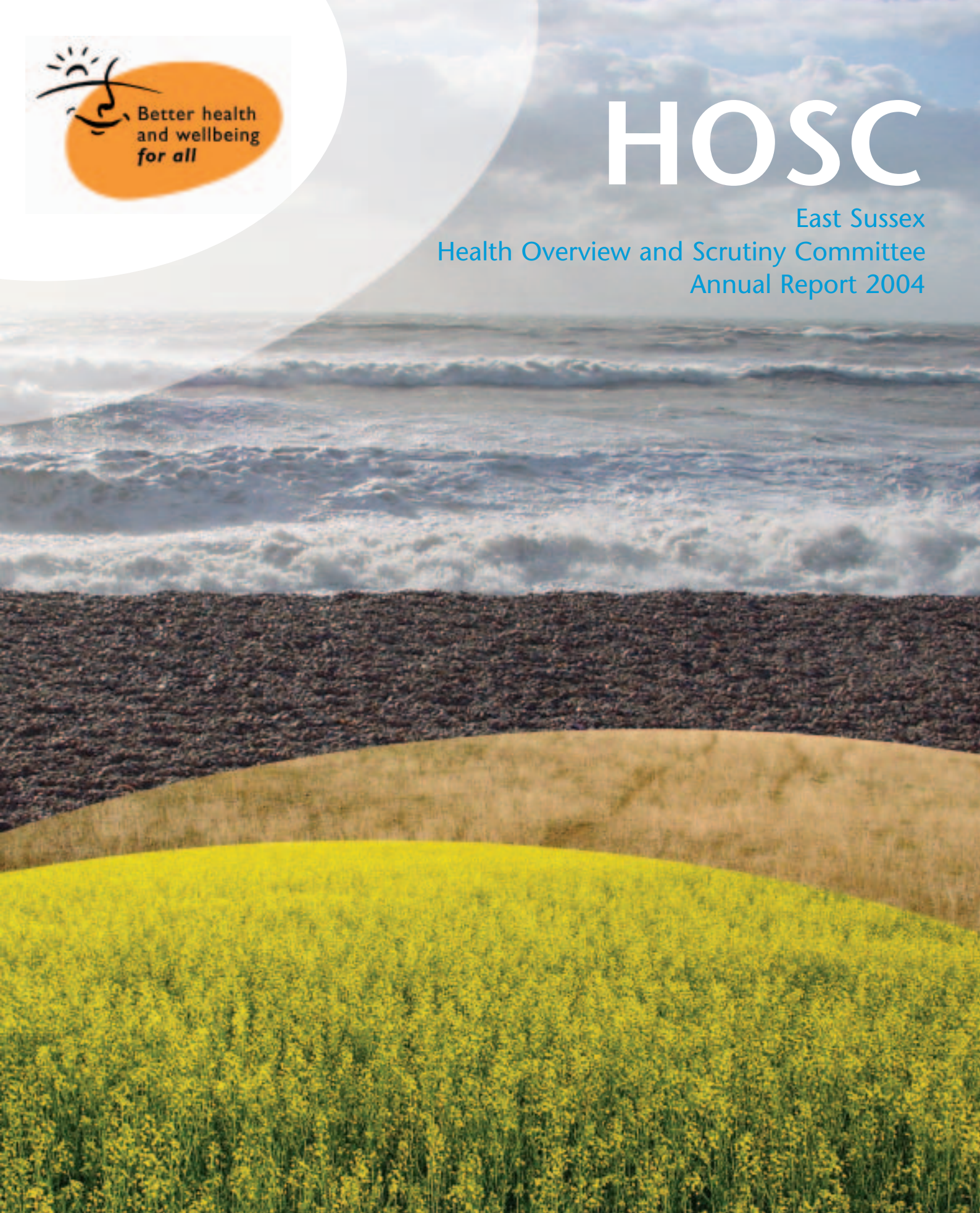




# HOSC

East Sussex  
Health Overview and Scrutiny Committee  
Annual Report 2004



# HOSC Annual Report

1 October 2003 – 30 September 2004

**'The formation and implementation of the health overview and scrutiny function has been a steep learning curve.'**

This report provides feedback on the progress of the East Sussex Health Overview and Scrutiny Committee (HOSC) in its first year of operation.

