

## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 16 September 2010

---

### PRESENT:

Councillor Mrs Tidy (Chairman) Councillors Heaps, Howson, O'Keeffe, Pragnell and Taylor; Councillor Martin (Hastings Borough Council); Councillor Hough (Eastbourne Borough Council); Councillor Davies (Rother District Council); Councillor Phillips (Wealden District Council); Councillor Lambert (Lewes District Council); Ms Janet Colvert, East Sussex LINK Core Group and Mr Maurice Langham, East Sussex Seniors Association.

### WITNESSES:

#### East Sussex Hospitals NHS Trust

Jamal Zaidi, Divisional Director – Women and Children  
Jane Hentley, Chief Nurse  
Debra Young, Head of Midwifery

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

Ali Parsons, Strategy and Projects Manager  
Martin Packwood, Joint Commissioning Manager for Mental Health  
Jane Strong, Programme Lead – Stroke/Long Tern Neurological Conditions  
Nicky Murrell, Assistant Director of Strategy

#### Sussex Partnership NHS Foundation Trust

Kate Noakes, Deputy Director – Change Management  
Neil Waterhouse, Service Director – Older People's Mental Health  
Lorraine Reid, Operations Manager

#### East Sussex County Council

Kate Dawson, Head of Strategic Commissioning (Mental Health, Social Care and Supporting People)

LEAD OFFICER: Claire Lee, Scrutiny Lead Officer

### 1. APOLOGIES

1.1 Apologies were received from Councillor Rogers (ESCC).

### 2. MINUTES

2.1 RESOLVED to confirm as a correct record the minutes of the meeting held on 17 June 2010.

### 3. DISCLOSURE OF INTERESTS

3.1 Councillor Taylor declared a personal interest in Item 5, in that his daughter was studying to become a midwife. He did not consider this interest to be prejudicial.

#### 4. REPORTS

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

#### 5. EAST SUSSEX MATERNITY SERVICES STRATEGY

5.1 The Committee considered a report by the Director of Governance and Community Services.

5.2 Jamal Zaidi, Divisional Director – Women and Children, East Sussex Hospitals NHS Trust, updated the Committee on progress with implementing the East Sussex Maternity Services Strategy. Jane Hentley, Chief Nurse and Debra Young, Head of Midwifery were also in attendance.

5.3 Key points from the presentation included:

- Significant achievements to date:
  - East Sussex Hospitals Trust achieving the lowest caesarean section rate in the South East Coast area;
  - Establishment of a communications sub-group with primary care which has made recommendations on improving access to services via GPs and midwives – a launch day for the new model was planned for autumn 2010.
  - Appointment of an 11<sup>th</sup> consultant which has enabled the Trust to increase consultant availability on the labour ward.
- Ongoing challenges:
  - Recruitment of middle grade doctors – the Trust is in ongoing discussion with the deanery on this issue, which is a wider regional/national issue.
  - Improving breastfeeding rates – a breastfeeding specialist is now in place.
  - Sustaining work on perinatal mental health – this is being discussed with commissioners.

5.4 In response to specific questions about the maternity dashboard data, Trust representatives made the following points:

- In utero transfers occur when a baby is likely to need level 3 special baby care, which is not available at East Sussex Hospitals Trust – this is a small percentage of women.
- The definition of ‘normal birth’ is very narrow and excludes induced labour where the subsequent birth is very normal. There are no specific comparative statistics available on rates of induction but this is being investigated. It is unclear how this would impact on the statistics regarding ‘normal births’.
- The slightly higher rate of operative vaginal deliveries may be linked to the low caesarean section rate.
- The figures presented on intrapartum still births were incorrect as they referred to all stillbirths. The actual rate of intrapartum still births is very low compared to other Trusts.
- The main factor causing diverts between sites is capacity/staffing. Contingency plans are in place but there will always be peaks in demand which it is not possible to control.
- Consultant availability is defined as ‘readily available to the labour ward’ – i.e. the consultant is on site and not occupied in clinics or theatre.

- 5.5 The Committee suggested various improvements to the dashboard including:
- Addition of a rolling 12 month average.
  - Ensuring terminology is clear and understandable.
  - Thorough checking for accuracy, for example correct colour coding against the agreed thresholds.

