HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 20th November 2009.

PRESENT:

Councillor Mrs Tidy (Chairman) Councillors Heaps, Howson, O'Keeffe, Pragnell, Rogers OBE (Vice-Chairman) and Taylor (ESCC); Councillor Martin (Hastings Borough Council); Councillor Hough (Eastbourne Borough Council); Councillor Lambert (Lewes District Council); Councillor Davies (Rother District Council), Mr Dave Rogers, Chair, Hastings and Rother Health and Social Care Forum, Ms Janet Colvert, Chair, LINk Core Group

WITNESSES

NHS West Sussex
Tina Wilmer, Programme Director, Unscheduled Care

NHS East Sussex Downs and Weald and NHS Hastings and Rother
Mike Wood, Chief Executive
Lisa Compton, Director of Assurance and Engagement
Jenny Phaure, Maternity Services (IRP) Programme Manager

Sussex Partnership NHS Foundation Trust
Richard Ford, Executive Commercial Director
Lorraine Reid, Chief Operating Officer
Andrew Dean, Service Director Secure and Forensic Services
Christine Bowman, Deputy Director – Strategic Development and Capital Projects

Brighton and Sussex University Hospitals NHS Trust
Duncan Selbie, Chief Executive
Alex Sienkiewicz, Company Secretary

LEAD OFFICER: Lisa Schrevel

LEGAL ADVISER: Angela Reid, Head of Legal Services

1. APOLOGIES

Apologies were received from Councillor Diane Phillips, Wealden District Council

2. MINUTES

2.1 RESOLVED – subject to the correction of the typos highlighted, to approve the minutes of the meeting held on 24th September 2009

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. HEART (CARDIAC) SERVICES IN EAST SUSSEX – PROPOSALS FOR PROVIDING PRIMARY ANGIOPLASTY AS A TREATMENT FOR HEART ATTACKS

5.1 Tina Wilmer, Programme Director, Unscheduled Care, NHS West Sussex presented a paper on the proposals for the provision of primary angioplasty in East Sussex, within the context of a wider strategy across Sussex. This builds on the paper distributed to HOSC in April.

5.2 Key points from the presentation:

- Primary Angioplasty Options Appraisal Group, set up by the Sussex Commissioning Group, met for the first time in March 2009 and established three sub-groups: Clinical, Technical and a Public Reference Panel. The objective was to make recommendations to PCTs about the service infrastructure required to achieve a performance standard of 120 minutes call-to-balloon time (CTB)
- The Clinical Sub-Group (CSG) undertook an options appraisal to develop a model that suited Sussex. CSG recommended CTB of 120 minutes as opposed to the 150 minutes in the Department of Health guidance.
- CSG considered all the options coming forward for Sussex.
- The Technical Sub-Group appointed Finnamore to undertake a mapping exercise to compare the options with the objective of ensuring equity of service across Sussex.
- The Public Reference Panel considered the outputs from the Clinical and Technical Sub-Groups.
- It agreed there should be a 24/7 primary angioplasty service in East Sussex, Brighton and Portsmouth delivered within 120 minutes CTB.
- However, there will be negotiation between East Sussex Hospitals NHS Trust (ESHT), South East Coast Ambulance Service NHS Trust (SECAmb) and the PCTs to agree a service model. ESHT propose a model of alternating care between the Conquest and Eastbourne DGH whereas the mapping exercise showed that a single site with the Conquest being the optimal from a logistical perspective.
- There will also be discussion on the future of the current week-day Worthing pilot of Primary Angioplasty, depending on whether 24/7 services at Portsmouth goes live as planned.
- Draft recommendations are being circulated to the Options Appraisal Group for agreement and sign-off.
- Financial aspects of the service need to be completed.
- The current pre-hospital thrombolysis service will be retained until there is confidence in the performance of the primary angioplasty service. If it was confirmed that in the event of the primary angioplasty service being stopped in the future and it was necessary to restart the thrombolysis treatment option, the training impact on South East Coast Ambulance Service personnel would be negligible.

