussex Dementia Action Plan completed and in January 2010 there will be a 'whole systems' care pathway mapping exercise for dementia care and services.

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Two Demonstrator Site Pilots operating in the county which give access to key learning and support at a national level.

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Working collaboratively across the Sussex health and social care economy through the Department of Health South Coast Dementia Network.

Demographic factors in East Sussex

Mr Packwood said that the department and South East Region Strategic Health Authority (SHA) are conscious of the fact that East Sussex is the area with the most elderly aged population and that they need to ensure dementia services are in the vanguard. Mr Packwood sees the development of services by GPs as a key priority. As regards progress on the dementia strategy, Mr Packwood said that we're getting there. Mike Wood, Chief Executive NHS East Sussex Downs and Weald and NHS Hastings and Rother sees delivery of services for older people, not just dementia services, as one of the key strategic priorities. We're further ahead in terms of the overall components and we want to ensure they're joined up. Early identification is key and this may "turn on the tap" for the rest of the services and throughput.

Variation in GP's performance on dementia register numbers

Asked to explain the range (10% to 120%) in East Sussex Downs and Weald PCT GP practice dementia register numbers as percentage of expected prevalence, Mr Packwood admitted that this level of differential is unacceptable. However, he pointed out that the performance needs to be seen in context that GPs have different skills and expertise in dementia diagnosis e.g. use of screening tools. PCTs have to undertake more training as well as ensuring that screening tools are available for GPs to take up.

Mr Packwood anticipates that the GP contract will change and Qualities and Outcome Framework (QOF) is changing to reflect the number of Mini Mental State Examinations (MMS) undertaken by a GP. MM

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S is a reasonable predictor of dementia. Currently there are no consistent standards for identifying dementia and ESCC and the PCTs want to accredit and see a number of screening tools for early diagnosis of dementia adopted.

HOSC would like further detail and the names of the GP practices in the table on slide 6 'GP practice dementia register numbers as % of expected prevalence'.

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Incentivisation of GPs

Mr Packwood said that basic dementia screening is to be applied as part of the new QOF. East Sussex is pressing to have the standard introduced and also want GPs to register the proportion of patients who might have dementia relative to the expected rate.

Incentives to encourage GPs to improve the rates of dementia diagnosis and improve the dementia register numbers as a percentage of expected prevalence is a national strategy. It should be noted that QOF continues to change and develop to drive up quality and standards. National Institute for Clinical Excellence (NICE) is suggesting

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dementia screening tools should be adopted as part of QOF. The NICE approach includes assessing the treatments' effectiveness and also carrying out cost benefit analysis.

Ambiguity over diagnosis of dementia

Mr Packwood said that there is ambiguity over diagnosis of dementia. There are a number of

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tests required before a person can formally be declared clinically as suffering from dementia – usually Alzheimer's. However, a M

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tate (MMS) examination in primary care is less extensive and measures cognitive impairment. MMS and other screening methods vary in their predictive power and there can be false positives. If we can find something which is a realistic predictor it would be better to use this. Mr Packwood admitted that ambiguity over diagnosis of dementia is a genuine dilemma.

Incentives for carers

Mr Packwood agreed that carers are essential in

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supporting people with dementia and the increase in home-based care and confirmed the provision of a number of initiatives including specialist home care and care breaks. However, Mr Packwood agreed that these initiatives are 'a drop in the ocean' when taking into account the anticipated rise in numbers of people with dementia in East Sussex through a growing older population and increased diagnosis. He said the PCTs are finding what resources they can, where they can. Additional funding has been sourced and we're learning and want to check effectiveness of the new initiatives. We have to get it right as there

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will be a quantum increase in demand for dementia services. We're making these points very clearly and recently concluded the five year financial

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has specified a need for growth in millions specifically for dementia care but this will have to be seen in the wider context of other priorities for the PCTs.

