

BRIGHTON & HOVE CITY COUNCIL

JOINT COMMITTEE ON NHS CONSULTATION ON BEST CARE, BEST PLACE

2.00PM – 12th July 2005

HOVE TOWN HALL

MINUTES

Present: Councillor Brown (WSCC – Chair); Councillors Mrs Barnett (BHCC), Bennett (BHCC), Chaplin (WSCC), Mr R Chapman (ESCC), Howson (ESCC) and Mrs Seward (WSCC).

Apologies for absence were received from Councillors Rogers and Turton.

PART ONE

1. PROCEDURAL BUSINESS

1A. Declarations of Substitutes

1.1 Members noted that the substitutes provisions did not apply to the Joint Committee.

1B. Declarations of Interest

1.2 None declared.

1C. Exclusion of Press and Public

1.3 The Joint Committee considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in Section 100A(3) or 100 1 of the Local Government Act 1972.

1.4 **RESOLVED** - That the press and public be not excluded from the meeting during consideration of any of the items on the agenda.

2. MINUTES

2.1 **RESOLVED** – That the minutes of the meeting held on 22 February 2005 be approved and signed by the Chair.

3. FORMAL REPORT ON 'BEST CARE, BEST PLACE'

3.1 **RESOLVED** – That the Joint Committee's formal report agreed by email on 25th February 2005 be noted.

4. NHS RESPONSE TO THE COMMITTEE

4.1 Cllr. Mrs. Seward requested assurances that the NHS would consult the Joint Committee on proposals for contingency options for maternity services at the Princess Royal Hospital, Haywards Heath (PRH), should attempts to recruit Advanced Neonatal Nurse Practitioners (ANNPs) not be successful. Amanda Fadero, Project Director, Mid Sussex PCT confirmed that this would be the case if necessary. There were now 7.5 full time equivalent ANNPs, so a further 2.5 were required. The current numbers meant that ANNPs spent 80% of their time at PRH and only 20% at the Royal Sussex County Hospital, Brighton (RSCH), whereas they should spend about 40% of their time at RSCH to maintain their skills.

4.2 Peter Coles, Chief Executive, Brighton and Sussex University Hospitals NHS Trust (BSUHT), reported that the ANNP posts were being advertised nationally and offered the best remuneration package in England. It was hoped that sufficient numbers could be recruited, but a decision would have to be made in September 2005 as the current arrangements could only be sustained until January 2006. Hybrid models such as including some consultant involvement were being considered as contingencies, as well as a midwife led unit.

4.3 If a contingency option became necessary, the Trust would consult with the Joint Committee. It did not intend to carry out a full public consultation as the midwife led model had already been consulted on and time constraints would mean that a service would have to be in place by January 2006 to maintain a safe service.

4.4 **RESOLVED** – That the NHS response to the Joint Committee's formal report be noted.

5 REPORT FROM PATIENT AND PUBLIC INVOLVEMENT FORUM FOR MID SUSSEX

5.1 Mr Reynolds, Chairman of the PPI Forum for Mid Sussex, introduced his Forum's report (see minute book).

5.2 Mr. Reynolds reported that the Forum was concerned that there was no additional ambulance provision for the area following the transfer of emergency surgery to Brighton, although it was acknowledged that the existing ambulance service had coped so far. Concern was also expressed about whether there was a sufficient number of paramedics and whether appropriate ambulance communication was in place.

5.3 Joe Chadwick, Director of Healthcare Redesign and Development, Sussex Ambulance Service NHS Trust, advised that no additional ambulances had been provided so far, although it was hoped that some would be provided soon, following the submission of a business case to the organisations involved in 'Best care, best place'. The numbers of people being taken to RSCH rather than the PRH had been small so far. Operational managers and crews provided additional cover when required and where possible. The training of staff for the new emergency care practitioner (ECP) qualification was already underway and the placement of the seven currently in training was being considered. There were currently four ECPs trained and working in the Bognor Regis area. There were plans to develop further ECPs over the next few years in conjunction with other NHS organisations and the appropriate funding. She accepted that communication systems needed to be updated when funding became available.

