HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee (HOSC) held at County Hall, Lewes on 21 March 2013

PRESENT:

Councillor Simmons (Chairman), Councillors Heaps, Howson, O'Keeffe, Pragnell, Rogers OBE and Taylor (all East Sussex County Council); Councillor Ungar (Eastbourne Borough Council); Councillor Cartwright (Hastings Borough Council); Councillor Merry (Lewes District Council); Councillor Phillips (Wealden District Council); Councillor Davies (Rother District Council); Ms Julie Eason, SpeakUp (voluntary sector representative); Mr Dave Burke, SpeakUp (voluntary sector representative)

WITNESSES:

East Sussex Healthcare NHS Trust (ESHT)
Michelle Clements, Facilities Manager
Jane Darling, Deputy Chief Operating Officer
Darren Grayson, Chief Executive
Lesley Houston, Dietetic Manager
Brenda Lynes-O'Meara, Assistant Director of Nursing
Dr Dexter Pascall, Consultant Obstetrician and Clinical Lead for Obstetrics
Dr Andy Slater, Medical Director (Strategy)
Lindsey Stevens, Head of Midwifery
Alice Webster, Director of Nursing
Stuart Welling, Chairman
Dr Jamal Zaidi, Consultant Obstetrician and Divisional Director

Eastbourne, Hailsham and Seaford and Hastings and Rother Clinical Commissioning Groups (CCGs)
Catherine Ashton, Associate Director of Strategy and Whole Systems
Amanda Philpott, Accountable Officer, Eastbourne Hailsham and Seaford CCG and Joint Chief Operating Officer, Eastbourne, Hailsham and Seaford/Hastings and Rother Clinical Commissioning Groups

Brighton and Sussex University Hospitals NHS Trust (BSUH)
Joy Churcher, Head of Dietetics
Sherree Fagge, Chief Nurse

East Sussex County Council/NHS Sussex
Nigel Blake-Hussey, Joint Commissioning Manager (Mental Health)

Sussex Partnership NHS Foundation Trust
Charlotte Clow, Sussex Dementia Partnership Project Manager

Alzheimer's Society
Elisa Vaughan, Sussex Locality Manager

LEAD OFFICER: Claire Lee, Scrutiny Lead Officer

54. APOLOGIES

54.1 There were none.

55. MINUTES

55.1 RESOLVED to confirm as a correct record the minutes of the meeting held on 13 December 2012.

56. DISCLOSURE OF INTERESTS

56.1 Councillor Taylor declared a personal interest in relation to item 8, Dementia Strategy, as the owner of a care home. He did not consider this interest to be prejudicial.

57. REPORTS

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

58. EAST SUSSEX HEALTHCARE NHS TRUST (ESHT) MATERNITY AND PAEDIATRIC SERVICES

58.1 The Committee considered a report by the Assistant Chief Executive which set out a decision made by the ESHT Board to temporarily reconfigure consultant-led obstetric, emergency gynaecology, special care baby unit and inpatient paediatric services on clinical safety grounds. The report also outlined an exemption to requirements on the NHS to consult with HOSC about significant service changes when action is deemed necessary on an urgent basis to protect the safety and welfare of patients or staff.

58.2 Darren Grayson, Chief Executive, Stuart Welling, Chairman, Jamal Zaidi, Consultant Obstetrician and Divisional Director, Dexter Pascall, Consultant Obstetrician and Clinical Lead for Obstetrics, Lindsey Stevens, Head of Midwifery and Dr Andy Slater, Medical Director (Strategy), all from ESHT, together with Amanda Philpott, Accountable Officer, Eastbourne Hailsham and Seaford CCG and Joint Chief Operating Officer, Eastbourne, Hailsham and Seaford/Hastings and Rother Clinical Commissioning Groups (CCGs) were in attendance to discuss the report with HOSC.

