

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

5.00PM – 16 JANUARY 2008

HOVE TOWN HALL

MINUTES

Present: Councillor Young (Chairman); Councillor Allen (Deputy Chairman);
Councillors Alford, Barnett, Kitcat, Harmer-Strange, Pidgeon, Rufus,
and Watkins.

Co-optee: Jack Hazelgrove (Older People's Council)

Patient & Public Involvement Forum Co-optees: Robert Brown (South Downs
NHS Health Trust), Mary Ann Letten (Brighton & Sussex University Hospitals
Trust), Robin Kemp (Sussex Partnership Trust).

Apologies: Councillor Turton, Maureen Lawrence (South East Coast Ambulance
Trust PPIF), Rosemary Phillips (Brighton & Hove Primary Care Trust PPIF),
Darren Grayson (Chief Executive, Brighton & Hove Primary Care Trust), Richard
Ford (Executive Director, Sussex Partnership Trust), Duncan Selbie (Chief
Executive, Brighton & Sussex University Hospitals Trust), Elma Still (Brighton &
Sussex University Hospitals Trust).

PART ONE

ACTION

43. PROCEDURAL BUSINESS

43A. Declarations of Substitutes

43.1 There were no substitutes.

43B. Declarations of Interest

43.2 There were none.

43C. Exclusion of Press and Public

43.3 The 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 Schedule 12A, Part 5A, Section 100A(4) or 100 1 of the Local Government

Act 1972 (as amended).

43.4 **RESOLVED** - That the press and public be not excluded from the meeting.

44. MINUTES

44.1 **RESOLVED** - That the minutes of the meeting held on 28 November 2007 be approved and signed by the Chairman.

45. CHAIRMAN'S COMMUNICATIONS

45.1 The Chairman told members that, following the last Committee meeting, she had written to the Chairman of Policy & Resources Committee and the Head of the Chief Executive's Policy Team requesting that a place be made available for a Health Overview & Scrutiny Committee (HOSC) member on the Steering Group charged with establishing a Brighton & Hove Local Involvement Network (LINK). The Head of Policy had responded, agreeing that a HOSC member should be nominated to sit on the LINK Steering Group.

45.2 Members resolved that Councillor Kevin Allen should sit on the LINK Steering Group as the HOSC representative.

46. PUBLIC QUESTIONS

46.1 There were none.

47. REPORT BACK FROM THE PATIENT & PUBLIC INVOLVEMENT FORUMS

47.1 Representatives from the Patient & Public Involvement Forums (PPIFs) reported back on activities since the last meeting.

47.2 (a) Robert Brown of South Downs Health trust PPIF told the Committee that the Forum had been busy with matters including the planned reconfiguration of the Brighton General Hospital site, visiting facilities at Newhaven Downs (now being used to house wards formerly based at Brighton General Hospital), visiting Southlands Hospital (which houses some re-habilitation services for Brighton & Hove residents) and attending a meeting of the Children & Young People's Trust Communication Group. The Forum had also published the results of a survey it had undertaken on leg ulcers (re-printed as Item 53 on the 16.01.08 HOSC agenda). Robert took members' questions on this survey.

47.2(b) In response to a query regarding the disposal of dressings (for patients being treated at home), South Downs Trust officers informed the Committee that dressing would normally be collected and disposed of by visiting nurses (disposal methods would vary depending on whether or not the dressings were contaminated).

47.3(c) In answer to a question concerning the accessibility of the survey for people with visual impairments, Robert replied that South Downs Trust

was responsible for disseminating the survey so he was unaware what provision, if any, had been made.

Several members expressed their concern that NHS Trusts did not yet seem to have consistently taken on board that all public documents should be available in a format that made them accessible to the visually impaired *and* that the availability of such formats should be well publicised.

47.3(d) The Chief Executive of South Downs Health Trust told the Committee that he welcomed the leg ulcer survey, which he regarded as an excellent and very useful piece of work. The Chairman echoed this praise and suggested that this work should be followed up (perhaps by another survey in a few month's time) to ensure that the Forum's recommendations have been acted upon.

47.4 The Committee heard that the Brighton & Hove Primary Care Trust PPIF had been involved in considering its annual submission to the Healthcare Commission (regarding the performance of the Trust), and had received updates on issues including Fit For the Future and community nursing provision. The Forum has concerns about Healthcare Acquired Infections and about the adequacy of the city's intermediate care bed provision.

