





Brighton & Hove
City Council

Overview & Scrutiny

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| Title: | Health Overview & Scrutiny Committee |
| Date: | 11 June 2008 |
| Time: | 4.00pm |
| Venue | Council Chamber, Hove Town Hall |
| Members: | Councillors: Mrs Cobb (Chairman) Alford, Allen, Barnett, Harmer-Strange, Hazelgrove, Kitcat, Rufus and Turton |
| Contact: | Giles Rossington Senior Scrutiny Officer giles.rossington@brighton-hove.gov.uk |

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AGENDA

1. PROCEDURAL BUSINESS

- (a) Declarations of Substitutes - Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.
- (b) Declarations of Interest by all Members present of any personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct
- (c) Exclusion of Press and Public - To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: Any item appearing in Part 2 of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.

2. MINUTES OF THE PREVIOUS MEETING

3. CHAIRMAN'S COMMUNICATIONS

4. HEALTH OVERVIEW & SCRUTINY COMMITTEE TERMS OF REFERENCE

1 - 12

Report of the Director of Strategy and Governance

Contact Officer: Giles Rossington

Tel: 01273 291038

Ward Affected: All Wards

5. PUBLIC QUESTIONS

No public questions have been received.

6. NOTICES OF MOTION REFERRED FROM COUNCIL

No Notices of Motion have been received.

7. WRITTEN QUESTIONS FROM COUNCILLORS

HEALTH OVERVIEW & SCRUTINY COMMITTEE

No written questions have been received.

8. PRIMARY HEALTH CARE IN BRIGHTON & HOVE 13 - 20

Presentation by Darren Grayson, Chief Executive, Brighton & Hove City teaching Primary Care Trust

Contact Officer: Jane Simmons *Tel:*
Ward Affected: All Wards

9. RESPECT AND DIGNITY 21 - 30

Presentation by officers of Sussex Partnership Trust on the Trust's policies with regard to ensuring that patients are treated with dignity and respect

Contact Officer: Giles Rossington *Tel:* 291038
Ward Affected: All Wards

10. PUBLIC HEALTH

To discuss which aspects of the city public health agenda might most valuably be examined by the Committee in 2008-2009

Contact Officer: Giles Rossington *Tel:* 01273 291038
Ward Affected: All Wards

11. WORKING WITH CABINET MEMBERS

Preliminary discussion of the ways in which Committee members wish to involve Cabinet Members in the Committee's work

Contact Officer: Giles Rossington *Tel:* 01273 291038
Ward Affected: All Wards

12. OVERVIEW & SCRUTINY AND THE FORWARD PLAN 31 - 36

Report of the Director of Strategy and Governance

Contact Officer: Giles Rossington *Tel:* 01273 291038
Ward Affected: All Wards

13. TOWARDS A WORK PROGRAMME 37 - 42

Report of the Director of Strategy and Governance

Contact Officer: Giles Rossington *Tel:* 01273 291038
Ward Affected: All Wards

14. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING

To consider items to be submitted to the next available Cabinet or Cabinet Member.

15. ITEMS TO GO FORWARD TO COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fifth working day before the meeting.

Agendas and minutes are published on the council's website www.brighton-hove.gov.uk. Agendas are available to view five working days prior to the meeting date.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

For further details and general enquiries about this meeting contact Nara Miranda, (, email giles.rossington@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

Date of Publication - Tuesday, 3 June 2008

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|------------------|--|---------------------------------------|--------------|
| Subject: | Health Overview & Scrutiny Committee Terms of Reference | | |
| Date of Meeting: | 11 June 2008 | | |
| Report of: | The Director of Strategy and Governance | | |
| Contact Officer: | Name: | Giles Rossington | Tel: 29-1038 |
| | E-mail: | Giles.rossington@brighton-hove.gov.uk | |
| Wards Affected: | All | | |

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report sets out the Terms of Reference and Procedure Rules for the new Health Overview & Scrutiny Committee (HOSC).