58.3 Mr Grayson made the following points by way of introduction:

- Following the decision made by the Secretary of State, informed by the Independent Reconfiguration Panel (IRP), in 2008 that two consultant-led maternity units should be maintained in East Sussex, the Primary Care Trusts developed a Maternity Strategy which set out the steps needed to achieve this. The Trust has undertaken a large amount of action in response to the strategy.
- However, the majority of issues which were causing concern prior to 2008 have remained of concern to clinicians, notably the Trust's ability to provide the quality and quantity of medical leadership required, particularly at middle grade level. This has been compounded by the increasing complexity of the caseload.

- Recent concerns culminated in a meeting with clinicians in October 2012 where service performance was discussed and additional safeguards agreed. Commissioners and the Care Quality Commission were informed of the issues.
- The Strategic Health Authority's Medical Advisor, a consultant obstetrician, was also invited to review the service and suggest further safeguards.
- These measures did not abate all concerns and an increase in serious untoward incidents (SUIs) has been seen in recent months. This trend is linked to the complexity of the risk mitigation safeguards in place and inherent weakness in these arrangements.
- As a result, Mr Grayson invited the National Clinical Advisory Team (NCAT) to undertake a further independent review in January 2013. The NCAT report was received in mid-February and its conclusions indicated a need for the Trust Board to consider the way forward.
- Commissioners, the Care Quality Commission and Strategic Health Authority supported the need for the Trust to take further action.
- The Trust Board considered a range of options on 8 March 2013 and determined that the best approach would be a temporary reconfiguration of the services, pending development of a long-term solution.
- There will need to be a strategic process to develop proposals for the future, led by CCGs with input from ESHT clinicians. This will take place as soon as possible and will include appropriate engagement and consultation. Formal consultation will take place within 18 months if required.
- The decision on the long term configuration of the service should be based primarily on safety. In Mr Grayson's view, the process undertaken by the local NHS in 2007/8 failed to deliver a sustainably safer service.

58.4 Ms Philpott added the following points from a commissioner perspective:

- The CCGs' highest priority is safe services and therefore they support the ESHT action to secure safe services in the immediate term. Commissioners have been involved in performance monitoring and weekly discussions about the resilience of mitigating measures put in place by the Trust. CCGs believe the safety concerns are valid.
- It is clear that the reconfiguration is temporary and CCGs will take responsibility for commissioning safe and sustainable services for the future.
- 'Sussex Together', the pan-Sussex review which includes maternity and paediatric services, is considering whether there is a clinical case for change across Sussex. This includes exploring the type of challenges, notably workforce, experienced in East Sussex. Leading clinicians, midwives, Royal Colleges and Maternity Services Liaison Committees are involved in this work.
- Sussex Together is now looking at the gap between current services and the case for change. Engagement will be part of this work and the outcome will be a view on whether significant service change is required.
- There will be public consultation if permanent service reconfiguration is proposed. A period of engagement is likely to take place from the end of May and public consultation is likely to follow from Autumn 2013.

58.5 The NHS representatives responded to questions from the Committee covering the following issues:

58.6 **Paediatrics – Edgecumbe Report**

Dr Zaidi explained the background to the Edgecumbe report on paediatric services which is referenced in the NCAT report. He indicated that there are long-standing issues in the Trust's paediatric services related to differences in practice between the two sites which have impacted on effective teamworking. The Trust had attempted unsuccessfully to address the issues internally. The

Chief Executive therefore commissioned Edgecumbe, an agency recommended by the Royal College, specialising in culture and working practices, to make recommendations which are now being taken forward by a Task Group. The report will remain confidential as it contains references to individual members of staff.

Dr Zaidi clarified that the report does not cover obstetric services and the challenges in obstetrics are very different from those in paediatrics.

58.7 **Timing of NCAT review**

Mr Grayson justified the timing of the NCAT review by reiterating that it had been commissioned by the Trust at the culmination of a period where although escalating safeguards and increasingly complex measures had been put in place to maintain safety the Trust had evidence that these safeguards were not adequate. The NCAT review also built on the findings of previous reviews, notably that by the Strategic Health Authority Medical Advisor who had advised Mr Grayson to contact NCAT. Mr Grayson argued that it had been appropriate to take all possible actions to try to maintain services on two sites for as long as possible.