The HOSC was set up as a result of a central government initiative aiming to strengthen the involvement of public and patients in improving local health services. The HOSC is made up of councillors from East Sussex County Council together with councillors from the five local district and borough councils.

The committee looks at the work of primary care trusts and National Health Service (NHS) trusts and the Surrey and Sussex Strategic Health Authority. It works with them to suggest ways that health related services might be improved. It also looks at the way NHS services interact with council services and explores ways that local authorities can jointly provide better health support for the diverse needs of East Sussex residents. The NHS organisations are also required to consult the HOSC on any plans which would result in major changes to services.

The HOSC can scrutinise (carry out an independent check on) any local health services provided and commissioned through the NHS as well as those provided by local authorities.

Its focus is upon health improvement in the widest sense – building on the power of local authorities to promote social, environmental and economic wellbeing.



# Introduction from the chairman



The formation and implementation of the health overview and scrutiny function has been a steep learning curve. I would like to thank the HOSC members and the supporting officers for their enthusiasm and hard work which brought the HOSC alive and

created a vibrant and positive strategic role for the committee in the East Sussex community.

Members took an active role in a number of areas of the HOSC's work. This involved developing new scrutiny skills and building an understanding of many complex health issues. The reports produced during the year and the responses that the committee gave to both local and national consultation exercises, have demonstrated the progress made and the influence the committee has had in improving health services across East Sussex.

Health overview and scrutiny is not just an investigative or critical friend role. The HOSC seeks to build confidence and a sense of well being in the health and social care services across East Sussex. There will always be many views of health and these will, to some extent, reflect a local area and personal experiences. Praising what is good is as important as seeking to improve performance or to correct failures. I believe that the HOSC achieved that balance in its work throughout the year.

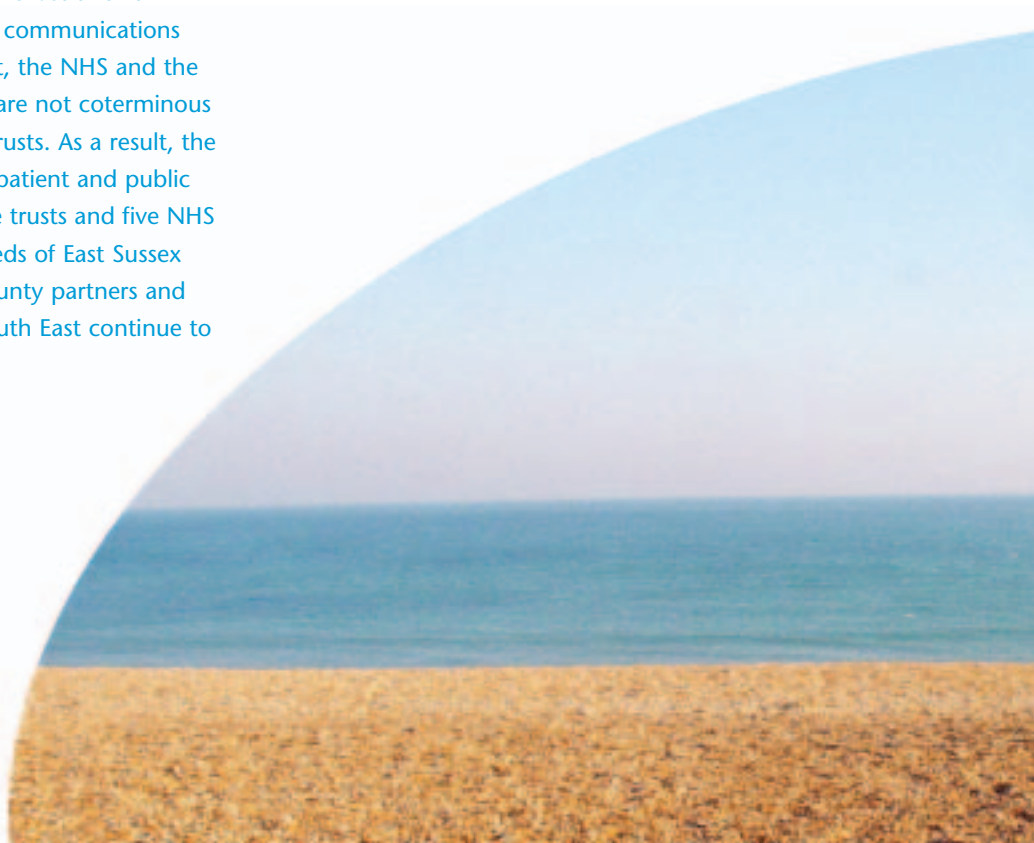
One of the key lessons to emerge in the last twelve months is the importance of effective communications with our partners in local government, the NHS and the voluntary sector. East Sussex borders are not coterminous with those of our local primary care trusts. As a result, the committee established links with ten patient and public involvement forums, five primary care trusts and five NHS trusts serving the immediate local needs of East Sussex residents. Further links with out-of-county partners and health service providers across the South East continue to be developed.

