HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 18 November 2010

PRESENT:

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

WITNESSES:

NHS East Sussex Downs and Weald and NHS Hastings and Rother
Dr Diana Grice, Director of Public Health
Lisa Compton, Director of Assurance and Engagement

East Sussex County Council
Keith Hinkley, Head of Adult Social Care

East Sussex Hospitals NHS Trust
Shotham Kamath, Deputy Chief Nurse
Michelle Clements, Facilities Manager
Lucinda Silva, Acute Clinical Lead Dietician

Brighton and Sussex University Hospitals NHS Trust
Joy Churcher, Head of Dietetics
Patricia Titherley, Matron

Sussex Community NHS Trust
Simon Turpitt, Chairman

LEAD OFFICER: Claire Lee, Scrutiny Lead Officer

1. APOLOGIES

1.1 Apologies were received from Councillor Howson (ESCC), Councillor Lambert (Lewes District Council) and Cllr Mrs Phillips (Wealden District Council).

2. MINUTES

2.1 RESOLVED to confirm as a correct record the minutes of the meeting held on 16 September 2010.

3. DISCLOSURE OF 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. HEALTH INEQUALITIES IN EAST SUSSEX

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

5.2 Dr Diana Grice, Director of Public Health, NHS East Sussex Downs and Weald/NHS Hastings and Rother/East Sussex County Council gave a presentation summarising the key messages from her annual report, which focused on health inequalities in East Sussex. She also informed the Committee that the full report and associated data was available on the NHS East Sussex website.

5.3 Dr Grice and Keith Hinkley, Director of Adult Social Care, East Sussex County Council, responded to questions on topics which included:

5.4 **Impact of access to services in rural areas**
Dr Grice confirmed that access to services is a factor in terms of health inequalities and that access is more difficult in rural areas. She argued that this demonstrated the need for very local plans to address specific local needs.

5.5 **Range of information used to inform the report**
When asked what approach had been used to identify factors contributing to greater health inequalities in more deprived areas, Dr Grice explained that the report had drawn on a range of national and local data including the Index of Multiple Deprivation and mortality data. Dr Grice agreed that there was a need to develop the input from local communities in assessment of local health needs and indicated that she intended to pursue stronger community engagement in the Joint Strategic Needs Assessment process in the future.

5.6 **Cancer mortality rates**
In light of the above average mortality rates from cancer in parts of East Sussex, Dr Grice assured the Committee that this issue was receiving a high degree of focus locally. National funding had been obtained to undertake a pilot project with the public and professionals to raise awareness of cancer symptoms and encourage early presentation and diagnosis. When asked for specific details of how clinicians were being engaged, Dr Grice cited several debates at the Professional Executive Committees and educational events held for GP practices. She added that evidence has been gathered to identify the most effective interventions primary care can make, and that work has been undertaken with East Sussex Hospitals Trust to develop the cancer pathway.

In terms of late presentation, Dr Grice confirmed that this is a feature in deprived areas nationally and there are two main issues to address – raising awareness of risk factors and symptoms, and increasing people's willingness to access primary care.

5.7 **Preventative care**

Dr Grice indicated that, although access to services is important, to improve health it is also necessary to focus on the wider determinants which lead to ill health in the first place. When asked about uptake of screening programmes, Dr Grice explained that whilst uptake is generally good in East Sussex, there is a need to focus on specific areas with lower uptake. Dr Grice also acknowledged the importance of preventative work in primary care, for example nurse-led clinics for people with long-term conditions.

5.8 **Effectiveness of current initiatives**

When asked what evidence there is that current initiatives targeted at the 20 wards in the county with the lowest life expectancy are having an impact, Dr Grice acknowledged that, given the complex factors which impact on health it is difficult to isolate the impact of specific work. There has been a general improvement in life expectancy which has been seen in other wards as well as the targeted 20. However, she gains some assurance from the fact that the approach is evidence-based.

5.9 **Disease registers and role of GPs**

Dr Grice confirmed that work to improve the quality and use of GP practice disease registers is ongoing across the county. She explained that practices are incentivised in relation to this work through the Quality and Outcomes Framework. Additionally, practices in the 20 target areas are further supported via enhanced service programmes. When questioned about the need for extra incentives in relation to this work, Dr Grice said that the primary aim was to ensure GPs were not out of pocket for undertaking additional work, such as holding extra clinics.

Mr Hinkley added that the national move to GP-led commissioning will have an impact in that there is likely to be a stronger link between local decisions and use of resources.