When challenged as to why the Trust had not identified the issues outlined by NCAT earlier, Mr Grayson stated that maternity services had been highlighted on the Trust's corporate risk register for some time. He argued that the fact additional actions had been taken and reviews commissioned demonstrates that governance systems had worked effectively to identify risk and enable it to be addressed.

58.8 **Recruitment**

Dr Pascall advised HOSC that, since 2008, the pool of available doctors has reduced for a variety of reasons including changes in immigration laws, changes in training practice and a contraction in the number of trainees. Despite advertising widely, the Trust has had difficulty recruiting to both sites. Coupled with the difficulty in attracting staff, Dr Pascall outlined the reduced level of competence amongst middle grade doctors due to a decrease in the number of training hours and impact of the European Working Time Directive. As a result, consultants have to assess doctors' ability to work with indirect supervision out of hours. If they are not able to take on this role locum doctors are needed to provide appropriate cover.

Dr Slater outlined the competition between Trusts for experienced middle grade doctors and the fact that other Trusts are far more attractive to the more experienced candidates due to the higher volume and more complex caseloads they can offer. He indicated that the temporary reconfiguration is not expected to help with recruitment as there will be continued uncertainty about the longer term. However, it will enable the Trust to make better use of its existing resource.

In contrast, Ms Stevens indicated that recruitment and retention of midwives had not been a problem in recent months and the workforce is stable.

58.9 **Previous Secretary of State/IRP decision**

Mr Grayson indicated that he has discussed the current situation, and how it relates to the previous maternity review, with the IRP and Secretary of State's office. He clarified that he views the process undertaken by the local NHS in 2007/8 as significantly flawed, for example it failed to include paediatric services which are entirely interlinked with maternity services. In Mr Grayson's view a better process could have achieved a better outcome at that time.

58.10 **Site selection**

Dr Zaidi advised HOSC that there is more available space at the Conquest site so, although some minor alterations are needed, the temporary changes can be made more quickly and are expected to be achieved within eight weeks. Ms Stevens acknowledged the need to cater for women who may arrive earlier in labour and/or be unable to return home for labour to progress if they are travelling further. She expressed confidence to the Committee that there would be plenty of space and advised that post-natal beds at the Conquest would be increased from 21 to 33, with the ability to add a further 12 if required.

58.11 **Cross-site working**

With regard to how staff from each site will work together, Dr Zaidi assured HOSC that the obstetrics department had been operating cohesively as a single team for over 10 years. There are cross-site meetings, shared guidelines and a number of doctors work on both sites, and will continue to do so, since many services will remain on both sites.

More broadly, Mr Grayson confirmed the Trust Board's ongoing support for a single consultant representative committee for the Trust and his understanding that the current two committees are in discussion regarding a merger, which ultimately is their decision. The Eastbourne Consultant Advisory Committee supported the temporary move of obstetrics on safety grounds.

58.12 **Serious Untoward Incidents (SUIs)**

When asked to comment on NCAT's criticism of the Trust's analysis of SUIs, Mr Grayson stated that there had been a specific review of risk management in maternity in October 2012 which had indicated compliance with requirements. This conflicts with NCAT's findings. As a result, the Royal College are being invited to look at all SUIs, to undertake a random review of notes and to report on the root cause analysis process. Mr Grayson is hopeful that there will be a demonstrable improvement on the SUIs reviewed by NCAT, as the procedure has been since been strengthened.

58.13 **Implementation planning**

Dr Slater assured HOSC that plans for implementing the temporary reconfiguration are well underway. He advised that physical capacity has been identified, midwifery staffing needs addressed (including using expertise from Crowborough Birthing Unit), and necessary operating theatre capacity obtained. In addition, the anaesthetics team have confirmed they will offer a registrar dedicated to obstetric anaesthesia, an improvement on the current service which is shared with other departments.