Though complex, the committee experienced positive working relationships with all its partners. These have assisted the progress of the HOSC's work, making it more appropriate, robust and cost effective. This has been particularly helpful as the anticipated financial contribution to local authorities from central government to help fund the cost of health overview and scrutiny responsibilities was not provided.

This, our first annual report, illustrates the committee's progress and achievement throughout the past year and sets the scene for our future development. As the NHS and local government develop new joint services, and health services are modernised and delivered to the public in new and innovative ways, the HOSC will be watching carefully to ensure that quality healthcare is provided for the residents of East Sussex.

**Councillor Bill Bentley**  
**Chairman**  
**Health Overview and Scrutiny Committee**

**30 September 2004**



# HOSC activities 2003/2004

## Background

The HOSC first met in public on 1 October 2003. It was the culmination of a six month period of training and preparation for the members and officers who would undertake the new role of scrutinising local health services. The HOSC set about its task with commitment and a desire to establish constructive and effective working relationships with local NHS organisations, the voluntary sector and patient and public involvement forums.

All county, district and borough local authorities in East Sussex chose to participate as members of the HOSC and it was established with equal voting rights. All its members are involved both in decision-making about the work programme and in carrying out the scrutiny function itself. In addition, representatives for the local voluntary organisations in East Sussex are members of the HOSC and play a full part in scrutiny activities.

The HOSC has been sensitive to the fact that scrutiny of the NHS by local democratically elected members is new. Therefore, it has sought to work in an open and transparent way with the key partners.

In recognition of the fact that health is a complex area for scrutiny and that overseeing and scrutinising everything undertaken by local NHS organisations is not realistic within the resources available, the HOSC defined its programme of work in three ways:

- work that the HOSC must do, which it refers to as 're-active'. This is responding to 'substantial variations or development' of local NHS services and referring, when necessary, contested proposals to the Secretary of State;
- work that it refers to as 'pro-active'. This is where reviews of NHS services can directly influence or improve service delivery. To undertake the project management of its pro-active work, the HOSC engaged consultants with knowledge and experience of working in the NHS and local government;
- managing referrals from patient and public involvement forums and other partners.

## Work programme

The work of the HOSC in the past year was initially shaped by a pro-active programme. However, as the year progressed the need to be responsive and engage with local primary care trusts and NHS trusts over matters of service change increasingly dominated the agenda.