47.5 Mary Ann Letten of Brighton & Sussex University Hospitals Trust PPIF told the Committee that her Forum had decided not to complete a submission to the Healthcare Commission this year as it did not consider it had been given adequate time to prepare its response. Forum members still had grave concerns regarding the adequacy of facilities for psychiatric care at A&E at the Royal Sussex County Hospital. The Forum noted that the Options Appraisal Panel set up to consider the Fit For the Future options for reconfiguration of regional acute healthcare did not include a representative from either Brighton & Hove or West Sussex PPIFs and would like the Committee to pursue this point.

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47.6 Robin Kemp of Sussex Partnership Trust PPIF told the Committee that his PPIF also had concerns about psychiatric care provision at the Royal Sussex County Hospital. The Forum had also been involved in the re-design of Mill View hospital and in planning for the establishment of Local Involvement Networks.

47.7 **RESOLVED: -**

That the reports from the PPIF co-optees be noted.

48. BRIGHTON & HOVE CITY STRATEGIC COMMISSIONING PLAN

48.1 The Committee considered a report of the Director of Strategy & Governance providing an update on the draft City Strategic Commissioning Plan (2007/2008) and proposing the establishment of a Health Overview & Scrutiny Committee Working Group to examine aspects of the Plan in more detail. The report also provided details of Brighton & Hove Primary Care Trust's plans to consult the local public and stakeholders with regard to the City Strategic Commissioning Plan. Dr Mike Warburton, Director of Commissioning at Brighton & Hove Primary Care Trust answered members' questions.

48.2 In response to a query as to whether there was time for Committee opinions to influence the final Strategic Commissioning Plan, members were told that the Plan did not need to be finalised until Autumn 2008.

48.3 Members decided to establish a Working Group to examine elements of the Strategic Commissioning Plan in greater detail. The membership will consist of Cllr Allen, Cllr Harmer-Strange, Cllr Rufus and Cllr Watkins

48.4 RESOLVED: -

(1) That the draft Strategic Commissioning plan be noted and a HOSC Working Group established to examine aspects of the Plan in more detail;

(2) That the Committee agrees that Brighton & Hove Primary Care Trust has made adequate provision to consult the local public and stakeholders with regard to the City Strategic Commissioning Plan.

49. BRIGHTON INTEGRATED CARE SERVICE (BICS) PRESENTATION

49.1 The Committee considered a report of the Director of Strategy & Governance which described the proposed introduction by city General Practitioner (GPs) of a Brighton Integrated Care Service (BICS) system to more effectively manage GP referrals to hospital or specialist services. City GPs Dr Jonathan Serjeant, Dr Peter Devlin and Dr Tim McMinn then answered members' questions, as did Dr Mike Warburton of the Primary Care Trust.

49.2 In response to a question concerning the success of the "Choose & Book" system in the city, the Committee was told that only 40-50% of GP referrals to secondary care were via the Choose & book system. However, 80% plus of city GP practices did use Choose & Book for at least some of their referrals. The Choose & book system was considered to be a success in some aspects (such as allowing patients to specify the date and time of their appointments), but less so in others (few patients were interested in booking appointments with providers other than their local hospital). BICS is intended to work in conjunction with and improve upon Choose & Book, allowing patients to access the choice elements of

the Choose & Book system without the current negative impact upon GP time management.