58.14 **Safety of freestanding midwifery led units (MLUs)**

Ms Stevens indicated that midwives view MLUs as an exciting opportunity rather than a downgraded service. She argued that the establishment of a freestanding MLU in Eastbourne could be a very positive development for women across East Sussex. Ms Stevens referred to the national 'Birthplace' study which showed that for appropriate women MLUs are very safe and can even be safer than an obstetric unit in some cases, as women are more likely to have a normal birth. She also highlighted experience in Kent and Crowborough where freestanding MLUs had been successful and safe. The Kent configuration had now changed due to public preference for co-located MLUs, but there were no safety concerns influencing this change.

58.15 **ESHT Board position**

Responding to calls from some stakeholders for the Chair and Chief Executive to resign, Mr Welling stressed the need to view the decision of the ESHT Board in the context of the history of maternity services in East Sussex, the steps taken to address serious issues and the real progress made in delivering safe and efficient care. He confirmed that he would not be standing down.

Mr Welling confirmed that the changes would be temporary, that no physical changes will be made which would make it more difficult to return services to Eastbourne in the future and that it remains possible to provide the services at either or both sites in the future, should the outcome of the process to develop long term plans demand it. He also confirmed that the Trust would work with the Clinical commissioning Groups to ensure that they could bring forward proposals for safe and sustainable services for the future as soon as possible, and that the recent Board decision will not prejudice any future decision on the long-term configuration of the services.

58.16 RESOLVED:

(1) to note the decision made by the ESHT Board to temporarily reconfigure services on clinical safety grounds.

(2) to write to the Secretary of State and IRP to highlight the concerns of the local community that urgent action has been required and to stress the need for the local NHS to develop and properly consult on a proposed long-term sustainable model as soon as possible.

(3) to arrange a visit by HOSC Members to the expanded and consolidated services at the Conquest Hospital, once implemented.

(4) to request regular progress updates as part of ongoing reports on the implementation of the Trust's Clinical Strategy.

59. 'SHAPING OUR FUTURE' – PROGRESS REPORT

59.1 The Committee considered a report by the Assistant Chief Executive which set out progress made by East Sussex Healthcare NHS Trust (ESHT) towards implementing the reconfiguration of stroke, orthopaedic and general surgery services agreed at the end of 2012.

59.2 Darren Grayson, Chief Executive, Dr Andy Slater, Medical Director (Strategy) and Jane Darling, Deputy Chief Operating Officer from ESHT, together with Catherine Ashton, Associate Director of Strategy and Whole Systems from Eastbourne, Hailsham and Seaford and Hastings and Rother Clinical Commissioning Groups (CCGs) attended to discuss the report.

59.3 Ms Darling highlighted the complexity of the changes and the detailed planning phase now underway. She advised HOSC that this work is being overseen by 30 different groups, each working on specific tasks. A detailed timeline for the relocation of services is almost complete and will be shared with HOSC.

59.4 Dr Slater described a meeting of all clinical leaders which had been critical in reaching agreement on the final detailed configuration of services on each hospital site and how the transitional process could be organised to minimise disruption. He explained that the urgent changes needed to maternity and paediatric services had placed additional pressure on the resources available to support service change but this should not affect the overall implementation timescale, which remains autumn 2013.

59.5 The Committee questioned the NHS representatives on the following areas:

59.6 **Clinical engagement**
Dr Slater stressed that there are a variety of ways in which the Trust engages clinicians. The most important way to facilitate cross-site working is through day to day activity in individual departments. Whilst the two consultant representative committees continue to discuss a merger, it should be recognised that these committees are informal arrangements put in place by consultants rather than a formal part of the Trust's governance or decision making.

59.7 **Delays**
Ms Darling clarified that the only delay caused by the addition of maternity and paediatric changes is to the ability to specify the final site layout. The additional space needed for obstetrics has necessitated changes to the space allocated for the other services. Ms Darling also confirmed that the completion of the Full Business Case has been delayed to June, but told HOSC that this would not impact on the planned implementation timescale.