Mapping exercise

5.3 Tina Wilmer (TW) confirmed that the mapping exercise used SECAmb travel times or Route Finder times. The exercise showed that the Conquest was the optimal site for East Sussex from a logistical perspective as it was equidistant between Brighton and Ashford in Kent.

Alternating care model in East Sussex

5.4 TW said that it is not within her remit to comment on the alternating care model proposed by East Sussex Hospitals NHS Trust.

5.5 Mike Wood (MW), Chief Executive NHS ESDW and NHS H&R commented that a two site model is unusual and this issue needs to be looked at carefully. SECAmb prefer a single site model and also financial issues surrounding a two site model have to be discussed. MW said that the objective is to have a strong Sussex-wide cardiac network and plan on this population level.

Balancing the costs of any increase in longer ambulance transfers to a reduced number centres receiving heart attack cases against the gains in patient outcomes promised by concentration of expertise

5.6 TW said that this issue was the responsibility of the Technical Sub-Group and she was unable to comment.

5.7 MW commented that the key indicator is the time it takes for treatment. The key clinical issue is that there is a measurable clinical benefit if the 120 minute CTB is achieved. TW added that the objective is to ensure there are equal or better patient outcomes with the proposed service.

5.8 MW commented that Department of Health guidance is based on national and international best practice and that if the Sussex service differs it is important that it is making the right decision based on sound evidence.
HOSC commented that it wants to see equality of service right across the board and we want to ensure the best and most effective service for East Sussex residents. It is important the chosen system is not confusing as it has to be recognised that some patients suffering a heart attack will be taken to hospital by a relative or friend in their own car.

5.9 TW agreed to supply HOSC with the performance data on the Monday-Friday daytime service at Worthing.

Timescale

5.10 TW said that the full Options Appraisal Group aim to agree and sign-off recommendations imminently.

5.11 RESOLVED to

(1) Welcome the proposals for a 24/7 primary angioplasty service as it will provide better treatment for people of East Sussex who suffer a serious heart attack. However, HOSC recognised that financial implications are going to be important and in providing

the right access some patients may have a slightly longer journey for treatment but the outcomes will be better.

(2) Request a report on the final configuration of the service and financial aspects once they are confirmed.

(3) Ask SECAmb for a brief on the impact of the primary angioplasty service on the future of the availability of thrombolysis treatment for people who suffer a stroke.

(4) Request a summary of the mechanism used to measure the costs of any longer ambulance transfers to a reduced number centres receiving heart attack cases against the gains in patient outcomes promised by concentration of expertise.

(5) Request benchmarking data to track progress i.e. how close to delivering 120 minute CTB are the current pilots; and what have the outcomes been for those who have had a heart attack.

6. EAST SUSSEX MATERNITY SERVICES STRATEGY 2009-2012

6.1 Mike Wood, Chief Executive; Jenny Phaure, Project Programme Manager and Lisa Compton, Director of Public Engagement and Corporate Affairs, NHS ESDW and NHS H&R presented a report on the finalised strategy for maternity services in East Sussex.

6.2 Mike Wood (MW) introduced the strategy which had been co-produced by the Maternity Services Development Panel. (Cllr Sylvia Tidy attends MSDP as an observer.)

6.3 MW said that there are plans for organising community based services around geographical localities. When it's done well it is with full partnership between PCT services and GP surgeries. The PCTs are aware of the issues raised by GPs and MW believes these relate to implementation rather than a concern with the principle of geographic working set out in the maternity strategy. MW believes that geographic working makes sense but the PCTs do need to work with its primary care partners to ensure effective delivery.

6.4 The PCTs would like HOSC to keep the strategy under constant review but MW is keen to undertake a survey amongst mothers who have experienced the service in around 6 months.

6.5 Jenny Phaure (JP) added that the PCTs had already received feedback from women as a result of the Maternity Matters programme survey completed this year by East Sussex Hospitals NHS Trust. Overall, a high percentage of women receiving maternity care were 'highly satisfied' with the maternity services received.