Regular quarterly meetings of the full HOSC – receiving amongst other matters, presentations on local health services – were supplemented by:

- project boards undertaking two focused reviews;
- special board meetings responding to the closure of All Saints Hospital in Eastbourne and monitoring of the subsequent re-provisioning plans;
- members attending acute trust and primary care trust consultation meetings on service changes.

As understanding of the overview and scrutiny role developed, clear links for information-sharing were established with the chief executives of the primary care trusts and NHS trusts. These links enhanced the developing working relationships.



# Pro-active reviews 2003/2004

The progress made to date with the different strands of work is set out below:

## Pro-active reviews 2003/2004

### Substance misuse

Alcohol and substance misuse is one of the key health concerns in East Sussex. The review examined the effectiveness of strategies and policies in place around the county to combat alcohol, tobacco, drugs and substance misuse. The project board investigated information from a variety of national sources and received presentations from local lead specialists on drugs, alcohol and substance misuse prevention. A survey was undertaken to collect information from voluntary organisations who work in the 'misuse' arena.

The project board has found that there are some very good strategies in place across the county and good partnership working arrangements to tackle substance misuse. However, it is critical of the lack of action being taken on:

- smoking in public places;
- licensees ensuring they apply their duty of care;
- providing support to children whose parent/s need to access treatment services;
- the need to make government funding of schemes long term rather than short term;
- improving funding to reduce alcohol and substance misuse.

The HOSC is now lobbying the relevant authorities and organisations to highlight the positive benefits of tackling these issues and make them a priority.

### Patients' choice

The scope of this review was to:

- identify the extent to which patients' choices are taken into account in their health care provision;
- examine whether the first place a person goes to with a health problem is easily accessible;
- examine whether there is integration of services with private and voluntary sector provision.

The preliminary report of initial findings into this complex area of primary care found a mixed picture in which the following areas were being tackled by primary care trusts, but needed sustained action:

- carers and their relatives being registered at the same general practitioner (GP);
- more pro-active opportunities for health promotion by GPs;
- careful monitoring of the 'Out of Hours' service to ensure patients receive a good service;
- extension of patient transport into primary care;
- appointment systems;
- improvements to community pharmacy services and a review of the repeat prescription process;
- compliance with the Disabilities Discrimination Act;
- improved consultation with local authorities with regard to health needs in new housing areas.

Aspects of this review are being followed through by the HOSC in partnership with the patients and public involvement forums which are carrying out a survey of GP practices.

### Carers review

The review began towards the end of this first year and it will concentrate on investigating the following areas:

- the effectiveness and extent of carers' assessment;
- access of carers to respite care;
- hospital discharge issues around carers and the people they care for;
- GPs identification of carers; young carers.

### Fact finding on hospital discharge arrangements

A recent review by East Sussex County Council looked at progress being made by Social Services in improving the way in which users and carers were being involved in services. One action point in the final report referred the matter of reviewing hospital discharge arrangements across the East Sussex Hospitals NHS Trust to the HOSC.

As a result, the HOSC is carrying out a fact finding exercise on current actions being taken to improve hospital discharge arrangements, before it decides whether or not to undertake a more substantial review.

# Closure of All Saints Hospital

## Closure of All Saints Hospital, Eastbourne and monitoring of re-provisioning plans

When the HOSC discovered, by chance, in January 2004 that action had been taken to stop admissions to All Saints Hospital and that it was to close on 31 March 2004, it undertook further investigations. These revealed that there was public concern, and some confusion, around the issue of whether or not formal public consultation had taken place. The HOSC decided at its January 2004 meeting to hold the Eastbourne Downs Primary Care Trust and the East Sussex Hospitals NHS Trust to account for their non-compliance with the statutory requirement to consult health overview and scrutiny about proposed changes to services and their re-provisioning. In part, these services had previously been provided from All Saints Hospital.

At the HOSC meeting, which was held in public on 4 February 2004, the Chief Executive of Eastbourne Downs Primary Care Trust and the Chief Executive of East Sussex Hospitals NHS Trust apologised for not consulting the committee on the closure of All Saints.