59.8 **Community services**
Ms Darling acknowledged HOSC's concerns that equal prominence be given to the development of community services which are an integral part of the strategy and necessary to support changes to acute services. She now attends the community redesign group and would be happy to update the HOSC Task Group in more detail on this work.

Ms Ashton added that Amanda Philpott, Chief Operating Officer for the two local CCGs, chairs the Programme Board which enables commissioners to gain assurance regarding the actions being taken. In addition, Ms Ashton continues to work closely with ESHT to ensure HOSC's recommendations are addressed.

59.9 **Accessibility**
Ms Darling acknowledged HOSC's suggestion that the Committee's recommendations in relation to access may have increased significance given that some users of maternity and paediatric services will now also be impacted by increased travel. She confirmed that the Trust's transport strategy group had been asked to widen its remit to include voluntary sector providers and to work with the County Council. Ms Darling agreed to update the HOSC Task Group regarding progress of the feasibility study for a shuttle bus service.

59.10 **Ambulance services**
Ms Ashton advised that the CCGs and ESHT had met with the Ambulance Trust who had not indicated any concern regarding their ability to deliver the necessary support. Discussion regarding capacity implications is ongoing through the existing contract process. Ms Ashton added that detailed working up of clinical protocols and pathways is underway with ambulance service colleagues and that this work is being led by ESHT.

59.11 **Contingency plans**
When asked about the Trust's plans for circumstances such as extreme weather conditions, Mr Grayson assured the Committee that the Trust has contingency plans in place, as do all public services. These plans cover a wide range of circumstances up to and including the need to close a whole hospital. Mr Grayson assured HOSC that the plans would be reviewed in light of reconfiguration of services.

Dr Slater gave examples of how staff had coped in recent adverse weather conditions and paid tribute to their efforts and the support of volunteers such as those with four wheeled drive vehicles.

59.12 **Accident and emergency**

Dr Slater refuted allegations circulated to HOSC Members that the Trust planned to downgrade the accident and emergency department at Eastbourne District General Hospital to a minor injuries unit, stating that this is untrue.

59.13 RESOLVED:

(1) to request that the HOSC Task Group examines progress in developing community services in more detail on the Committee's behalf.

(2) to request a further progress report in June 2013, to include an update on maternity and paediatric services.

60. DIGNITY IN CARE

60.1 The Committee considered a report by the Assistant Chief Executive which outlined the approaches taken by Brighton and Sussex University Hospitals NHS Trust (BSUH) and East Sussex Healthcare NHS Trust (ESHT) to ensuring dignity in care, particularly for older people. The reports included an update on measures to ensure patients receive appropriate nutrition and hydration.

60.2 Sherree Fagge, Chief Nurse and Joy Churcher, Head of Dietetics at BSUH highlighted the following key points regarding the Trust's approach:

- The post of Head of Nursing for Older People has been created to enable increased focus on this area, which is a high priority for the Trust.
- Senior nurses undertake 'back to the floor' sessions to ensure they are in touch with day to day ward issues. Similarly, Board member undertake regular 'walk arounds'.
- The Trust has maintained its programme of comfort rounds.
- A set of nursing metrics has been developed. These are quality indicators which can be directly influenced by nurses and each ward receives monthly reports on performance. Feedback from 'patient voice' surveys is included.
- A system of bedside handover between nurses has been introduced.
- A business case is in development proposing that the ward sister role becomes supervisory, thus enabling them to focus on ward management.
- The Trust is a member of the Patients Association and is working with the organisation on a 'mystery shopper' programme.

60.3 The BSUH representatives responded to questions covering the following issues:

60.4 **Current pressures**

HOSC highlighted the current pressures on NHS services, which are being felt particularly acutely at BSUH, and queried whether the high demand is impacting on the Trust's ability to ensure dignity in care. Ms Fagge outlined some of the measures in place to manage the pressures such as a weekly local health system meeting which aims to support provision of seamless care between acute and community settings. The Trust has also introduced a Head of Nursing for Discharge, a role which is proving its value.

