

Health Overview and Scrutiny Committee (HOSC)

Work Programme 2009/2010

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Work programme topics: High priority - Topics of significant concern or interest to health organisations, members and/or the public that will benefit from scrutiny investigation

Topic	Summary of status	HOSC update due	Method
Nutrition and feeding in acute hospitals	Focus on acute hospitals. Review Board: Cllrs Hough, O'Keeffe, Martin, Phillips, Tidy. Chairman: Cllr Hough. Initial Review Board meeting 8 September 2009 agreed scope	Update report on 24 September 2009 . Review Report 11 March 2010 , monitor recommendations to 2011.	Scrutiny review.
Older people's mental health strategy	Focus on dementia strategy. Includes overall strategy and specific proposals around Beechwood etc. Also implications of the new National Dementia Strategy.	Update report on 24 September 2009	Agenda item
Separation of PCT provider services	PCTs exploring the options for the £70m or so of community services. The objective is to determine the management and then, as commissioners, determine the best models for provision.	Plan into 2010 schedule	Agenda item
Primary angioplasty-	Post November work dependent on what the proposals are.	Presentation pencilled in for 20 November 2009	Agenda item (followed by possible Task Group)
Rural health	Rural health services event in November 2009. Working with Action in Rural Sussex. The objective is to inform HOSC so that it could then take forward one or more issues emerging from the event as a more detailed project/review.	Provisional date 27 November 2009 (East Sussex National Golf Resort)	Themed meeting
Integration of Health and Social Care	Meet with MW, KH and MD to discuss integration strategy and how it will be monitored. Explore funding issues e.g. impact of maternity services and what services will be provided. Need to build in themes on home care, continuing health care and exemplar for older people's services.	Plan into 2010 schedule post April (after organisations have met to discuss integration)	Themed meeting

Topic	Summary of status	HOSC update due	Method
Epilepsy	Brief required on current epilepsy service and demand etc. The premise is that a specialist epilepsy hospital unit is required.	Plan into 2010 schedule	Information request (followed by possible Task Group)
Prison healthcare	PCTs recently took over responsibility for prison healthcare but will this be part of provider services contracting out? Mental health and drug use aspects. Impact of increased number of secure beds at Hellingly?	Plan into 2010 schedule	Information request
Returning armed forces personnel	Determine scale of services and number of service personnel in East Sussex, funding etc before deciding on any further work.	Plan into 2010 schedule	Information request

Current work programme topics: Monitoring - Maintaining a watching brief on topics that have been scrutinised.

Topic	Summary of status	Next HOSC update due	Method
Maternity strategy	Ongoing monitoring at six month intervals until resolution	Progress report 24 September 2009	Agenda item
SECAMB plans for ambulance stations	Strategy for ambulance station network in light of new 'make ready' depot arrangements for cleaning and restocking ambulances.	Presentation on 24 September 2009	Agenda item
Foundation Trust (FT) application (1)	South East Coast Ambulance Service NHS Trust (SECAMB)	Presentation on 24 September 2009	Agenda item
Foundation Trust (FT) application (2)	East Sussex Hospital NHS Trust –finalising application. (FT board meetings will be in public)	ESHT still finalising application.	Informal briefing
Foundation Trust (3)	Brighton and Sussex University Hospitals NHS Trust (BSUH) – Aiming to be authorised in autumn 2010.	Presentation on 20 November 2009	Agenda item
BSUH Teaching, Trauma and Tertiary Care	Introductory briefing in July 2009. Briefing in June 2010 on business case development and decant programme	Update 17 June 2010 .	Agenda item
Mental Capacity Act	HOSC Task Group reported to HOSC July 2009. Gathering responses to recommendations. Need to consider their impact.	Update on responses 20 November 2009	Agenda item
HPV vaccination programme	Initial item September 2008. Schools based vaccination programme started November 2008. If no issues raised in November	Update report 20 November 2009	Agenda item (and if no issues – stop monitoring)
Choice and booking	Ongoing monitoring by HOSC due to performance issues. March 2009 – 20% to 35% of East Sussex GPs' referrals handled through the system compared	Update report 17 June 2010 (change to March?)	Agenda item (and then update by email June 2011)