2. RECOMMENDATIONS:

- 2.1 That the report be noted.

3. RELEVANT BACKGROUND INFORMATION:

HOSC Terms of Reference

- 3.1 The Terms of Reference of the Health Overview & Scrutiny Committee (Part 6.1 paragraph 2.6 of the Constitution) are:
- To perform the Overview & Scrutiny function in relation to all matters, executive decisions and service provision connecting to the Health elements of the Adult Social Care and Health function and in particular:
 - To scrutinise matters relating to the health of the Authority's population and contribute to the development of policy and service to improve health and reduce health inequalities
 - To undertake all the statutory functions of the scrutiny committee in accordance with Section 7 and Regulations under that section, of the Health and Social care Act 2001, relating to reviewing and scrutinising health service matters
 - To review and scrutinise the impact of the Authority's own services and of key partnerships on the health of its population

- To encourage the Council as a whole and its executive committees and sub-committees and through the Overview and Scrutiny Organisation Committee to take into account the implications of their policies and activities on health and health inequalities
- To make reports and recommendations to the National Health Service, the Council, the executive committees and sub-committees and the Overview and Scrutiny Organisation Committee, and to other relevant bodies and individuals
- To monitor and review the outcomes of its recommendations
- In all of the above, to liaise with other bodies that represent patients' views in order to seek and take account of the views of the local population

[Note: the Children and Young People's Overview & Scrutiny Committee discharges on behalf of the Council the Overview & Scrutiny functions in relation to the health of the Authority's children and young people, but matters relating to general health strategies and services not specifically for children and young people are the function of the Health Overview & Scrutiny Committee.]

Responsibilities of Overview & Scrutiny Committees

3.2 All Overview and Scrutiny Committees have their responsibilities set out in Part 6 of the Constitution. They will have the following duties:

- To be aware of the forward plan and other anticipated decisions of the Cabinet/Cabinet Committees and council services;
- To develop focused programmes of work and identify the most appropriate means of progressing such work;
- To scrutinise and make recommendations to the Cabinet/Cabinet Committees/Cabinet Member and any relevant Council Committees in relation to issues arising from its work programme;
- To monitor the decisions taken by or on behalf of the Cabinet and the activities of service areas;
- To receive requests from Councillors and suggestions from officers of the council and co-optees for particular areas to be scrutinised;
- To propose to the Overview and Scrutiny Commission any Select Committee reviews (see point 3.3 below) including the terms of reference and membership of the Select Committee with a proposed scrutiny brief and resource requirement;

- To establish ad-hoc review Panels as necessary (see point 3.8 below);
- To exercise the right to ‘call-in’ and review decisions taken by or on behalf of the Executive (see point 3.10 and Appendix 1 below);
- To have an overview of the practice and policy of the relevant service areas;
- To identify areas of service practice and implementation of a policy that cause concern to members of the public and councillors and identify what action should be taken;
- To receive internal and external inspection reports on the services and challenge the action plans drawn up in response to problems that have been identified; monitor progress in implementing the action plans;
- To ensure that the communities of Brighton & Hove and specific users of services are able to be involved in, and inform, the work of the Committees;
- To promote the work of the Committee, including through the local media; and
- To monitor and review the outcomes of the Committee’s recommendations.

Select Committee Reviews

- 3.3 The committee may decide that it wishes to establish a task-orientated, time-limited Sub-Committee to investigate a particular issue within its remit. These ‘Select Committees’ can review in depth, investigate and report on particular topics related to the functions of the Council or issues of public concern.
- 3.4 Once the committee has identified an area for possible Select Committee investigation, it must draw up the proposed terms of reference, duration and membership of the proposed Select Committee and submit it to the Overview and Scrutiny Commission for a decision. The Commission, having regard to the recommendations of the committee (or any other initiating scrutiny committee) will then decide whether or not to approve the appointment of the Select Committee.
- 3.5 In considering whether or not any matter should be agreed for a Select Committee Review the Commission will have regard to the following issues:

- The importance of the matter raised and the extent to which it relates to the achievement of the Council’s strategic priorities, the implementation of its policies or other key issues affecting the well being of the City or its communities;
 - Whether there is evidence that the decision-making rules in Article 11 of the constitution have been breached; that the agreed consultation processes have not been followed; or that a decision or action proposed or taken is not in accordance with a policy agreed by the Council;
 - The potential benefits of a review, especially in terms of possible improvements to future procedures and/or the quality of Council services;
 - What other avenues may be available to deal with the issue and the extent to which the Councillor or body submitting the request has already tried to resolve the issue through these channels (e.g. a letter to the relevant Executive Member, the complaints procedure, enquiry to the Chief Executive, or Chief Officer, or a Council question etc);
 - The proposed scrutiny approach (a brief synopsis) and resources required, resources available and the need to ensure that the Overview and Scrutiny process as a whole is not overloaded.
- 3.6 If the Commission agrees to establish a Select Committee it will have sub-Committee status and the political balance rules will apply. The Membership will be nominated by the Commission. No member may, however, be involved in scrutinising a decision in which he/she has been involved. As a guide, the Commission will not normally allow more that one Select Committee Review to be carried out at any one time.

Select Committee Rules

- 3.7 When a member requests for a matter to be scrutinised, that Member should not normally be appointed as a Member of the Select Committee scrutinising the issue. However, this would not preclude the member giving evidence to the Select Committee. There are also no provisions for substitute members to attend Select Committee (or Ad-hoc panel) meetings.

Ad-hoc Overview and Scrutiny Panels

- 3.8 The committee may appoint Ad-hoc panels to carry out short, sharply focused pieces of scrutiny work. These may be on specific issues that do not warrant a full Select Committee inquiry and should be covered within 3 meetings or less. The committee should not appoint more than one Ad-hoc panel at a time.
- 3.9 Ad-hoc panels do not have sub-committee status, but will normally be cross-party. The committee will appoint the members to the Panel, but as with Select Committees, the requesting member will not normally be a member of the panel, nor may any member be involved in scrutinising a decision they have been involved in. No substitutes are allowed.

Call-in procedures

- 3.10 Call-in is the process by which Overview and Scrutiny Committees can recommend that a decision made (in connection with executive functions) but not yet implemented be reconsidered by the body which made the decision, or recommend that the full Council consider whether that body should reconsider the decision. The rules governing call-in are fundamentally unchanged in the new constitution. The details are contained in Appendix 1 to this report.

Quorum

- 3.11 As per the Council's procedure rules, a quarter of members must be present in order for the committee to be quorate.

Work programme

- 3.12 The committee is responsible for setting its own objectives and work programme. A separate report sets out the options for the committee in deciding its work programme. This may include examination of items on the Forward Plan. The committee does, however, have a responsibility to consider any of the 19 Plans and Strategies within the Budget and Policy Framework that relate to its work *prior* to their approval by Full Council (see point 3.15 below). It also has a responsibility to consider items referred to it by the Brighton & Hove LINK (Local Involvement Network).
- 3.13 Any Member of the Overview and Scrutiny Committees may notify the Head of Scrutiny that he/she wishes an item to be included on the agenda for the next available meeting. The committee will then determine if it wishes to pursue the suggested item and in what manner.
- 3.14 The committee should also respond, when their work programme allows it, to requests from the Council and if it thinks appropriate, the

Cabinet/Cabinet Committees to review particular areas of Council activity.