60.5 **Francis report**

In relation to issues highlighted by the recently published Francis report into events at Mid-Staffordshire NHS Foundation Trust, Ms Fagge assured HOSC that a report is being taken to the Trust Board outlining the implications for BSUH. Actions which have been identified include enhanced training and support

for Healthcare Assistants and work on leadership and culture. Ms Fagge advised HOSC that the Trust's new Chief Executive, who is about to take up post, would be in a good position to influence this agenda.

60.6 **Nursing metrics**
When challenged on lower levels of performance on certain metrics such as use of fluid balance charts and patient transfer checklists, Ms Fagge advised that the purpose of introducing the metrics is to enable issues requiring further work to be identified and progress tracked over time. Weekly meetings are held to discuss areas which need to be addressed. Ms Fagge added that procedures for ward transfer had been negatively affected by current pressures and she agreed that using the correct procedures is important from a continuity of care perspective. Ms Churcher informed the Committee that the metrics had enabled an increased focus on recording fluid intake but that the work would take some time to bed in.

60.7 **Assisted eating – staff support**
In response to HOSC concerns that there may be insufficient staff support available, Ms Churcher explained that patients needing help with eating are identified at ward level. The Trust operates a protected mealtimes system to enable staff to focus on nutrition at these times. In addition, volunteers provide helpful assistance, and the Trust is considering changing visiting times to encourage relatives to assist their loved ones.

60.8 **Staff dignity – bullying**
Ms Fagge confirmed that staff survey findings are reported to the Trust Board. Some staff have reported experiencing bullying but equally others have reported feeling supported at work. It is not possible to identify specifics from the survey findings but the Trust has a whistleblowing policy in place. From a nursing perspective, Ms Fagge emphasised the importance of senior nurses modelling expected behaviour.

60.9 **Compassion**
Ms Fagge acknowledged the importance of compassionate care and noted the national priority being given to this, including a document from the Chief Nursing Officer for England on compassion in practice. The '6 Cs' outlined nationally are being taken forward at BSUH. Recruitment processes are under review, but is hard to measure applicants' compassion. In Ms Fagge's view, the best approach to ensuring compassionate care is to be clear about expectations, for senior nurses to lead by example and to use feedback from patients as a way to pick up concerns.

60.10 **Catering supplier**
Ms Churcher confirmed that BSUH has appointed a new catering supplier, Sodhexo. Although some teething problems have been experienced in the transition between suppliers, the new supplier has been proactive in addressing these. Recent kitchen refurbishment has had a big impact on the process of food delivery and the availability of a range of specialist diets

60.11 Alice Webster, Director of Nursing, Lesley Houston, Dietetic Manager, Brenda Lynes-O'Meara, Assistant Director of Nursing and Michelle Clements, Facilities Manager from ESHT presented the Trust's report. Ms Webster highlighted the following points:

- ESHT is undertaking many similar initiatives to those at BSUH such as 'back to the floor' sessions for senior nurses and Board walkabouts.
- Essential care rounds have been rolled out across both inpatient and outpatient areas and are regularly audited. In the outpatient setting this involves regular

checks on issues such as patient transport arrangements, parking and delays, ensuring that patients are offered any assistance needed. Patient feedback has been positive.

- Senior nurses visit wards at various times, including at night, to check on the consistency of care.
- There are regular meetings with Royal College of Nursing and Royal College of Midwives representatives to discuss any feedback which has been received from their members at ESHT.
- The Trust is undertaking a Listening into Action programme to engage staff and implement their ideas for improving care.
- A draft patient experience strategy was launched in February 2013 and patient experience champions have been identified across the Trust.

60.12 The Trust representatives responded to questions on the following issues:

60.13 **MUST assessments**

Ms Houston advised the Committee that there had been a big improvement over the past three years in use of MUST (Malnutrition Universal Screening Tool) assessments, as measured through an annual audit in both acute and community settings. Following the June 2012 audit there was a follow up process in the autumn with wards which had lower levels of compliance. This involved additional MUST training and promoting 'food first' strategies for patients at risk of malnutrition.