5.6 **Improving normal birth project**

In response to questions, Trust representatives explained that this South East Coast wide project involves mapping pathways and encouraging normal delivery, for example after a previous caesarean section, or with first time mothers where there tends to be a higher caesarean rate. The project includes education and work through community midwives to ensure the right information is provided and fears are addressed. There is a need to change the culture so that normality becomes the expectation amongst staff and women. The project is led locally by a lead consultant, working with midwives.

5.7 **Midwifery staffing**

Ms Young informed the Committee that a new Birthrate plus assessment was being undertaken to give an up to date picture of midwifery staffing and the results would be reported to the Trust Board. Ms Young indicated that the Trust compares quite favourably with other Trusts in terms of staffing and that she does not expect any reduction in staff. However, she acknowledged that the future financial climate will be challenging and explained that work is ongoing to look at midwifery skill mix in order to ensure midwives are focused on tasks which require their expertise and, where possible, less specialist tasks are undertaken by other supporting staff.

5.8 **Booking within 12 weeks**

The Committee highlighted the importance of this target, particularly with regard to more deprived communities. Trust representatives confirmed that this is a priority target and that various actions were underway, including the launch of the new referral pathway, which is expected to contribute to significant improvement. Other actions include looking at the locations of clinics, for example locating services in Children's Centres, and offering more 'drop in' availability.

- 5.9 RESOLVED to request a further monitoring report in March 2011.

6. IMPROVING MENTAL HEALTH SERVICES IN EAST SUSSEX

6.1 The Committee considered a report by the Director of Governance and Community Services which presented the response of NHS East Sussex Downs and Weald/Hastings and Rother and Sussex Partnership NHS Foundation Trust to HOSC's report on proposals for changes to mental health services in East Sussex.

6.2 Martin Packwood, Joint Commissioning Manager for Mental Health, NHS East Sussex Downs and Weald/Hastings and Rother presented the report. He welcomed the HOSC report and noted that it reflected many of the points made through the consultation process, particularly in relation to the need for improvements to community mental health services. Mr Packwood confirmed that the Boards of NHS East Sussex Downs and Weald/Hastings and Rother had adopted option 2 as set out in the consultation document.

6.3 Kate Noakes, Deputy Director – Change Management, Sussex Partnership NHS Foundation Trust added that the Trust welcomed both the Boards' decision and the HOSC

recommendations. The Trust's intention is to improve both inpatient and community care and it is helpful that a clear direction has now been agreed.

6.4 The Committee raised questions covering the following areas:

6.5 **Improvements to community services**

In response to the Committee's reiteration of the need for demonstrable improvements to community services prior to bed reductions, Mr Packwood offered assurance that measures for incorporation in to the contract have been drafted and supported by PCT Boards. These are being negotiated between commissioners and the Trust but have not yet been agreed. He also highlighted that the Boards had agreed to the establishment of a stakeholder reference group, to include service directors from all care groups and service user representatives, which will monitor the implementation of the plans. He offered to circulate the minutes of this group to HOSC.

6.6 **'Making it Happen' Groups**

When asked about progress in establishing these groups, Neil Waterhouse, Service Director for Older People's Mental Health, Sussex Partnership NHS Foundation Trust, advised the Committee that terms of reference were being drafted and members being identified. He explained that the groups would focus on 'making it happen' in three local community areas across the county and would include all stakeholders including older people and carers, working age adult service users and carers, voluntary sector, local authority and GPs. Following a mapping process to be completed within the next few weeks, the groups would start work, recognising that there is a tight timescale for implementing changes.

6.7 **Counselling services**

When asked about the status of counselling services in East Sussex, Mr Packwood drew a distinction between the Improving Access to Psychological Therapies (IAPT) programme led by NHS East Sussex Downs and Weald/Hastings and Rother, and other counselling services, some of which work quite independently. He explained that the IAPT programme would be fully rolled out by the end of 2011 when all 72 new therapy staff would have completed training. Mr Packwood had also undertaken a review of other counselling services with a view to ensuring equity of access across the county and integration with the wider mental health service. He offered to provide HOSC with a copy of the report and recommendations. Mr Packwood clarified that this review did not encompass counsellors employed directly by GP practices and it is possible that GPs may be reviewing their contracts with these providers as new IAPT services become available.