5.10 **Dementia**

Dr Grice highlighted that the distribution of the most deprived older people in the county is different to the distribution of older people generally. It is challenging to measure dementia prevalence accurately. Dementia is usually recorded on death certificates as a secondary rather than primary cause of death so mortality data can only be used as a starting point. There is a need to capture richer data, particularly in relation to mental illness, through the needs assessment.

Mr Hinkley suggested that this type of further analysis will be necessary in determining how resources are used in the future as there is not always a direct link to other deprivation measures.

5.11 **Local partnerships**

When asked about the effectiveness of local partnerships in terms of addressing health inequalities, Mr Hinkley said that there is a good foundation in place in terms of local strategic partnerships, the joint strategic needs assessment and engagement with communities. He argued that it is now important for partners to be more explicit about the services needed and the desired outcomes. Mr Hinkley explained that there has in the past been some division between work led by local government and separate work being led by the NHS. With the proposed transfer of public health responsibilities to local government, there is now an opportunity to bring these workstreams together, in line with feedback from local people that there should be more integration between public agencies.

Dr Grice added that there are plans to hold an event early in 2011, bringing together local partners to examine what an effective public health system would look like for East Sussex.

5.12 **Deliverability and funding constraints**

Dr Grice acknowledged the challenging funding environment nationally and argued that this necessitated partners focusing even more clearly on priorities and taking evidence-based approaches. She highlighted that the government intends to ringfence the public health budget, an approach with both benefits and risks, and that the changes to public health leadership will bring new opportunities to find different ways to address priorities. Dr Grice added that she intends to produce an inequalties reduction plan.

Mr Hinkley reiterated the need for a strong evidence base and to prioritise according to this. He suggested that there would be a significant challenge in the tension between investing for the future and funding services to be delivered now. He argued that investment for the long term is essential if we are to avoid pressures in the future.

5.13 RESOLVED to request a further report, focusing on the implications of the forthcoming Public Health White Paper, in March 2011.

6. REVIEW OF NUTRITION, HYDRATION AND FEEDING IN HOSPITALS – RESPONSE

6.1 The Committee considered a report by the Director of Governance and Community Services which presented the initial response of Brighton and Sussex University Hospitals NHS Trust and East Sussex Hospitals NHS Trust to HOSC's report and recommendations on nutrition, hydration and feeding in hospitals.

East Sussex Hospitals NHS Trust response

6.2 Shotham Kamath, Deputy Chief Nurse, presented the Trust's response. He was supported by Michelle Clements, Facilities Manager and Lucinda Silva, Acute Clinical Lead Dietician.

6.3 Mr Kamath made the following points by way of introduction:

- The Trust welcomed the report and recommendations.
- An action plan has been developed setting out how the Trust plans to respond to the recommendations and this has been approved by the Nutrition Steering Group and the Trust's Clinical Board.
- A number of the recommendations require delivery by front-line nursing and support staff. The Trust has therefore also taken the action plan to the Trust Nursing and Midwifery Committee to help gain ownership of the required actions.
- Actions in relation to assisted eating will form part of the Productive Ward programme which will be piloted on two wards from later in this year and then rolled out across the Trust.
- The Trust has an ongoing process for assessment of patients' nutrition and hydration needs which are recorded within the Patient Integrated Documentation.

6.4 The Committee raised questions including the following:

6.5 **MUST (Malnutrition Universal Screening Tool) training**

Ms Silva confirmed that MUST training of clinical staff is ongoing following introduction of the tool into the Trust in March 2010 to replace a different assessment previously used. She confirmed that an audit had been completed in June 2010 and that she would share the results with HOSC. Further audits would be undertaken on a regular basis.

6.6 **Fluid balance charts**

Mr Kamath indicated that a decision to use a fluid balance chart is based on individual clinical assessment of patients made by clinicians. This includes indications in relation to nutrition and hydration status. The assessment is undertaken by clinical staff. Mr Kamath added that audit of fluid balance is undertaken on a sample of (primarily critical care) patients.

6.7 **Pre-mealtime routines**

When asked to give more detail on how HOSC's recommendation in relation to pre-mealtime routines would be taken forward, Mr Kamath explained he would be meeting in early December with two pilot wards to establish what the pre-mealtime routine should include. This approach would ensure that front-line staff were able to influence the development of the preferred routine which would then be piloted and rolled out.

6.8 **Awareness of special dietary needs**

When asked to clarify how staff are made aware of dietary needs, Ms Silva described how a nutrition profile is included in the Patient Integrated Documentation. If special dietary needs are identified a nutrition plan is included in patient information at the end of the bed so that all staff are aware. She indicated that the dietetic team undertake regular assessments of progress for patients on these plans and this is discussed with the medical and nursing staff involved with the patient's care.