Joint approach

For a long time there has been a joint commissioning approach to mental health and Mr Packwood's post is jointly commissioned by ESCC and the PCTs. Chief Executive of NHS East Sussex Downs and Weald and NHS Hastings and Rother and ESCC Director of Adult Social Care are in discussion about taking more formal steps to integrated commissioning of health and social care.

RESOLVED to

Request a progress report at the meeting of HOSC on 16th September 2010.

Request a revised table of 'GP practice dementia register numbers as % of expected prevalence' which identifies the GP practices in NHS East Sussex Downs and Weald and NHS Hastings and Rother

7. COMMUNITY AND INPATIENT CARE FOR OLDER PEOPLE WITH ORGANIC MENTAL HEALTH NEEDS (DEMENTIA)

Neil Waterhouse, Service Director Older People's Mental Health Services, Sussex Partnership NHS Foundation Trust presented a report on the implementation of specific proposals to reduce and re-organise acute assessment beds and develop community based assessment, considered by the HOSC Task Group during 2008.

Martin Packwood, Joint Commissioning Manager for Mental Health, NHS East Sussex Downs and Weald/NHS Hastings and Rother/ESCC Adult Social Care and Nigel Hussey, PCT Commissioning Manager for Mental Health, NHS East Sussex Downs and Weald/NHS Hastings and Rother were in attendance.

Key points from presentation

Early diagnosis of dementia can reduce long term institutionalisation by 22%

Sussex Partnership NHS Foundation Trust's (SPT) ambition is to be nationally recognised as the best in the country for provision of care to people with dementia.

People with organic mental health problems deteriorate rapidly when they go

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into hospital.

Idea of the Intensive Support Team was to avoid unnecessary admissions to acute sector beds by intervening earlier and provide great choice to service users and carers. Also to provide better services to enable people to be treated and cared for in their own homes where best practice suggests dementia support is most effective.

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Memory Assessment Support Team (MAST) developed across Hastings and using MAST best practice across the Eastbourne area. Additional funding secured.

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Intensive Support Team very successful as a model:

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SPT has given travel support to 13 patients affected by the closure of Beechwood who were admitted to St Anne's and have received not formal complaints. Travel support also given to the patients' carers.

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Occupied bed days have reduced as a result of intensive home support. Average length of stay has reduced significantly as a result of being able to keep people at home.

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The objective is to reduce this average length of stay further

Memory Assessment Support Team (MAST) developed across Hastings and MAST best practice being applied across the Eastbourne area. Additional funding secured.

SPT has given travel support to 13 patients affected by the closure of Beechwood who were admitted to St Anne's and have received not formal complaints. Travel support also given to the patients' carers.

Carers' engagement workers seek out carer groups and seeking feedback on the impact of the new services.

Future aims include:

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More prevention and

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earlier intervention.

Ensuring that home and community based services deliver the full range of interventions known to be effective, including in a crisis.

Hospital care will provide the most intensive care for people with the most clinically acute and challenging needs.

More support to colleagues caring for people in hospital and residential care homes.

Dementia patients with additional medical needs causing disturbance for other patients

Mr Waterhouse said that part of the role of the SPT's psychiatric liaison service is to work with general nursing staff in the acute hospital setting and offer training on some of the skills required to nurse patients with dementia. Certainly our commissioners are looking to invest further in these areas.

Out of hours intensive home support

Mr Waterhouse said that SPT has area crisis response services for adults up to 65 and there is a small response team for those over 65. He admitted that it is less than adequate

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and this needs to be addressed

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. The demand outside of current hours (8am-8pm daily) is low (2-3 people per week) but there is still a need. There are services in the local authority and other services which SPT could partner with to address this need.

Respite for carers

Local authority will have more respite care for short breaks

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at Milton Court when it is on line and this is anticipated to be in December 2009.

Transport

Given changes in provision of services, HOSC understood that transport implications for different parts of the county would be looked into and the results shared. Martin Packwood said that transport in rural

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areas is a generic issue for access to health and social care services. Mark Stainton, Adult Social Care is looking at transport in the round.