The HOSC gave a cautious welcome to the way in which the re-provisioning plans for the closure of All Saints Hospital had been implemented. In its final report, the HOSC described the closure as being managed 'with sensitivity and thoroughness'. However, the report also stressed that a lot of work is still to be done to ensure that patients receive a high quality of care.

The HOSC continues to be involved in the re-provisioning plans following the closure of All Saints Hospital and has recently expressed concerns about the sustainability and capacity of the services put in place.

The events relating to All Saints Hospital demonstrated how the committee can help ensure that residents – and the quality of available services – remain everybody's top priority. The HOSC remains committed to overseeing the re-provisioning plans and it continues to play a vital role in ensuring that first class services for older people are delivered across the whole region.



# Patient and Public Involvement Forums

## Relationships with Patient and Public Involvement Forums

The establishment of a Patient and Public Involvement Forum (PPIF) for each primary care trust and NHS trust is another recent addition to the structures in place for local accountability of the NHS. The HOSC was keen to work with the PPIFs from the beginning and sought to find the appropriate mechanism for swapping information and joint working. All PPIFs have the right to refer matters to the HOSC. However, in this first year, there have been no matters referred.

East Sussex PPIFs came into being after the creation of the HOSC. The working relationship between the lead officer and forum support development staff is evolving and matters of mutual concern are discussed. The Chairman of the HOSC, Councillor Bill Bentley, has embarked on a programme of attendance at PPIF meetings to help forge the partnership working. Eastbourne Downs Primary Care Trust PPIF and East Sussex Hospitals NHS Trust PPIF supported the HOSC's monitoring of the All Saints re-provisioning plans. Members of the PPIFs visited and reported on arrangements for patients at Hailsham 2, Eastbourne District General Hospital and Firwood House. The HOSC looks forward to strengthening the arrangements through the following year.



# Substantial Variation

## Towards a definition of 'substantial variation'

The NHS has a duty to carry out public consultation when there are any 'substantial variations or developments' to services they provide. One element of any public consultation requires matters to be discussed with the HOSC. During this first year, the HOSC and local NHS organisations engaged in discussions about the definition of 'substantial variation'. Currently, the HOSC is seeking to take into account a number of key factors in matters of service changes in the NHS. These are:

- evidence that the NHS organisations considered the views and interests of the public and key stakeholders and responded appropriately;
- how much service users, the public and other key stakeholders contributed to the planning and delivery of the service in question. Where appropriate, particular regard will be given to the involvement of 'hard to reach groups';
- that changes to services are based on best practice and there is sound evidence of service improvement for patients;
- impact of the proposal on other services and on the wider community. This may include consideration of issues such as economic impact, transport issues and regeneration.

Whilst it is for the HOSC to determine how it wishes to respond to formal consultation, weight is given to the way the NHS organisation discharged its statutory duty to involve and consult all key stakeholders under Section 11 of the Health and Social Care Act.

The HOSC is currently agreeing a protocol with local NHS organisations. The protocol will set down a model for addressing consultation with the HOSC around 'substantial variations and developments' to services. This represents a major step forward in the working relationship between the HOSC and the NHS organisations locally.



# Consultation

The HOSC considered and responded to the following consultation documents:

## National consultation

- Choosing Health? A consultation on action to improve people's health (Department of Health).