60.14 **Nursing metrics**

Ms Webster confirmed that ESHT also uses nursing metrics and further information on these, and current performance, could be provided to HOSC.

60.15 **Discharge arrangements**

Ms Webster explained that ESHT does not have a specific discharge lead nurse, but instead has a team working across sites. She indicated that the Trust's discharge policy has recently been reviewed, with input from nursing, medical and pharmacy staff as well as the Local Involvement Network (LINk) who had highlighted issues from a patient perspective. There is recognition that further work is needed, for example reviewing discharge letters.

With regard to discharges out of hours Ms Webster advised HOSC that this was not something supported by the Trust (except with A&E attendances) and it is monitored. Decisions on patients' readiness for discharge are medical but there is multi-disciplinary involvement, including Adult Social Care. There is an integrated night service working with A&E which includes social care input.

Ms Webster also outlined some specific work undertaken by the Trust in relation to patients with learning disabilities or dementia to ensure they receive appropriate care throughout their pathway.

60.16 **Protected mealtimes**

Ms Webster confirmed that ESHT currently has one protected mealtime but work is underway to assess whether this should be extended to other mealtimes.

60.17 **Food content**

In light of recent incidents of horse DNA being found in food products from various retailers, HOSC requested assurance regarding the provenance of meat used in the Trusts' patient meals. Ms Clements advised that ESHT produces its patient meals at the Conquest Hospital and has received assurance from its butchers regarding their supply chain.

In relation to BSUH, Ms Churcher stated that Sodhexo, the Trust's catering supplier, had given assurances regarding their supply chain.

60.18 **Red tray/lid scheme**

Ms Lynes-O'Meara confirmed that ESHT has implemented red tray and red lid schemes to help staff readily identify patients requiring assistance with eating and drinking respectively. Although an initial audit had shown 100% use of the schemes on wards, a November 2012 audit had indicated that guidelines need strengthening to ensure correct application. A group of multi-disciplinary staff and patient representatives is working on this. The key issue is the procedure for identifying patients who need red trays/lids and staff knowing where this information is held.

60.19 RESOLVED:

(1) to request copies of the reports to each Trust's Board regarding the Francis report and its implications.

(2) to request further information on nursing metrics used by ESHT.

(3) to conclude monitoring of BSUH in this area and to request a further progress report from ESHT in 12 months time.

61. DEMENTIA STRATEGY

61.1 The Committee considered a report by the Assistant Chief Executive which provided an update on progress made by local health and social care organisations in improving care for people with dementia.

61.2 Nigel Blake-Hussey, Joint Commissioning Manager (Mental Health) for East Sussex County Council and NHS Sussex/Clinical Commissioning Groups, Charlotte Clow, Service Development Manager, Sussex Partnership NHS Foundation Trust (SPFT) and Elisa Vaughan, Sussex Locality Manager for Alzheimer's Society attended to discuss the report.

61.3 Mr Blake-Hussey highlighted the following points:

- There has been a significant increase in referrals to Memory Assessment Services (MAS) in recent months and he is confident that targets for increasing diagnosis compared to previous years will be met.
- The recent national awareness campaign has also had a positive impact on referral rates.
- The Dementia Advisor service in East Sussex has now increased to five advisors and will expand to nine in 2013/14.
- Ongoing funding has been secured for the Carers' Breaks service. It is currently being reviewed with a view to increasing the service's capacity.
- Dementia Support Services, designed to offer support with memory issues once people are diagnosed, have been challenging to establish as they are a new type of service. Significant work with SPFT and the Alzheimer's Society has now enabled a partnership approach to be commissioned. It is intended that the model will go live in May 2013, reaching 900 newly diagnosed people in the first year.
- The Care Home In-reach Service pilot has been extended to September 2013 to enable further assessment on a monthly basis and integration with other care home in-reach services.
- A pan-Sussex project to improve advanced care planning is leading to improved uptake.

- HOSC's support for the service redesign programme has been very helpful and enabled shifts of investment into services which will benefit more people.