6.8 **Flexibility of future bed provision**

When asked why the option to reopen beds (should demand require it) would only be available at Woodlands Unit in Hastings and not at the Eastbourne Department of Psychiatry, Mr Packwood explained that this is due to the configuration of the units and planned improvements to the environment at Eastbourne. The refurbishment of the Eastbourne unit will involve use of some of the space created by the closure of beds there, thus restricting the ability to reopen beds. Lorraine Reid, Operations Manager for Sussex Partnership Trust, added that the environmental improvements are needed to address issues such as gender separation, but that she would consider whether there could be any flexibility.

When asked how a decision would be reached as to whether beds should be reopened, Mr Packwood indicated that demand would be monitored and if there was a persistent increase in admissions and length of stay, reopening beds would be considered. However, he added that there has been a downward trend in admissions and lengths of stay over several years so a persistent increase would not be anticipated.

#### 6.9 **'Sanctuary' facilities**

Mr Packwood confirmed that the review of Crisis Resolution Home Treatment (CRHT) services is examining the whole crisis care pathway. This includes looking at the provision of emergency accommodation which can be provided in various ways, of which the Sanctuary facility in Hastings is one model. Other options are also being examined, for example combining a 'step-up' facility with planned 'step-down' rehabilitation. The value for money of different approaches must be considered as part of this process. He gave a commitment to keep this area under review.

6.10 RESOLVED to: (1) Confirm HOSC's support for the proposals, subject to the Committee's recommendations being implemented; and

(2) To request that the Task Group reconvene in early 2011 to assess progress and report to HOSC in March 2011.

(3) To request a copy of the report on counselling services.

### 7. STRATEGY FOR OLDER PEOPLES MENTAL HEALTH SERVICES (OPMH)

7.1 The Committee considered a report by the Director of Governance and Community Services.

7.2 Martin Packwood, Joint Commissioning Manager for Mental Health and Neil Waterhouse, Service Director OPMH, Sussex Partnership NHS Foundation Trust updated the Committee on the local strategy for OPMH, with a particular focus on dementia strategy.

7.3 Key points from the presentation:

- The Action Plan, based on the national dementia strategy, was approved by the Older People's Partnership Board in November 2009 and a dedicated dementia commissioning group has been established. This group includes three GPs, reflecting the importance of primary care.
- The respite care service had been operational since April 2010 and the pilot dementia advisor service had also commenced in April 2010.
- Priorities for 2010/11 are:
  - Increasing rates of early diagnosis using model agreed by commissioning group
  - Working closely with the County Council to look at the totality of dementia funding and how to make best use of the overall resources.
  - Wise investment of the £1.5m funding obtained from the regional transformation fund – this is overseen by the Sussex Dementia Partnership.
- The diagnostic approach is being redesigned to create long term diagnostic capacity.
- There is recognition that some funding is non-recurrent. This funding is being used to address the backlog of diagnosis, in parallel with extending the role of dementia advisors and running a publicity campaign to encourage people to come forward.

- An in-reach service to care homes is being introduced and this aims to reduce average lengths of stay in hospital.

7.4 Mr Packwood and Mr Waterhouse responded to questions including the following:

7.5 **Role of primary care/GP commissioning**

Mr Packwood's suggested that it is too early to have a clear picture of what the development of GP consortia will mean for dementia strategy. However, he highlighted the work that had been undertaken to engage with GPs, for example to address variation in diagnosis between practices. In relation to this variation, Mr Packwood explained that the figures are obtained from Quality and Outcomes Framework (QOF) data which is updated annually. The next update is planned for October 2010 and Mr Packwood has arranged for additional questions to be added, which will enable potential reasons for lower diagnosis to be explored with practices.

7.6 **Sustainability of pilot projects**

Mr Packwood acknowledged that some grants, for example those for the respite service and dementia advisors, are time limited and he is looking at ways to secure ongoing funding. The dementia advisors in particular are key to early diagnosis and Mr Packwood argued that their role needs to expand in the future.