Mr Waterhouse confirmed that transport support for patients affected by the closure of the Beechwood Unit included support for visitors.

Use of funding released from closure of Beechwood unit

Mr Packwood confirmed that the funding saved from the closure of Beechwood Unit has been used to fund the MAST, intensive home support and a small surplus of £165,000 has been used to extend the Psychiatric Liaison Service.

Use of in-patient beds

Mr Waterhouse said the in-patient beds are used for East Sussex. People are admitted primarily to the unit which is most appropriate for their care and secondly to the one closest to their home. The future is about specialism and it may mean more travel but the centre will have the right services.

Mr Packwood added that we're travelling to more specialist in-patients but trying to ensure people are looked after at home. Partnership with cross-border organisations requires

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arrangements for provision of services in those areas. The PCTs haven't moved along the specialist journey so far.

Sussex Partnership NHS Foundation Trust (SPT) – Board meetings

Mr Waterhouse agreed to raise HOSC concerns about SPT's decision to hold their Board meetings in private with the Chief Executive, Lisa Rodrigues.

RESOLVED to:

Endorse SPT's implementation of the proposals for inpatient acute assessment beds and associated developments in community services for older people with organic mental health needs

Request information on transport provision to health and social care settings for people in rural areas.

Request an update information brief to be submitted in June 2010.

Request a brief on the issue of partnership between SPT and Kent and Medway NHS and Social Care Partnership Trust.

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8. DEVELOPING MATERNITY SERVICES

Jenny Phaure, Maternity Services (IRP) Programme Manager, NHS East Sussex Downs and Weald and NHS Hastings & Rother presented a progress report on the development of a service model for childbirth services provided by East Sussex Hospitals NHS Trust (ESHT) and the ongoing implementation of the wider maternity strategy. Ali Parsons, Strategy and Planning Manager was in attendance

Key points from presentation:

Clinical subgroups established by the Clinicians Forum under

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took work on service priorities across their particular area.

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They were given a r

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ange of tasks to examine practice against national standards and look at current services and see if this provided the best model of care; and put forward recommendations on how they saw the model of delivery to the Clinicians Forum

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Put forward recommendations on how they saw the model of delivery to the Clinicians Forum

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Subgroups presented findings to the Clinicians Forum.

Safe services are being delivered across the two sites and birthing centre and Independent Reconfiguration Panel (IRP) recommendations have been implemented.

As the model stands it is an effective model but there is scope for service innovation and enhancements.

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Clinicians Forum will recommend areas for development to the Maternity Services Development Panel on Monday 28th September. The Maternity Strategy will be revised in light of recommendations and submitted to the board in November.

Financial and Commissioning Subgroup (FCSG) set up to look at service priorities and commissioning priorities year on year with the hospital trust and report back annually.

Also to look at the costs involved to ensure that future services are affordable and offer added value as well as improving outcomes for mothers and babies.

Commissioning has to look at the different kinds of services required and the numbers involved e.g. number of babies requiring

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intensive care and numbers of normal births.

World Class Commissioning is more demanding and there needs to be good real time data.

It means the commissioner has to be open to change and may look to provide services in a slightly different way.

Service priorities for years 1 and 2:

Specialist psychiatric service in place to offer all pregnant women early assessment, signposting and support.

Better manage the large number of women who turn up at the labour ward but who are not in established labour.

Need to be innovative in

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responding to these needs

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so that midwives can concentrate on providing 1 to 1 care to mothers in established labour.

Idea for a triage service based on initial telephone to a midwife who can advise appropriately and stop them coming into the labour ward.

There is a need to look at better utilisation of maternity support worker and community midwives and establishing more services in the community.

Second year priority is to revisit the idea of an additional 6th consultant at one of the acute sites.

Funding is in place now and the consultant will work across both sites. The consultant will not be in on call and will be able to provide a higher level of labour ward presence.

Dashboard shows that consultant now available 36 hours per week in the labour ward. So an additional sixth consultant will be a real benefit.