61.4 The following areas were covered in response to the Committee's questions:

61.5 **MAS models**
Mr Blake-Hussey explained that all three MAS service models being trialled in East Sussex are commissioned to deliver the same outcomes – it is the delivery models which differ slightly. In Hastings and Rother a GP-led model operates, an innovative approach based on a group of GPs receiving additional tailored training. In Eastbourne, Hailsham and Seaford an independent sector provider has been commissioned, currently providing a home visit service pending registration of premises by the Care Quality Commission. In Lewes, High Weald, Havens the service is provided by SPFT, building on the previous MAS service model. Mr Blake-Hussey confirmed that patient surveys will be undertaken in order that user feedback can be incorporated into evaluation of the different models. He agreed to check how carers'/family members' views on the process will be captured, but highlighted that it may be carers completing the patient survey in some cases.

61.6 **Care Home In-Reach Service**
Ms Clow explained that this service is provided by SPFT and receives positive feedback from care homes. There is good data to support the service's impact in reducing the use of anti-psychotic medication and supporting care homes to take different approaches to managing challenging behaviour. However, it is more difficult to demonstrate an impact on reducing hospital admissions due to the many factors which influence an admission. Anecdotal feedback is positive and the Trust has been recording a clinical judgement as to whether an admission to psychiatric services or an increase in care package has been avoided. This new method (whilst still not totally robust) is showing a reduction in admissions/use of other services.

61.7 **Partnership working**
Mr Blake-Hussey assured the Committee that, whilst multi-agency working is always challenging, the partners involved in developing dementia services are working together effectively and recognise the joint interest they have. He suggested that the service redesign process had enabled a clarity of focus on the needs of the population and how to deliver the best service to meet these needs with the resources available.

Ms Vaughan added that Alzheimer's Society has had a formal agreement with SPFT in place since 2009 to collaborate in the future development of dementia services across Sussex and has been working with ESCC and NHS commissioners since 2007. There had been good collaborative work on the development of the East Sussex Dementia Advisor Service, which the Society regards as one of its best demonstrator sites nationally.

61.8 **Transitional process for day services**
Mr Blake-Hussey confirmed that, as recommended by HOSC, users of the decommissioned day hospitals had each received an individual review which involved their carer if appropriate. The numbers involved had been relatively small and they were transferred successfully into existing Adult Social Care day services. It had also been possible to provide additional transitional support to help them engage in the new services.

61.9 **MAS pathways**

Mr Blake-Hussey explained that MAS refer people on to Adult Social Care and/or mental health secondary care services if their memory problems are impacting on daily living. If the impact has not reached this stage they will still get a referral to the Dementia Advisor service, with a named advisor who will follow them on their journey and provide information on further assessment and support when it becomes necessary. Advisors can also provide information to carers. Mr Blake-Hussey added that a specific service for people with early onset dementia has also been commissioned from the Alzheimer's Society due to the specific issues which can affect this group, who may have younger families.

61.10 **Advanced care planning**

Ms Vaughan advised that one of the aims of the Dementia Advisor service is to enable people to plan their care and other affairs at an earlier stage. For example, advisors can discuss end of life care options with people diagnosed with dementia and their families. She emphasised that early diagnosis is key to enabling people with dementia to put such arrangements in place whilst they still have the capacity to make those decisions.

61.11 RESOLVED:

(1) to welcome the progress made in redesigning dementia services.
(2) to request a further progress report in September 2014, to incorporate the outcomes of the MAS pilots.

62. WORK PROGRAMME

62.1 It was agreed that the urgent care item planned for September 2013 should incorporate the role of A&E as well as looking at urgent care services outside of acute hospitals.

62.2 RESOLVED to note and update the Work Programme.

63. CHAIRMAN'S BUSINESS

63.1 The Chairman expressed thanks on behalf of HOSC for the contribution made by the Committee's Vice-Chairman, Councillor David Rogers, who had announced his intention to step down as a county councillor at the forthcoming May 2013 elections. Cllr Rogers has been a member of HOSC since its inception in 2003.

The Chairman declared the meeting closed at 1.15pm