5.4 Mr Reynolds reported that many members of the public were only just realising that a consultation had taken place now that changes were being made. He acknowledged that the NHS had advertised its public meetings and hoped that current press reports would highlight the changes. The Forum had noted that criticism had been made about staff not being fully involved in the proposals.

5.5 The Chairman reminded the Joint Committee of its satisfaction with the consultation process at the time it had made its formal report.

5.6 Mr Reynolds reported that the Forum still had concerns about transport provision to support the changes to services and advised that it was the most frequently raised point by

the public.

5.7 Amanda Fadero acknowledged that transport was seen as a significant issue. She advised that Mid Sussex PCT was planning a number of initiatives and was going out to tender for a demand responsive public transport service in Mid Sussex. The local NHS was liaising with other stakeholders with a role in transport provision. An initial transport group meeting would be held on 22nd July 2005 and a wider stakeholder event would be held in September, to which members of the Joint Committee would be invited.

5.8 In response to a question about air ambulance provision, Joe Chadwick advised that the local NHS shared the use of the Sussex Police Helicopter, which could fly at night. Additional daytime provision through the sharing of the Kent Air Ambulance was being discussed.

5.9 Cllr Bennett expressed concern that the Brighton PPI Forums had not been invited to report to the Joint Committee. It was agreed that they would be invited to submit reports to any future meetings of the Joint Committee, particularly on the issue of contingency plans for maternity services if required.

5.10 **RESOLVED** – That all of the PPI Forums in Brighton & Hove, Mid Sussex and the Ouse Valley be invited to submit reports to any future meeting of the Joint Committee.

6. BEST CARE, BEST PLACE IMPLEMENTATION

6.1 The Joint Committee considered the implementation report by Amanda Fadero, Project Director, Mid Sussex PCT (see minute book).

6.2 Amanda Fadero advised that the move of acute beds from Brighton General Hospital was now underway and had been successful so far. She confirmed that the South Downs Health NHS Trust would manage the remaining 56 non-acute beds and that independent advocacy would be provided for the remaining patients there.

6.3 Professor Sir George Alberti, the Government's Emergency Care Tzar, had visited the BSUHT on 7th June 2005 to review the plans for future A&E services at RSCH and PRH. Matthew Fletcher, Clinical Director for Surgery, BSUHT, reported that the concentration of trauma services at RSCH was a positive change for the whole area as it allowed a better use of resources through the introduction of two theatres dedicated to trauma work. Two extra vascular surgeons had been appointed to allow a specialised 24 hour vascular service in the area for the first time. A dedicated surgical assessment unit would be opening on 16th July 2005.

6.4 Peter Coles advised that staff rotation between the RSCH and PRH was important and would continue to be the Trust's intention. This allowed staff to maintain their skills through both elective and non-elective work.

6.5 Cllr Mrs Seward reported that there had been some local concern about the speed of the changes to services following the consultation and there was some surprise that the changes had been implemented prior to the opening of the Independent Treatment Centre in 2006.

6.6 Phil Thomas, Clinical Director for Cancer Services, BSUHT, provided reassurances that decisions had not been taken before the consultation, but that plans had to be formulated to inform the consultation. There were clinical reasons for the speed of implementation due to numbers of doctors and nurses needed to comply with the European Commission Working Time Directive. Increased specialisation in surgery was another factor.

6.7 Lisa Compton, Director of Clinical Governance and Development, Mid Sussex PCT, reported that patients and the public were being involved in each of the work-streams following the consultation and that the changes were being advertised as much as possible. Letters had been sent to all stakeholders and people who had attended public meetings. There

would be a PPI Forum meeting following the meeting of the Joint Committee and PPI Forum members had attended the meeting with Professor Sir Alberti.

6.8 Cllr Mrs Seward reported that Mid Sussex District Council would be holding an extraordinary meeting on 13th July 2005 about the provision of health services in its area.

6.9 **RESOLVED** – (1) That the 'Best care, best place' implementation report be noted.

(2) That the extraordinary meeting of Mid Sussex District Council about the provision of health services in its area be noted.

7. DATE OF NEXT MEETING

7.1 **RESOLVED** – That a future meeting of the Joint Committee will be arranged in due course if the recruitment of ANNPs is not successful.

The meeting concluded at 3.20pm

Signed

Chair

Dated this

day of

2005