6.9 **Timescales for taking actions forward**

The Committee asked that timescales be added to the action plan to provide an indication of which actions can be achieved relatively quickly and which will take longer to implement. Ms Clements highlighted that some of the specific suggestions in relation to catering have already been taken forward, for example increasing the visibility of fresh fruit.

6.10 In response to questions about progress made to date on implementation of various recommendations, Mr Kamath highlighted that the Trust had received the recommendations in September 2010. The action plan set out the Trust's intentions as to how they would implement the recommendations over the coming months. He acknowledged that HOSC would expect to see further information on progress in future monitoring reports.

Brighton and Sussex University Hospitals NHS Trust response

6.11 Joy Churcher, Head of Dietetics, presented the Trust's response. She was supported by Patricia Titherley, Matron.

6.12 Ms Churcher made the following points by way of introduction:

- The Trust had held a nutrition awareness month during September which included various activities to engage staff. This included over 1000 awareness leaflets being distributed, informal education sessions and formal training of over 340 staff

- Work on a number of the recommendations is ongoing including those relating to documentation and audits.

6.13 The Committee raised questions including the following:

6.14 **MUST training**
When asked to clarify the extent of staff training on MUST, Ms Churcher explained that the target is 100%. This is being achieved in some areas within the Trust but not universally. Ms Churcher indicated good practice from high performing wards is being identified and rolled out across the Trust. Ms Titherley added that a rolling training programme is in place, including protected time for training, and there is a high level of engagement amongst staff. Ms Churcher agreed to provide the latest figures.

Ms Churcher added that audits of MUST use are undertaken regularly and results can be shared with HOSC.

6.15 **Use of MUST tool outside hospitals**
Ms Churcher explained that nursing homes do not always use MUST and if they use a different assessment there is potential for confusion between different scoring systems. Whilst any use of a screening tool is positive, ideally homes could be encouraged to use the nationally recognised MUST assessment for consistency. The Committee indicated its support for homes being encouraged to use the MUST assessment.

6.16 **Malnutrition trends**
In relation to the recommendation to examine whether there are trends in patients admitted with malnutrition in terms of where they are admitted from, Ms Churcher highlighted that this recommendation related to use of the BAPEN audit which does not take place again until early 2011.

6.17 **Sharing best practice**
Ms Churcher described how the Trust has initially been looking at other teaching hospitals and local hospitals to identify good practice. The Trust then looks at how to implement similar practice in an appropriate way to suit local circumstances.

6.18 **Food temperature**
Ms Churcher clarified that the last meal to leave the trolley is temperature checked and she agreed that there should be an additional check on temperature when patients have to wait for assistance before they can eat their meal.

6.19 **Assisted eating**
With regard to the recommendations on assisted eating, Ms Churcher confirmed that the changes to the nutrition policy were scheduled for completion by December 2010 as set out in the action plan. She also confirmed that work on volunteer training had commenced.

6.20 **Nil by mouth patients**
Ms Churcher described the complexity of this group of patients and the challenges in measuring appropriate practice. She indicated that she plans to work with the audit department to look at how this could be measured. Ms Titherley confirmed that a nil by mouth patient awaiting assessment would be put onto a drip for hydration very quickly.

She also explained how nutrition/hydration plans are made available to staff so that they are aware of their needs.

6.21 **Speech and Language Therapy (SALT)**
Ms Churcher explained that SALT is provided to the Trust under a service level agreement and that the nature of the service means that waiting times will fluctuate. She agreed to share the latest available data with HOSC via the Head of Service.

6.22 RESOLVED to:
(1) request an update on progress in June 2011.
(2) forward specific follow-up questions on the action plans to the Trusts outside of the meeting for a written response.

7. COMMUNITY HEALTH SERVICES

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

7.2 Simon Turpitt, Chairman of Sussex Community NHS Trust and Lisa Compton, Director of Assurance and Engagement from NHS East Sussex Downs and Weald/NHS Hastings and Rother briefed the Committee on the proposed future strategy and management arrangements for community health services. Apologies were received from Andy Painton, Chief Executive of Sussex Community Trust who was unwell.

7.3 Ms Compton clarified that the proposed transfer of management of East Sussex Community Services to Sussex Community NHS Trust is a change to the management of services and would not in itself result in changes to the services themselves. However, NHS East Sussex Downs and Weald/Hastings and Rother had developed a commissioning strategy for community services and this envisaged transformation of services over time.