6.6 JP ran through a summary of the maternity strategy which is under implementation (since April 09) and responds directly to the recommendations made by the Independent Reconfiguration Panel (IRP) in retaining two site consultant led services, and developing an effective model of care.

6.7 Key points of strategy work:

- Strong focus on corporate performance management and monitoring against realistic targets.
- Strong focus on quality and safety.
- Workforce issues addressed, especially midwives.
- Responding to the local commissioning framework and geographical restructuring issues.
- Changes around care pathways and ensuring a successful transition to geographical working by ensuring the infrastructure is in place to deliver services.
- Tariff – unpicking the maternity block contract.

6.8 Through the development of the strategy there has been wide stakeholder involvement.

6.9 Challenges on the workforce front have mainly concerned midwife capacity but these issues are now settling down and the midwives are in place. This has meant that many of the issues highlighted in the maternity dashboard are being addressed e.g. number of diverts, breast feeding.

6.10 Priorities of the strategy are to meet national targets set in Maternity Matters and by the Healthier People, Excellent Care pledges. However, it is important to consider how achievable some of these challenging targets are e.g. 60 hours of consultant time on the labour ward. The Royal College of Obstetricians and Gynaecologists say that for medium size units, this could perhaps be 40 hours.

6.11 MSDP has had open and transparent discussion and has taken a view on the challenges of Department of Health expectations e.g. Birth Rate Plus targets are high and PCTs in other counties e.g. Kent are not meeting them.

6.12 JP said that the PCTs have to be smarter about how services are to be delivered and they are working in partnership with ESHT. The partners are solving the problems and identifying solutions but recognise that they have not got all the answers yet. The maternity strategy provides a sensible framework to go forward.

Core maternity offer

6.13 JP summarised the current provision termed ‘the core maternity offer’. Work groups had fed back on individual recommendations and the sorts of provision they would like to see in order to deliver national standards of care and targets such as for midwife led units, higher level specialisation of consultant cover, 24 hour cover, and anaesthesia. There were resource and capacity issues impacting on whether these services might be provided at this level.

6.14 There was also discussion on whether neonatal services, currently at level 1, should move to level 2 or enhanced levels of care. The question was how to get babies back into East Sussex as soon as possible and the decision was to enhance the service to enable this. The solution will be to increase the number of special care cots and increase nursing cover.

6.15 The baseline service will be the consultant led two site model the IRP recommended along with some service developments locked in. Then there are a range of options which the commissioner and ESHT can discuss about providing in the future e.g. a second midwife led unit or additional community services but these services need the financing and infrastructure to deliver.

Implementation plan

6.16 JP confirmed that the strategy implementation plan will follow in December.

6.17 The strategy aims to achieve the pledges relating to maternity and the newborn set out in the South East Coast Health Authority Vision, Healthier People, Excellent Care. JP said that the PCTs monitor progress towards these targets and follow up any 'red' alerts on the maternity dashboard with ESHT to address. The maternity finance and commissioning group will play a central role in driving forward implementation year on year.

Consultation with GPs

6.18 MW said that there had been an unprecedented level of engagement around the maternity strategy – we've been fully funded for full GP engagement. However, MW recognised that there had been occasions when some people have felt they have not had sufficient time to respond. The PCTs have spent a massive amount of time trying to 'get people in the tent' and fully engage with them, and will continue to do so.

Geographical working

6.19 MW said he is well aware of issues surrounding geographical working. The PCTs are aware of what constitutes significant change to services and what they regard as management changes. In March 2009, HOSC approved geographical working in principle. However, MW admitted that the PCTs haven't communicated sufficiently with individual GPs but have worked with the Professional Executive Committees (PECs) which include clinical leaders of the NHS. MW admitted that there had been some mistakes in communication and something has gone wrong between strategy and implementation. However although by no means a perfect world, but compared to a year ago, we are now in a far better place due to the work of Richard Hallett and the MSDP.