7.7 **Acute assessment beds**

Mr Packwood confirmed that the intention remains to return the acute assessment beds which were temporarily transferred to Uckfield back to Eastbourne when suitable facilities in Eastbourne become available. He indicated that opportunities may arise through the planned changes to adult mental health services at the Department of Psychiatry, but this is yet to be fully assessed.

7.8 RESOLVED to request a further progress report in September 2011.

8. DAY AND VOCATIONAL MENTAL HEALTH SERVICES FOR ADULTS

8.1 The Committee considered a report by the Director of Governance and Community Services.

8.2 Kate Dawson, Head of Strategic Commissioning (Mental Health, Social Care and Supporting People), East Sussex County Council, presented a report on the progress of the new model for day and vocational mental health services for adults across East Sussex after its first year in place.

8.3 Key points from the presentation:

- There is quarterly monitoring in place against the contract, overseen by a day and vocational services monitoring group.
- Service user involvement is a key part of the monitoring process and service user experience factors are included.
- The new employment service has been identified as an emerging centre of excellence by the Sainsbury Centre for Mental Health.
- The Community Links service has had the challenge of facilitating the transition of existing day services and service users into the new system. A positive sign is that no complaints have been received regarding the new providers of service.

- Service users have set up their own groups to help resolve anxieties.
- The services are reaching new, for example younger, service users.

8.4 Ms Dawson responded to questions including the following:

**8.5 Employment approach**

When asked how the service supports people into employment, Ms Dawson explained that the provider, South Down Housing, makes contact with local employers to 'demystify' mental health issues and they work with service users, taking a step-by-step approach at their own pace. Importantly, the service also supports people to retain employment, especially if they become ill again.

**8.6 Access to services**

The new model facilitates access through travel support and access to non-day centre services which may be more local to service users. The contracts require service providers to address transport issues and people are transported if there is no alternative. The model also includes services which reach out into rural areas.

**8.7 Engagement of new service users**

When asked whether the new model had met its aim of engaging additional service users who had not used the previous services, Ms Dawson confirmed that this was being achieved. She indicated that the vocational service and the Community Links service had been particularly successful here, as they enable people to pursue their own interests. She also described how the services are working with a black and minority ethnic (BME) communities support worker to reach BME service users.

**8.8 Individual budgets**

In response to a question on the use of individual budgets, Ms Dawson explained that a pilot had been run resulting in 18 people in the Eastbourne area and 11 in rural areas of the county being offered individual budgets for day services. Feedback from service users had been very positive and the cost of services had been lower than the budget set.

8.9 Ms Dawson wished to place on record her thanks to the service users who had been involved in the development and monitoring of the new service model.

8.10 RESOLVED to welcome the positive assessment of the new service model.

**9. REVIEW OF STROKE CARE IN EAST SUSSEX – PROGRESS REPORT**

9.1 The Committee considered a report by the Director of Governance and Community Services.

9.2 Nicky Murrell, Assistant Director of Strategy and Jane Strong, Programme Lead for Stroke/Long Term Neurological Conditions at NHS East Sussex Downs and Weald/NHS Hastings and Rother presented the report which outlined the progress being made on the implementation of the recommendations arising from HOSC's Review of Stroke Care.

9.3 Key points from the presentation:

- Health checks are now well embedded in primary care – 10,000 had been carried out by June/July 2010.

- 24/7 thrombolysis had been introduced at East Sussex Hospitals Trust from April 2010
- A new service model had been agreed, with particular focus on reducing average length of stay in acute stroke units.
- The major current area of focus is around specialist rehabilitation (inpatient or at home) and getting patients into rehabilitation much earlier in the pathway. This will help reduce average length of stay to 10 days which will in turn release capacity in the acute stroke units, allowing more patients to be directly admitted there. This will improve performance on the target for stroke patients to spend at least 90% of their hospital stay in the stroke unit.
- There has been some improvement in the recruitment of specialist staff, alongside training of existing staff to build their skills.
- A community support service has been commissioned which is now taking on patients from the community rehabilitation teams.

9.4 Ms Murrell and Ms Strong responded to questions including the following:

9.5 **Stroke unit target**

When asked whether the target should be increased to patients spending 100% of their stay in the stroke unit (rather than 90%), Ms Strong explained that the target was set nationally, but that she expected that a minimum of 90% would be achieved naturally following the improvements to other parts of the care pathway. She cited the fact that the national target in relation to Transient Ischaemic Attack (TIA) services had been exceeded as evidence that local partners were working towards high quality care rather than simply meeting minimum standards.