Other initiatives being discussed with ESHT are consistent labour ward round, and opportunities for increased mentoring and training support.

FCSG is also working on tariff and provision. This includes work on 'unpicking' block contracts. At the moment the work centres on apportioning the level of activity

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to the services being delivered. ESHT are presenting a deficit budget on maternity of £2.5 million over tariff but this includes £1.6 million which the PCT has already given to ESHT this year and so the deficit is actually £4.1 million.

The PCT is undertaking predictive modelling which involves analysis on how much maternity services should cost and discussing this with ESHT. However,

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ESHT have higher cost service budget at the moment. Negotiations are underway to agree the figure for the two site model. Currently the PCTs estimate is £14.5 million compared to ESHT figure of £17.5 million. PCT recognise that there may be a case for paying over tariff but it's the level of that payment which is being debated.

PCTs are keen to recognise the service enhancements and innovation which are emerging from the sub-groups and looking at how these might be incorporated into future commissioning arrangements e.g. community midwives should have stronger role. The PCTs want to harness the motivation to take this forward and work with ESHT to implement changes particularly as regards the role of midwives e.g. midwives working

on the acute site and in the community. Women are fortunate in East Sussex that we're retaining consultants across two sites and there is the opportunity through Maternity Matters to promote midwife led care on the wards.

Crowborough Birthing Centre has around 300 births per year and this is comparable with other midwife led units across the country. Crowborough is a beacon of excellence but cost of overheads is on the rise and this has prompted financial debate. PCTs do not want to lose the skills and a working group is looking at how to take the Crowborough service forward.

PCT is looking towards network development through its involvement with Sussex Maternity Network. This network gives opportunities for sharing expertise and training opportunities with BSUH etc. The PCT would like to shape the work of the network more.

A further recommendation is that the four clinical subgroups reduce to one with representatives from each subgroup. This subgroup would feed into the clinical network.

Rate of progress on community midwives (this recommendation was accepted 2 years ago and not dependent on IRP)

Jenny Phaure admitted there is still a long way to go. Midwives are working in the community but it is not just about the location

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it is also about opening hours,

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the way services are delivered and women's awareness of services. The processes are there but need further development. Ms Phaure said that there is room for further progress.

Midwife:birth ratio above the 1:35 threshold

This ratio has deteriorated from 1:34 in April 2009 to 1.40 in June 2009. Jenny Phaure explained that the deterioration was due to problems experienced around recruitment of midwives. There was delay in recruiting the 4 additional community midwives and ESHT is still waiting for the fourth to take up their post. The PCTs are in discussions with ESHT and want to see a

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this in the future.

Birth Rate Plus calculations factor too and this moves the ratio up but the idea is to move tasks to the community support worker so that the midwife can be released for 1 to 1 care.

Dashboard data

HOSC raised a number of issues around incomplete or confusing data on the dashboard and Jenny Phaure agreed to feed this into the ongoing development programme for the dashboard.

Points highlighted:
Staffing – midwife

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birth ratio no split by site
Colours on % booked after 12 weeks needs transposing

Health visitors (*LISA - ask me please – Sam*)

HOSC has heard anecdotal evidence that health visitors in Hastings have been told to refer as many families as possible regardless of how minor the concerns for the extra help (so that as before Hastings will seem to have more needy families and, therefore, need more community midwives and health visitors). However, in Eastbourne, health visitors have been told not to make unnecessary referrals as they have been told Eastbourne has enough community midwives.

Jenny Phaure said she was not aware of this issue and would have to look into it before reporting back to HOSC.

RESOLVED to:

Welcome progress on the development of

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progress in November 2009. HOSC would like to see a robust and complete dashboard model in use by September 2010 including

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split site data on midwife:birth ratios.

Request opening hours for antenatal and postnatal clinics in Lewes.

Request clarification on the advice given to health visitors in Hastings and Eastbourne as regards referrals to community midwives.

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