6.20 MW confirmed that geographical working needs to be part of the implementation plan rather than the strategy.

6.21 JP added that Dr Hugh Nicholson and Dr John Baker were members of the midwife and primary care work group within the MSDP. JP said that many issues were discussed by this workgroup but maybe there had not been as effective engagement as possible.

Liaison between GPs and midwives

6.22 MW confirmed that if a woman contacts a midwife outside of her GP's area, her GP will be aware of this as the midwife will communicate with the person's GP.

6.23 JP added that geographical restructuring of midwives does not mean that women will not go to their GP.

Mixing antenatal and postnatal beds in wards

6.24 MW confirmed that ESHT could clarify how they would manage antenatal and postnatal beds in the same ward and suggested that HOSC explore this issue and any other clinical concerns within the broader context of what the strategy means in practice. MW suggested this could be tackled through a seminar.

Finance

6.25 The finance is available for the services agreed with the clinicians and this is the base figure. The services meet the IRP recommendations and the PCTs already pay a premium. Any extra spend on additional maternity services is funding denied to another service. MW pointed out that £20m (2.5%) is spent on maternity out of a total budget of £850m for PCT commissioned health services in East Sussex.

Strategy 2009 – 2012

6.26 JP pointed out that the Maternity Matters action plan is already being implemented. HOSC said that there is not a huge length of time on this strategy and asked if there will be another one to take account of such developments as further improving special care baby services. MW said that the PCTs will keep refreshing the strategy but cautioned that we should not be optimistic about the financing.

6.27 MW confirmed that the MSDP regularly makes the point to its members that maternity services in East Sussex are not solely provided by ESHT. The strategy is for the whole of East Sussex and some mothers will access services in Brighton, Haywards Heath or Tunbridge Wells.

6.28 JP highlighted the section of the strategy paper which laid out service priorities, choice guarantees and expected outcomes. MW emphasised that the strategy had been produced by MSDP and it was not within his gift personally to change the content.

Dr Richard Brown, Chairman, Medical Director, Surrey and Sussex Local Medical Committee

6.29 Dr Richard Brown (RB) said that the Local Medical Committee recognises there are some benefits of geographical working. But there are some concerns about geographical working and alignment of GPs with midwives which result in some women being unable to access a midwife at their GP practice or having to travel further. The concerns are around the possible poor communications, potential for lack of follow-up and lack of appropriate onward referral.

6.30 RB said that changes announced earlier this year meant that some midwives no longer operated out of the GP practices. LMC supports clinics nearer to home but do not want to move midwives out of GP practices. LMC does not believe the consultation was carried out about this change with GPs and mothers. It is crucial for mothers to have a clear pathway from antenatal through to postnatal care.

6.31 RESOLVED to:

(1) Thank Richard Hallett for the huge amount of work he has undertaken over the last year as Chairman of the Maternity Services Development Group.

(2) Agree the East Sussex Maternity Services Strategy 2009 – 2012 with the one amendment that the preparation for geographic working (restructuring teams) paragraphs 4.19 to 4.22 inclusive are moved into the implementation plan.

(3) Arrange a seminar in January or February 2010 where HOSC will explore and gain clarity on various issues surrounding the maternity strategy with appropriate representatives from the PCTs, ESHT, GPs and the MSDP.

Issues already noted:

- Community midwives and geographical working
- Mixing antenatal and postnatal beds
- Dedicated obstetric anaesthetist
- Enhancement of neonatal services
- Finance

(4) Agree to consider the maternity strategy implementation plan and geographic working in particular at the HOSC on 11th March.

(5) Note that Cllr Alex Hough will submit her written questions on specific points concerning consultation with GPs to Mike Wood through the HOSC Chairman.

7. BETTER BY DESIGN – IMPROVEMENT PROGRAMME FOR MENTAL HEALTH SERVICES

7.1 Richard Ford, Executive Commercial Director and Lorraine Reid, Chief Operating Officer, Sussex Partnership NHS Foundation Trust were in attendance. Mr Ford presented an overview on Better by Design.