Policy Review and Development

- 3.15 The committee has a function to scrutinise policy outcomes and advise on policy development within its remit. The Cabinet shall “normally” consult overview and scrutiny before formulating the final proposals for policies that are part of the Budget and Policy Framework. The Cabinet will take into account any response from an overview and scrutiny committee and relevant stakeholders in drawing up firm proposals for submission to Full Council.
- 3.16 Once the committee has formed recommendations on any matter, it will prepare a final report and submit it to the Chief Executive for consideration by the relevant Cabinet Member or Cabinet Meeting or the Council if appropriate (if, for example, the recommendation would require a departure from or change to the agreed Budget and Policy Framework). The Executive Member or Cabinet shall consider the report within six weeks of it being submitted to the Chief Executive or at its next meeting, whichever is the later, and shall prepare a response to the findings, including any action proposed.

Matters excluded from scrutiny

- 3.17 Overview and Scrutiny Committees should not normally scrutinise individual decisions made in respect of development control, licensing, registration, consents and other permissions. In particular, they are not an alternative to the normal appeals procedures.

4. CONSULTATION

- 4.1 No consultation was required for the compilation of this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 Additional staffing resources have been dedicated to supporting the scrutiny function, the Cabinet and the political parties.

Legal Implications:

- 5.2 The overview & scrutiny arrangements are in accordance with the relevant legislation.

Equalities Implications:

- 5.3 There are no direct equalities implications to this report.

Sustainability Implications:

- 5.4 There are no direct sustainability implications to this report.

Crime & Disorder Implications:

- 5.5 None directly in relation to this report.

Risk and Opportunity Management Implications:

- 5.6 None directly in relation to this report.

Corporate / Citywide Implications:

- 5.7 Within the new Leader and Cabinet style Council Constitution the Overview and Scrutiny function is strengthened and extended as set out in the report.

SUPPORTING DOCUMENTATION

Appendices: Call-In arrangements.

Background Documents

Council Constitution, 16 May 2008

Agenda Item 4: Appendix 1

Call-in in the New Constitution

The process of call in of decisions made but not yet implemented, as set out in the previous constitution is largely unchanged. The current call-in provisions are included here for reference.

16. Call-in

- 16.1 Call-in is a process by which Overview and Scrutiny Committees can recommend that a decision made (in connection with executive functions) but not yet implemented be reconsidered by the body which made the decision, or recommend that the full Council consider whether that body should reconsider the decision. Call-in does not provide for the Overview and Scrutiny Committee or the full Council to substitute its own decision, but merely to refer the matter back to the decision-maker. A decision maker can only be asked to reconsider any particular decision once.
- 16.2 Call-in should only be used in exceptional circumstances – for example where Members have evidence that a decision was not taken in accordance with Article 13 of the constitution ('Decision making'). Day to day management and operational decisions taken by officers may not be called-in.
- 16.3 Any decision made by the Cabinet, a Cabinet Member, or a key decision made by an officer under delegated powers from the Executive shall be published by means of a notice at the main offices of the Council and where possible by electronic means, normally within 2 working days of being made. All Members of Overview and Scrutiny will be sent, if possible by electronic means, copies of all such decision notices at the time of publication.
- 16.4 Any decision made by the Cabinet, a Cabinet Member, or a key decision made by an officer under delegated powers from the Executive may be called in up to five working days from the date of the meeting at which the decision was taken.
- 16.5 During this period, any Member of Overview and Scrutiny or any 6 Members of the Council may request that a decision be called-in for Scrutiny by the relevant Overview and Scrutiny Committee. Such a request shall be made in writing to the Chief Executive and shall include the reason(s) for the request and any alternative decision proposed. The Chief Executive may refuse to accept a request which in his/her opinion is frivolous, vexatious or defamatory, or where no reason is given.
- 16.6 If the Chief Executive accepts the request he/she shall call-in the decision. This shall have the effect of suspending the decision coming in force and the Chief Executive shall inform the decision maker e.g. Cabinet, Executive Member, Executive Committee or officer and the

Agenda Item 4: Appendix 1

relevant Chief Officer(s) of the call-in. The Chief Executive shall then call a meeting of the relevant Overview and Scrutiny Committee as appropriate to scrutinise the decision, where possible after consultation with the relevant Chairman, and in any case within 7 working days of accepting the call-in request, unless a meeting of the appropriate Committee is already scheduled to take place within this period.