9.6 **Rehabilitation pathways**

In response to a question about patients requiring long term or intensive rehabilitation, Ms Strong confirmed that a range of pathways will be available, including a high acuity team able to provide intensive support to patients at home. She also confirmed that the new pathways will allow for a much longer period of rehabilitation based on a needs-led, rather than time-limited approach.

When asked whether speech and language therapy (SALT) is available as part of the rehabilitation pathway, Ms Strong confirmed that SALT is built into the composition of rehabilitation teams based on SIGN guidelines, which is the only national guidance available. However, she added that the ability to recruit sufficient therapists will be the main restriction on SALT capacity.

9.7 **Scanning capacity**

When challenged on the availability of scans for all stroke patients within 24 hours, Ms Strong assured the Committee that analysis is being undertaken to identify any common factors amongst patients who do not receive a scan within 24 hours. This will enable barriers to be addressed.

Ms Strong confirmed that all patients had been assessed for suitability for thrombolysis since the 24/7 service had been introduced on 6<sup>th</sup> April.

9.8 RESOLVED to request a further monitoring report in June 2011.



## 10. HOSC REVIEW OF NUTRITION, HYDRATION AND FEEDING IN HOSPITALS – FINAL REPORT

10.1 The Committee considered a report by the Chairman of the Review Board which included the Board's final report and recommendations on nutrition, hydration and feeding in hospitals.

10.2 The Chairman of the Review Board informed the Committee that a helpful by-product of the review had been the opportunity for the local hospitals trusts to share practice and the Board had included a recommendation that this should continue.

10.3 RESOLVED to: (1) Welcome and endorse the report of the Review Board on nutrition, hydration and feeding in hospitals; and

(2) Agree that responses to recommendations should be requested from East Sussex Hospitals Trust and Brighton and Sussex University Hospitals Trust, for consideration at the HOSC meeting in November 2010.

## 11. HEALTH WHITE PAPER

11.1 The Committee considered a report by the Director of Governance and Community Services which outlined key points from the Government's White Paper and the consultation process.

11.2 RESOLVED to agree that a draft response, focused on the 'Local Democratic Legitimacy' consultation, be circulated to the Committee for comment, with final agreement by the Chairman and Vice-Chairman on the Committee's behalf.

## 12. INDIVIDUAL HOSC MEMBERS' ACTIVITY

### **Cllr Sylvia Tidy**

12.1 Activities included:

- **1<sup>st</sup> July and 13<sup>th</sup> September** – Meetings of all HOSC Chairmen in the South East Coast area with the Strategic Health Authority – discussion at both meetings focused on the implications of the White Paper.
- **23<sup>rd</sup> July** – liaison meeting with Mike Wood, Chief Executive of NHS East Sussex Downs and Weald/Hastings and Rother – again focused on the White Paper.
- **3<sup>rd</sup> September** – meeting of the Adult Social Care Scrutiny Committee, which also discussed the White Paper implications for social care.
- **6<sup>th</sup> September** – Meeting with Chairman and Chief Executive of Sussex Partnership Trust – focused on the inpatient mental health changes and dementia strategy.

### **Cllr Di Philips**

12.2 Attended the Board meeting of NHS East Sussex Downs and Weald.

**Cllr Eve Martin**

12.3 Attended the Hastings and Rother Health and Social Care Forum, the Healthier Hastings Partnership Board, the South East Coast Ambulance Trust Patient Opinion Group and an Ambulance Trust workshop on the design of a research study relating to the administration of oxygen for heart attack patients.

**Mr Maurice Langham**

12.4 Attended a Patient Experience Action Group meeting regarding community hospital inspections.

**Cllr Angharad Davies**

12.5 Attends meetings of the stroke programme board.

**Cllr Carolyn Heaps**

12.6 Attended a study day on the personalisation of care for people with disabilities.

**Cllr Alex Hough**

12.7 Has been appointed a disability champion for Eastbourne.

12.8 RESOLVED to note and update the HOSC work programme.

The Chairman declared the meeting closed at 1.30pm