7.2 Key points from the overview:

- Mental health strategies developed over recent years have centred on improved access to mental health services and are now moving into implementation.
- SPT has won the tender to provide access to mental health services 'Health in Mind' which will mean working in and with every GP surgery in East Sussex As a result around 11-12,000 people every year will have first contact with the service through their GP.
- SPT community teams will be revitalised – mainly through ongoing and managerial change. The Trust does not consider these to be substantial changes.
- The community teams have clear clarity of purpose for community services but still work locally.
- In-patient services are becoming more and more specialised and the planned changes are probably significant.
- But only 5% of patients will need to access in-patient services.

- Based on the wishes of people who use SPT's services we need to keep people out of hospital as far as possible.
- SPT aims to provide 1st class services across the whole of Sussex and already has award winning units in Crawley and Worthing.
- Currently, SPT provides 247 beds for adults of working age and 221 beds for older people.
- SPT believes there is a case for change of strategy on in-patient beds and the number of beds could be reduced by around 50 beds for working age adults and 50 for older people's services without compromising the availability of in-patient care for those in need.
- Currently, patients in Sussex stay on average 42 days when the Department of Health average length of stay is 28 days.
- SPT has an average of 14 empty beds at any point of time.
- SPT wants to reduce the length of stay, reduce the number of in-patient beds but continue to improve services in the community.
- Consultation planned to begin in January 2010. This consultation will be about the longer term changes for in-patient care and the plans to build new in-patient units in East Sussex.
- SPT needs to establish the shape of the services required as part of its strategy to improve quality and improved efficiency across the whole of Sussex.

Consultation plan and timescale of strategy

7.3 Richard Ford (RF) said the Better by Design strategy would take between 2 and 3 years and then the new buildings would be providing mental health care for the next 20 to 25 years. However, RF emphasised that there are no plans for short-term changes while the Woodlands Unit, Conquest Hospital site, is closed.

Ramifications of the closure of Woodlands Unit

7.4 Lorraine Reid (LR) said the Trust's serious untoward procedures were being followed following the closure of the unit due to the two separate tragic incidents of patient suicide. Each incident was being investigated and LR is leading the work so that she has an overview of both incidents. Also the Trust has reported the incidents under the safeguarding adults and so there is another investigative procedure underway. Also have had a meeting with people who have used the unit and there will be an audit with staff. SPT has also commissioned an external review.

7.5 LR said that each patient had been re-located to another unit best placed to meet their needs. Most of the patients had been relocated to the Eastbourne unit. There is also an internal communication plan to keep relevant people informed.

7.6 The internal incident reports will be completed before Christmas 2009. The external review will take longer as a reviewer needs to be commissioned. Findings will be distributed to various bodies and agencies but it will not be a public document.

7.7 RF explained that when re-opened, Woodlands might have fewer beds than the original 33 but any reduction would be dependent on report recommendations. RF

emphasised that Woodlands is a separate issue from Better by Design and the two should not be confused.

Inpatient length of stay

7.8 RF explained that SPT are more conservative over discharge and the Trust do not actively promote early discharge earlier enough. SPT is aiming to have an average length of stay of 28 days rather than the current 42 days. SPT is reviewing how it works clinically and developing an optimal services model. This will include planning discharge before or on admission, and working with other agencies to ensure that the discharged patient has the necessary accommodation and care plans etc

Post traumatic stress disorder as a result of combat in Afghanistan or Iraq

7.9 RF said the SPT had developed far more sophisticated responses to people suffering from trauma. It was rare for the Trust to have in-patients presenting with post traumatic stress disorder.

Patients with dementia

7.10 RF said that is estimated that around a quarter of elderly patients in acute hospitals presenting with a physical condition are also suffering from dementia. SPT is looking to develop more shared care arrangements with acute trusts. RF said that Duncan Selbie, Chief Executive, Brighton and Sussex University Hospitals NHS Trust is leading on developing a Sussex wide dementia partnership with SPT, which includes the acute hospitals and the county councils.