## Local consultation

- Small services changes (Maidstone and Tunbridge Wells NHS Trust).
- Changes in configuration of ear nose and throat services (East Sussex Hospitals NHS Trust).
- Orthopaedic waiting times (Sussex Downs and Weald Primary Care Trust).
- Long term service strategy consultation 'discussion phase' (Sussex Downs and Weald Primary Care Trust).
- Local pharmaceutical services pilots – Stone Cross Estate (Eastbourne Downs Primary Care Trust).
- Options for the future of paediatrics and maternity services (Brighton and Sussex University Hospitals NHS Trust and Mid-Sussex Primary Care Trust).
- Single Site level II haematology services provision (East Sussex Hospitals NHS Trust).
- Independent Sector Diagnostic and Treatment Centre programme for Brighton and Mid-Sussex Orthopaedic Treatment Centre (Sussex Downs and Weald Primary Care Trust).
- Sussex Cancer Network – structure, function, organisation and responsibilities.
- Acute services strategy for central Sussex (Sussex Downs and Weald Primary Care Trust).
- Implementation of the new general medical services contract;
- Whole systems review – re-provision of older people peoples services (Eastbourne Downs Primary Care Trust).
- Improving waiting times and the patients' experience (Brighton and Hove City Primary Care Trust).
- Acute hospital discharge policy (East Sussex Hospitals NHS Trust).
- Clinical services review (East Sussex Hospitals NHS Trust).
- TRANSFORM project (Sussex Ambulance Service NHS Trust).
- Promoting independence strategy: Outline older people's project plan for Sussex Downs and Weald local care community (Sussex Downs and Weald Primary Care Trust).



# Reference Group

## Reference group

The HOSC has established an innovative reference group made up of people who have worked in the NHS or associated services and who have recent and relevant experience, but do not have a conflict of interest.

Operating as a 'virtual' group, members are called upon to give advice, information and specialist expertise on particular areas of health and health matters that may be put before the committee.

# Joint Working

## Joint HOSC working

In the HOSC's first year there has been no necessity to establish a joint committee with any neighbouring authorities. However, there are currently consultations taking place, initiated by the NHS organisations in South West Kent, which affect the northern part of East Sussex. These will involve joint working with the Kent HOSC.

Also, proposed service changes at the Royal Sussex County Hospital in Brighton and the Princess Royal Hospital in Haywards Heath will affect residents over

a wide area including the western half of East Sussex. These changes will involve the need to organise a committee of HOSC representatives from the East Sussex, Brighton & Hove and West Sussex HOSCs to develop a joint response.

The HOSC is also part of the South East Regional Group which was established earlier this year with the aim of sharing good practice and supporting health scrutiny. The HOSC Chairmen meet on a regular basis.



# Committee Members

2003/2004

Health Overview and Scrutiny Committee Members:

## Councillors:



Councillor Bill Bentley,  
Chairman, East Sussex  
County Council



Councillor Michael Bigg,  
Hastings Borough Council



Councillor Ron Dyason,  
East Sussex County Council



Councillor Mrs Joanne  
Gadd, Rother District  
Council



Councillor Mrs Beryl Healy,  
East Sussex County Council



Councillor Mrs Ann Leigh,  
East Sussex County Council



Councillor Mrs Ann  
Murray, Eastbourne  
Borough Council



Councillor Mrs Diane  
Phillips, Vice Chairman,  
Wealden District Council



Councillor David Rogers,  
East Sussex County Council



Councillor Phil Scott,  
East Sussex County Council



Councillor Tony Slack,  
East Sussex County Council



Councillor John Webber,  
Lewes District Council

## Voluntary Services representatives:



Ralph Chapman,  
Chairman of Age Concern  
East Sussex



Rosemary Iddenden,  
Branch Manager,  
Alzheimer's Society

## Personnel changes:



Councillor Mrs Joy Waite  
stood down from the  
HOSC in May 2004 and  
was succeeded by  
Councillor Tony Slack.



Councillor David Neighbour  
stood down from the HOSC  
in December 2003 and was  
succeeded by  
Councillor John Webber.



Councillor Bert Leggett  
stood down from the  
HOSC in June 2004 and  
was succeeded by  
Councillor Mrs Ann Murray



Councillor Ronald  
Rushbrook stood down  
from the HOSC in June  
2004 and was succeeded  
by Councillor Michael Bigg

Councillor Diane Phillips succeeded Councillor Waite as Vice Chairman of the HOSC in May 2004.