Topic	Summary of status	Next HOSC update due	Method
	to national target of 90%. PCTs will not give up on the system.		
GP led health centres	HOSC monitored specification and procurement. South East Health to run two new GP-led health centres: Eastbourne to open Sept 2009. Hastings to open June 2010.	Update report 17 June 2010 when both centres should be open	Agenda item (and then update by email June 2011)
Day and vocational services for adults	HOSC reviewed new model in March 2009. Aim to provide meaningful daytime activities and to enable people to move onto greater independence, including mainstream employment and education.	Review of first year due in September 2010 .	Agenda item (and then determine future monitoring, if any)
Stroke care services	Currently monitoring implementation of HOSC's 20 recommendations. Multi-agency Stroke Programme Board (Cllr Davies a member) co-ordinating work on over 140 recommendations from various bodies (including HOSC).	Update reports 11 March 2010 and 16 September 2010 . And March 2011	Agenda item
Delayed transfer of care (DTCs)	In May 2007 DTCs were under 40 compared to an average of 74 during 2005/2006. The number of DTCs due to social care reasons was in single figures. HOSC noted improvement and continued to monitor status of DTCs. As at 6 August 2009 DTCs totalled 65; 15 were due to social care reasons. Approach depends on outcomes from Health Social Care integration discussion.	To be confirmed	Agenda item
NHS Dentistry	Regular (approximately annual) monitoring reports being received due to this being an issue of public interest. November 2008 - progress made in provision of NHS dentistry and there are plans for further improvements that will be supported by budget increases. Planned improvements include developing speciality services and reviewing emergency dental services. Need map of NHS dentists in East Sussex Districts and Boroughs. Consider ease of access to an NHS dentist.	Update report 20 November 2009	Agenda item (and then no further work planned unless commissioning arrangements planned)

Topic	Summary of status	Next HOSC update due	Method
Long term conditions	Last update report November 2008. East Sussex Long Term Conditions Strategy will bring together Physical Disability, Sensory Impairment and Long Term Conditions strategies. Strategy will be jointly developed.	Update report 20 November 2009	Agenda item (and then no further work planned)
End of life care	Look at how national strategies are being implemented locally and summary of practice in East Sussex e.g. good practice, role of hospices, funding issues.		Information request (and consider Task Group in 2011)
Carers strategy	New national strategy and objectives and funding have gone to the PCTs. HOSC to be briefed on how this funding is being used.		Information request
Infection control at ESHT	Briefed in July on action taken around C Diff outbreak and strategy in place to prevent further outbreaks. Option to request further reports if issues arise e.g. new more resistant strains of bacteria, swine flu etc.		Information request should there be a fresh outbreak.
Immunisation and infectious disease	If any person goes to their GP or hospital suffering from one of 30 notifiable infectious diseases, the GP or doctor has to notify the Health Protection Agency (HPA). Possible issue should swine flu cases rise substantially.		Information request on status of MMR vaccination and cases of measles

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There are three ways to prioritise topics: **High Priority:** Topics of significant concern or interest to health organisations, members and/or the public that will benefit from scrutiny investigation. **Monitoring:** Maintaining a watching brief on topics that have been scrutinised. Members will wish to agree what it is they wish to focus on. **No further work planned:** Topics that have been scrutinised and will return to the work programme only when triggered by a significant event or member request.

Methods for tackling a topic:

<i>Option</i>	<i>Suitable for</i>
HOSC information request <i>Example: Macular degeneration</i>	HOSC has power to request relevant information from NHS organisations to help it do its job. Some very specific issues can be explored and resolved simply by submitting a written request for information to the relevant NHS body.
HOSC informal briefing <i>Examples: Foundation Trust briefing, visit to SECAMB control centre</i>	Where information is required to develop HOSC's general understanding of health and the NHS. These are sometimes offered by NHS organisations either on a regular basis to explain their work, or in relation to a specific service or organisational development. Alternatively, these can be arranged on a specific topic at the request of HOSC.
HOSC agenda item <i>Examples: Dentistry, GP led health centres</i>	Issues where the primary purpose is holding NHS organisations to account, monitoring performance or progress or where the scope is such that the topic is manageable in an agenda item of 30 – 60 minutes. Agenda items are also useful for briefing the committee on service developments or responding to issues raised by NHS organisations.
HOSC themed meeting <i>Example: Fit for the Future evidence-gathering sessions, Rural Services Event</i>	As above, but where the scope requires more time or witnesses. This must be balanced with the need to accommodate other items on the work programme within meetings. These may be particularly useful where HOSC is formally considering a 'substantial variation' to services and needs to take evidence in order to respond to the NHS.
HOSC task group <i>Example: Mental Capacity Act</i>	Looking into a specific issue with limited scope, or which requires a quick turnaround (2-3 months) and reporting back findings to HOSC to enable the committee to take a view. This is likely to be reactive to issues arising and would be a group of 2-3 HOSC members.
HOSC scrutiny review <i>Example: Stroke Services Review, Nutrition and Feeding in Acute Hospitals</i>	Complex, multi-faceted issues which require in-depth research, questioning a range of witnesses and possible consultation with the public/stakeholders. The review would be undertaken by a sub-group or 'Review Board' of 3 or 4 HOSC members (and co-optees if appropriate) and would take around 6 months or more. The final report and recommendations would be agreed by HOSC and the committee would monitor progress on implementation of the recommendations through agenda items over 12-18 months.