Community services

7.11 RF said there is improved access to psychological therapies and more community settings for treatment. The aim is to treat 12,000 patients a year with quick, simple and short duration effective treatment. These services will be in the GP practice and only highly specialised services will be available in in-patient beds.

7.12 LR added that some of the Woodlands staff have been moved into the crisis and home treatment teams in the Hastings area and not all have be re-deployed into in-patient teams.

How to engage with a process which is evolutionary? When should HOSC look at the detailed plans for changes?

7.13 RF said that it is difficult to know when something becomes significant. Most significant change for residents in East Sussex over the longer term will be building new hospitals and this will need public consultation. Other changes e.g. community services will continue to be evolutionary but the hope is that, over the years, they have become significant.

Foundation Trust board meetings

7.14 RF noted HOSC's request that SPT's Board meetings should be in public. He confirmed that the issue of public board meetings will be formally considered at the January 2010 Board.

7.15 Janet Colvert, Chair Core Group, East Sussex LINk confirmed that East Sussex LINk endorsed the call for board meetings to be held in public.

7.16 RESOLVED to:

(1) Endorse the Better by Design strategy on the basis that the proposals will benefit East Sussex patients.

(2) Endorse and approve the consultation proposals with the addition of District, Borough and Town councils to the stakeholder list; and consider any further advice it may wish to offer prior to the start of consultation.

(3) Request an update report in June 2010 which will include results from the consultation.

(4) Request a summary of the key findings of the reports into the two suicides in Woodlands Unit.

(5) Consider arranging a visit to Langley Green Hospital, Crawley or Meadowfield Hospital, Worthing to view the facilities as an example of best practice.

8. BUILDING BETTER SECURE AND FORENSIC SERVICES IN EAST SUSSEX – CAPITAL DEVELOPMENT PROGRAMME

8.1 Andrew Dean, Service Director Secure and Forensic Services, Sussex Partnership NHS Foundation Trust gave an overview of the redevelopment of Secure and Forensic Services based at Hellingly in East Sussex. Christine Bowman, Deputy Director – Strategic Development and Capital Projects was in attendance.

8.2 Key points from the overview:

- Current Hellingly provision consists of Ashen Hill Unit with 20 medium secure beds for males; Amber Lodge Unit with 6 medium secure beds for females and Southview Unit with 20 low secure beds for males.
- Occupancy levels of the units are 100% (not 95% as stated in the report)
- New Department of Health guidelines are that there should be no more than 15 beds per ward
- SPT plans to increase the number of medium secure beds at Hellingly from 45 to 60 comprising 45 medium secure beds for males (3 x 15 bed wards) and 15 medium secure beds for females.
- There will be 15 low secure beds for males in Southview.
- The proposals are for three new wards (2 medium secure units for male and 1 medium secure for females) and the refurbishment of some of the existing buildings

- The proposals are driven by the growth in need for secure placements (particularly as a result of referral of patients out of the prison setting).
- Capital investment will be £15.3 million
- SPT will also increase the number of low secure beds to 60 in total across Sussex.
- Overall, the number of secure and forensic inpatients beds will be increased from 68 beds currently to a proposed 120 beds in total across Sussex.

Build time of 22 months

8.3 Christine Bowman (CB) agreed that the build time is comparatively long but takes account of the need to build the units in phases and move the patients in from the existing units. SPT will improve on the build time if possible.

8.4 AD confirmed that the planned increase of provision at Hellingly will be sufficient to meet future needs. He pointed out that there is room at Hellingly for expansion of both forensic services and services to treat other conditions.

8.5 The planning application for the development is expected to be submitted in February 2010.

Increased population of Lewes Prison

8.6 AD said that there are only 3 high secure units in the country – Broadmoor, Rampton and Ashworth Hospital. Prisoners in Lewes with mental health issues would be referred to a medium secure unit.