# Officers



## East Sussex County Council

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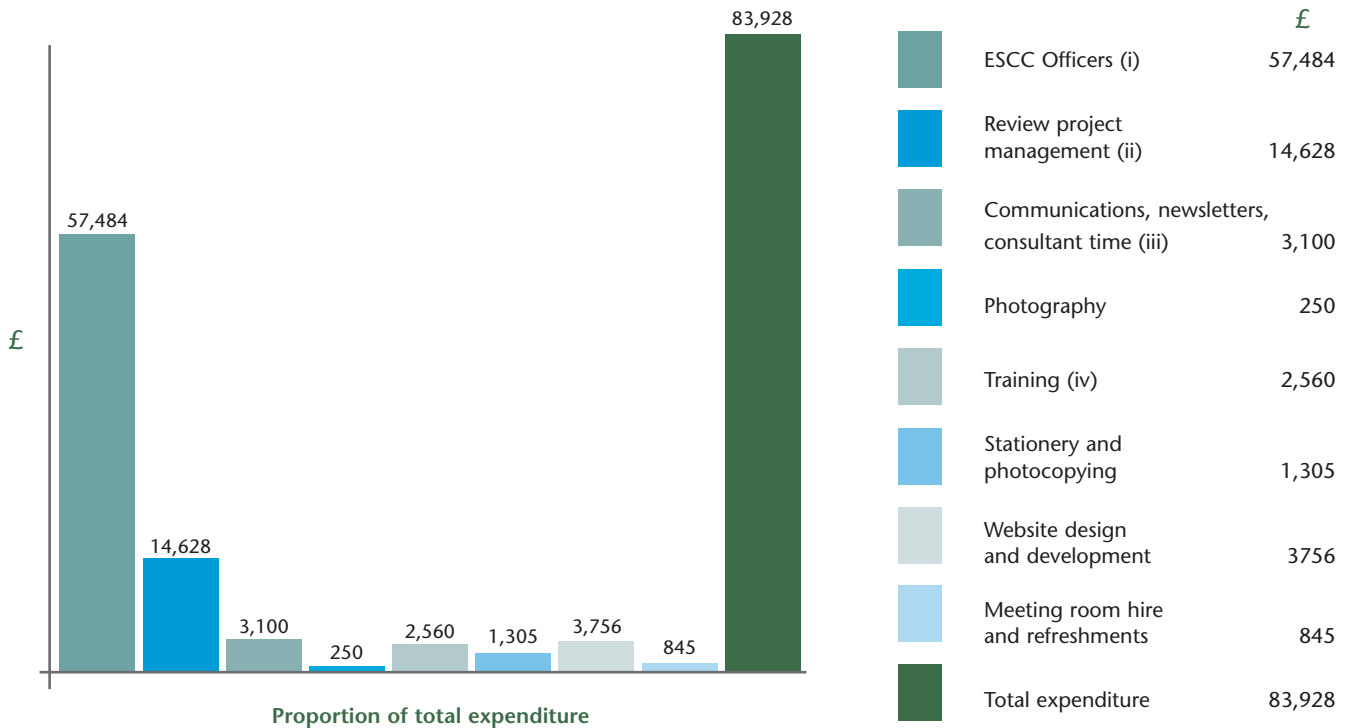
### Personnel changes:

- Lisa Durtnall succeeded David Hermon as Rother District Council's officer representative in August 2003.
- Jeremy Leach succeeded Charmian Allcock as Wealden District Council's officer representative in September 2003.
- Gillian Rickels succeeded Mary Clarke as Hasting Borough Council's officer representative in September 2004.



# Finance

## HOSC Expenditure 1 October 2003 to 30 September 2004



### Notes

(i) These costs are allocations for time spent on HOSC activities by the Scrutiny and Best Value Co-ordinator, Scrutiny Support Officer, Legal Adviser, Committee Manager and Communications Strategy Manager.