7.4 Mr Turpitt and Ms Compton responded to questions including the following:

7.5 **Co-operation and Competition Panel Review**
Ms Compton explained that if the outcome of review by the Panel was against the transfer to Sussex Community NHS Trust, other options would need to be considered. It would be likely that an interim solution would be put in place initially. The NHS East Sussex Downs and Weald/Hastings and Rother Boards would consider the situation later in the month.

7.6 **Social enterprise approach**
When asked whether staff had shown interest in taking up the option of setting up a social enterprise, Mr Turpitt said that West Sussex had looked at this option but chosen not to pursue it. He was not aware of any such proposal in East Sussex. However, it is possible that in the future Sussex Community NHS Trust could develop into an umbrella organisation providing infrastructure support for a number of social enterprises.

7.7 **Impact on patients**
Ms Compton indicated that patients would notice no difference initially from the management change, but as commissioning intentions were implemented patients should see an improvement in care. She explained that the aim was not

standardisation of services across the county but to ensure that services reflected best practice as well as local need.

In terms of providing care closer to home, a potential advantage of the services coming under the management of Sussex Community NHS Trust would be the organisation's critical mass which should enable it to have more flexibility e.g. in terms of staffing. Mr Turpitt also highlighted his organisation's history of providing community services and the experience this brings.

7.8 **Personalisation/care at home**

Mr Turpitt confirmed Sussex Community Trust's understanding of the need to work closely with social care and he recognised that failure to work together would result in people not receiving appropriate care and potentially being admitted to hospital unnecessarily. Ms Compton highlighted that an integrated intermediate care team model had been developed and was being piloted before being rolled out if successful.

7.9 **Role of community hospitals**

Ms Compton indicated that detailed commissioning intentions, including in relation to community hospitals, were being developed with GP commissioners and that GPs are keen to make good use of these facilities. Mr Turpitt confirmed that commissioning intentions would drive their future use and he suggested that many areas of the country are examining the future role of community hospitals. He suggested that they can have a valuable role in relation to step-up and step-down care.

7.10 RESOLVED to note the proposed change in management of community health services.

8. HOSC ACTIVITY UPDATE

8.1 Individual HOSC Members' activities included:

8.2 **Cllr Sylvia Tidy**

20th September - Centre for Public Scrutiny meeting to discuss the NHS White Paper

23rd September – liaison meeting with Darren Grayson and Irene Dibben, Chief Executive and Chairman of East Sussex Hospitals which focused on the development of the Trust's clinical strategy.

7th October – Healthy Communities Conference

14th October – Visit to the Woodlands inpatient mental health unit in Hastings.

9th November – liaison meeting with Mike Wood, PCT Chief Executive which focused on the implementation of the White Paper locally and finance issues.

11th November **-** Adult Social Care Scrutiny Committee which discussed: the way in which the department is looking to redress the imbalance of spending from working age adults to older people; and the impact of potential changes and funding constraints on the Supporting People Project.

Meetings in relation to the Maidstone and Tunbridge Wells NHS Trust maternity services.

8.3 **Cllr Carolyn Heaps**

Attended a meeting of patient forums

8.4 **Cllr Barry Taylor**

14th October – Visit to the Woodlands inpatient mental health unit in Hastings.

8.5 **Cllr Ruth O'Keeffe**

Looking into issues related to chiropractors.

8.6 **Mr Maurice Langham**

Ongoing participation in the Patient Environment Action Team inspection programme.

8.7 **Cllr Alex Hough**

7th October – Healthy Communities Conference

8.8 **Cllr Eve Martin**

September – South East Coast Ambulance Service Research and Development event and AGM/open day

8.9 **Cllr Angharad Davies**

September - Meeting of the Stroke Programme Board, which agreed to begin taking stroke patients at the Irvine Unit. A further meeting to be held in December 2010.

8.10 **Cllr David Rogers**

Attended a variety of meetings relating to the NHS White Paper as Chairman of the Local Government Group's Community Wellbeing Board

8th October – Brighton and Sussex University Hospitals NHS Trust Patient Experience Panel meeting.

8.11 **Ms Janet Colvert** gave an update on the activities of the East Sussex Local Involvement Network (LINk) which included the following points:

- LINk elections have resulted in four new core group members, a new Chair (Alan Keys) and new Vice-Chairs (Maureen Lawrence and Ivy Elsey)
- Planned LINk work includes ongoing 'enter and view' visits and privacy and dignity visits to local hospitals, work with Brighton & Hove LINk on visits to care homes to examine nutrition, and early stages of a project on discharge.

8.3 RESOLVED to note and update the HOSC work programme.

The Chairman declared the meeting closed at 1.15pm