- 49.3 In answer to a question whether patients/GPs would be obliged to use BICS, the Committee was told that all referrals would pass through BICS for purposes of statistical analysis, but that patients/GPs could opt not to have their referral choices triaged by BICs.
- 49.4 In response to a query as to whether BICS would be local, the Committee was informed that the triage element of BICS would be performed by respected local GPs: it could not otherwise command the confidence of referring GPs. However, BICS will also require a “call-centre” function, and it would not be economically feasible to base this locally.
- 49.5 In answer to a question regarding the attitude of city GPs to BICS, the Committee was told that 78% of city GPs had declared in favour of the scheme. The majority of GPs who did not actively support BICS might be classified as “don’t knows” who anted more information about the service, although there were a small group of dissenting GPs who did not welcome BICS.
- 49.6 In response to a query regarding patient records the Committee was informed that BICS would have no access to individual patient records, and would have to consult with referring GPs if there was a difference of opinion regarding the best pathway for a particular referral.
- 49.7 In answer to a question concerning the software requirements for BICS, the Committee was told that the service would initially use Choose & Book software, although software systems employed by other bodies offering this type of referral triage service would be considered in time. A back-up system (for example one relying on paper based referrals) would be built in to the service specification in order to ensure that computer failure would not shut the service down.
- 49.8 In response to a query concerning the financial savings to be made through the introduction of BICS, the Committee was told that it was anticipated that BICS would save approximately 2.5% of the total outpatient referral budget in its first year of operation, and a further 2.5% in the following year. This figure does not assume that every city GP uses BICS, but it does assume that every referral is passed through BICS for counting and analysis. These savings would not be made by GPs referring to the cheapest service, but by reducing the number of unnecessary outpatients’ appointments and generally making the referrals system more efficient. It was stressed that GPs had no interest, financial or otherwise, in referring patients to inferior services on cost grounds.
- 49.9 In answer to a question regarding the possible impact of BICS on acute healthcare providers (with high quality services potentially receiving many more referrals and poor services many fewer referrals), the

Committee was told that such an impact, if they was to occur, would be good for patients and the Local Health Community as a whole, since it would work to encourage service-improvement in the acute sector.

49.10 RESOLVED: -

(1) That the Committee notes the report on BICS;

(2) That the Committee considers that Brighton & Hove Primary Care Trust has made adequate arrangements to consult with stakeholders and the general public in regard to the introduction of BICS.

50. OUT OF HOURS DISTRICT NURSING SERVICES

50.1 The Committee considered a report of the Director of Strategy & Governance concerning Brighton & Hove Primary Care Trust's plans to make changes to the current provision of Out of Hours District Nursing Services. Mike Warburton of the Primary Care Trust, John O'Sullivan, Chief Executive of South Downs Health NHS Trust, Rita Garner of the Trust and representatives of the Royal College of Nursing answered members' questions.

50.2 In answer to a question concerning the possible future provider of this service, the Committee was told that a future provider could be an Independent sector organisation. However, any future provider would be obliged to re-employ current staff on contracts in line with their current terms and conditions (under TUPE regulations).

50.3 In response to a query regarding how a new provider might be able to better staff the Out Of Hours District Nursing Service when there was seemingly a limited pool of people willing to undertake such work, the Committee was told that, whilst the pool of potential staff was small, a number of organisations currently provided Out Of Hours medical services in the city, and there was some scope for closer co-operation between some of these organisations in order to make more efficient use of the staff resources available.

50.4 In answer to a question regarding South Downs Health Trust's position on the tendering of this service, the Committee was told that the Trust was comfortable with the tendering process, since it was confident that it provided an excellent service and was therefore in a very good position to be re-assigned the contract. However, whilst the Trust recognised that changes to the service should be made (particularly in terms of working more closely with other Out Of Hours providers), tendering was not necessarily its favoured option, as Trust officers felt that dialogue and negotiation with the Primary Care Trust might achieve better results than going through a tender process.

50.5 In responding to similar questions, Dr Warburton noted that the Primary Care Trust was generally committed to using a tender process when

significant changes were planned to a service, as tendering allowed the commissioners to achieve value for money and to do so publicly. However, for services where no major changes were planned, benchmarking against best practice was generally considered a better option than putting the service out to tender.

50.6 RESOLVED: -

That this report be noted.

51. LOCAL INVOLVEMENT NETWORKS (LINKs)

51.1 The Committee received an update on progress towards establishing a Brighton & Hove LINK.

51.2 RESOLVED: -

That the update be noted.

FOR INFORMATION ONLY

52. JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (JHOSC)

52.1 The Committee received an update on the progress of Fit for the Future JHOSC.

52.2 RESOLVED: -

That the report be noted.

53. LEG ULCERS

53.1 The Committee considered a report of South Downs Health NHS Trust Patient & Public Involvement Forum.

53.2 RESOLVED: -

That the report be noted.

54. ITEMS TO GO FORWARD TO COUNCIL

54.1 **RESOLVED: -** There were none.

The meeting concluded at 7:45pm

Signed

Chairman

Dated this

day of

2008