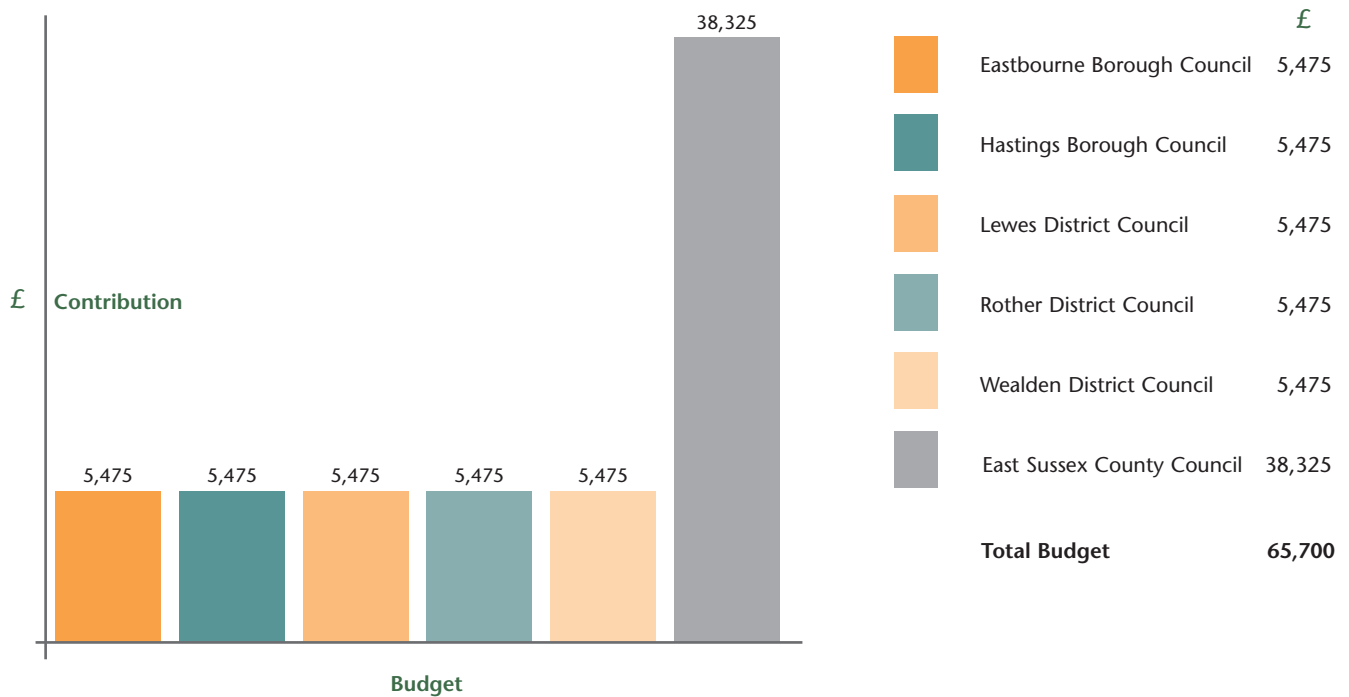
(ii) Two project managers, four reviews and two other pieces of scrutiny and monitoring work. Individual project management consultants with particular expertise in the health and local government sectors were employed to manage the HOSC reviews of patients' choice and alcohol, tobacco, drug and substance misuse.

(iii) A PR consultant was employed to support the development and launch of the HOSC and provide advice in the first three months of operation.

(iv) Training provided for members and officers from all six local authorities.

## HOSC Budget 2004/2005

The budget for the HOSC in the second year (2004/2005) is £65,700. Each of the district and borough councils will contribute £5,475 towards these costs. The slightly higher costs in the first year relate to a one off cost for establishing the website, additional training, additional communications costs in establishing the new role and the agreement to use external project managers with knowledge and experience of working with the NHS.



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