8.7 AD said that SPT is in the process of recruiting a prison consultant and there are plans for a much higher level of in-reach services into Lewes prison in response to the increased prison population.

8.8 RESOLVED to

(1) Endorse and support the proposals for new and converted secure and forensic facilities at Hellingly, East Sussex.

(2) Endorse and approve the consultation proposals with the addition of Wealden District and Hailsham Town Councils to the stakeholder list; and consider any further advice it may wish to offer prior to the start of consultation.

(3) HOSC to receive an update on consultation findings at its meeting on 11th March 2010

(4) HOSC to receive an update report on the project once planning permission has been granted. This item is to be pencilled in for September 2010.

(5) Arrange for a presentation to HOSC about provision of prison mental health services.

9. BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST PROPOSALS TO BECOME A FOUNDATION TRUST

9.1 Duncan Selbie, Chief Executive and Alex Sienkiewicz, Company Secretary, Brighton and Sussex University NHS Trust gave an overview on the Trust's Foundation Trust application.

Proposed BSUH governance structure

9.2 Duncan Selbie (DS) and Alex Siekiewicz (AS) agreed to take account of HOSC comments to look afresh at the proposed governance structure, specifically, the composition of the Board of Governors and how this reflected the areas served by the Trust, for example, Telscombe, Peacehaven and Newhaven. HOSC would in particular like to see Wealden District Council and Lewes District Council included in the structure of the publicly elected governors and consideration given as to whether there should be members from these councils. The committee would also like to see how town councils e.g. Telscombe, Peacehaven, Newhaven, Uckfield etc might be involved.

9.3 DS and AS agreed to reconsider whether the balance of publicly elected governors accurately reflects the numbers of patients from the different electoral areas.

Foundation Trust board meetings to be in public

9.4 DS confirmed that current BSUH board meetings are public and this practice will not change.

Finance

9.5 DS said becoming a Foundation Trust would require BSUH to demonstrate that it had a strong board of directors who were capable of leading and taking forward the trust and that they had a strong understanding of the finance not just for now but into the future. DS is convinced that becoming a Foundation Trust is the right thing for BSUH to do and would provide assurance to the public and HOSCs to give them confidence that the Board is fit and competent to run BSUH as an autonomous NHS organisation.

9.6 DS said that the trust is in a strengthening position and there is nothing to give HOSC cause for concern.

9.7 RESOLVED to:

(1) Respond to BSUH's public consultation on the Trust's proposals during the formal consultation period which was scheduled for 25 January to 23 April 2010.

10. NHS DENTISTRY IN EAST SUSSEX

10.1 RESOLVED to:

(1) Note the update report from Jane Hewitt, Dental and Optometry Services Development Manager, NHS EDW and NHS H&R on access to NHS dentistry in East

Sussex which included progress reports on the review of Emergency Dental Services and changes to Special Care Dental Services.

(2) Agree that the Scrutiny Lead Officer collates any further queries from HOSC members and submits the collation to Jane Hewitt for comment.

11. HPV VACCINATION PROGRAMME FOR CERVICAL CANCER – REVIEW OF FIRST YEAR

11.1 RESOLVED to:

(1) Note the report from Joanne Bernhaut, Consultant in Public Health and Alison Smith, Children's Commissioning and Strategic Development Lead, NHS ESDW and NHS H&R assessing the first year's implementation of the HPV vaccination programme.

(2) Agree that the Scrutiny Lead Officer collates any further queries from HOSC members and submits the collation to Joanna Bernhaut for comment.

12. PROGRESS REPORT ON RECOMMENDATIONS FROM THE REVIEW OF SUPPORT FOR PATIENTS AND CARERS APPLYING FOR POWER OF ATTORNEY UNDER THE MENTAL CAPACITY ACT 2005

12.1 Councillor Ruth O'Keeffe presented a summary of the response to the recommendations.

12.2 RESOLVED to:

(1) Note the encouraging response and actions being taken to improve the support and advice available on applying for Lasting Power of Attorney for someone lacking mental capacity.

(2) Note the benefit of individuals considering the issue of Lasting Power of Attorney as early as possible and when they still have the mental capacity to do so.

(3) Thank the HOSC Task Group members – Cllrs O'Keeffe and Tidy - for their work.

13. INDIVIDUAL MEMBERS ACTIVITY INCLUDING LOCAL INVOLVEMENT NETWORK (LINk) UPDATE

Janet Colvert, Chair, LINk Core Group updated the committee on LINk activities

13.1 Summary of LINk activities

- LINk's elected Core Group has come to the end of its first year and one third of its members will stand for re-election. Results will be announced at the public meeting on 1st December in Eastbourne and then the new Core Group will elect its Chair and Vice Chairs.

- Five public meetings are being held across the county to gather views on Putting People First, Mental Health matters and Maternity Services. At the end of this series LINk will have a clear picture of the county's views on these issues and a report will be published.
- 12 LINk members have been trained and authorised to 'enter and view' health and care settings. Some of these LINk members will carry out a survey of nutrition, hydration and feeding in hospitals in a selection of wards in the Conquest and Eastbourne DGH as a component of the HOSC review on the topic. The results of the survey will be presented the HOSC Review Board. East Sussex LINK and Brighton and Hove LINk are working in tandem on this project with Brighton and Hove LINk members surveying Royal Sussex County Hospital and Princess Royal Hospital.
- LINk members are also visiting wards which are part of the Productive Ward scheme on a regular basis.

Dave Rogers

13.2 Attended a Putting People First conference with voluntary organisations supporting older people on 4th November. Mr Rogers will attend the International Day for Disabled People at Marlborough House on 3rd December.

Cllr Eve Martin

13.3 Attended the Hastings and Rother Social Care Forum and on Tuesday 24th November and will attend the Healthy Hastings Partnership Board next week.

Cllr Ruth O'Keeffe

13.4 Continuing to research components of the nutrition, hydration and feeding in hospitals review. She is in contact with the Vegetarian Society and hopes to receive written information.

Cllr Carolyn Lambert

13.5 Attended the AGM of NHS East Sussex Downs and Weald in Eastbourne on 24th September.

Cllr Angharad Davies

13.6 Attended the Department of Health Second Annual Preventative Health Conference on 25th June and the Centre for Public Scrutiny (CfPS) Health Scrutiny Seminar on 18th November. Cllr Davies has linked up with one of the PCT members on health walks and health issues as part of her role as Chair of the Pebsham Countryside Park Management Board. On 9th September, she attended the meeting of the Stroke Recommendations Implementation Board.

Cllr Peter Pragnell

13.7 Attended South East Coast Ambulance Service NHS Trust's 'Shaping the Ambulance Service' day in Ashford on 3rd September. He also attended the CfPS event on 18th November.

Cllr Carolyn Heaps

13.8 November 6th - attended the opening of the new Eastbourne Station walk-in clinic

Cllr David Rogers

13.9 Raising health issues as part of his work with Local Government Association and continuing his research on becoming more involved as the HOSC link member for Brighton and Sussex Hospitals NHS Trust

Cllr Sylvia Tidy

13.10 Has been attending the meetings of the MSDP as HOSC observer, the last of which was 10 days ago.

13.11 September 24th - attended the AGM of NHS East Sussex Downs and Weald

13.12 September 26 - attended the AGM of NHS Hastings and Rother

13.13 September 29th – attended meeting of ESCC Scrutiny Chairmen

13.14 October 5th met with Mike Wood and Lisa Compton as one of her regular briefings – discussed the HOSC work programme, maternity services and community/provider services.

13.15 October 22nd – attended the one of the regular meetings of South East HOSC Chairs and South East Coast Strategic Health Authority. Topics covered included the SHA's focus on three key areas: quality, innovation and productivity. There was a presentation on the SHA's Quality Observatory which is where data is analysed and evaluated with regard to delivering quality and productivity.

Meeting ended at 1.15pm