- 16.7 In deciding whether or not to refer a decision back, the relevant Overview and Scrutiny Committee shall have regard to the criteria for Scrutiny reviews set out at paragraph 4.2 of these rules. In addition it may take into account:
- any further information which may have become available since the decision was made
 - the implications of any delay; and
 - whether reconsideration is likely to result in a different decision.
- 16.8 If, having scrutinised the decision, the relevant Overview and Scrutiny Committee is still concerned about it, then it may refer it back to the decision making body for reconsideration, setting out in writing the nature of its concerns. If it considers the decision is contrary to the policy framework or budget agreed by the Council, the matter may be referred to the full Council to determine whether or not it should be referred back to the decision making body in accordance with the Budget and Policy Framework Procedure Rules at Part 4 of this constitution.
- 16.9 If the relevant Overview and Scrutiny Committee does not meet within 7 working days of the Chief Executive accepting a call-in request, or does meet but does not refer the matter back to the decision making body or to the Council, the decision shall take effect on the date of the Overview and Scrutiny meeting, or the expiry of the period of 7 working days from the call-in request being accepted, whichever is the earlier.
- 16.10 If the decision is referred back to the decision making body, that body shall then reconsider, either at its next programmed meeting or at a special meeting called for the purpose, whether to amend the decision or not before reaching a final decision and implementing it.
- 16.11 If the relevant Overview and Scrutiny Committee refers the matter to full Council and the Council does not object to a decision which has been made, then no further action is necessary and the decision will be effective in accordance with the provision below. However, if the Council does object, the Council will refer any decision to which it objects back to the decision making body, together with the Council's views on the decision. In this case the decision making body shall consider, either at its next programmed meeting or at a special meeting convened for the purpose, whether to amend the decision or not before reaching a final decision and implementing it.

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16.12 If the Council does not meet within two weeks of the matter being referred to it, or if it does meet but does not refer the decision back to the decision making body or person, the decision will become effective on the date of the Council meeting or expiry of that two week period, whichever is the earlier.

16.13 If a key decision is to be taken by an officer under the scheme of delegation, all Members and Overview and Scrutiny Committees will have the same rights to information and to use the procedures set out above for the call-in of those decisions.

17. Call-in and urgency

17.1 The call-in procedure set out above shall not apply where the decision being taken by the Cabinet, a Cabinet Member, or a key decision made by an officer under delegated powers from the Executive is urgent. A decision will be urgent if any delay likely to be caused by the call-in process would seriously prejudice the Council's or the public's interests. The record of the decision, and notice by which it is made public shall state if in the opinion of the decision making body the decision is an urgent one and subject to the agreement of the Chief Executive, or in his/her absence the officer acting for him, such a decision shall not be subject to call-in. The Chief Executive or the Officer acting on his/her behalf shall consult the leaders of the Political Groups before agreeing to the exemption. Any decision to which the call-in process does not apply for reasons of urgency must be reported to the next available meeting of the Council, together with the reasons for urgency.

17.2 The operation of the provisions relating to call-in and urgency shall be monitored annually, and a report submitted (via the Governance Committee) to Council with proposals for review if necessary.

18. Call In and Joint Committees

18.1 The principle of call in applies to decisions made by Joint Committees on which the Council is represented. The detailed arrangements relating to call in of Joint Committee decisions shall be agreed between the constituent authorities and included in the Constitution of the Joint Committee.

Agenda Item 8

Report to: Health Overview and Scrutiny Committee
Regarding: Primary medical services (General Practice)
Date: 11th June 2008
By: Darren Grayson, Chief Executive, Brighton & Hove City PCT

Purpose:

The HOSC requested a report regarding how the PCT commissions and monitors services provided by primary medical services (GPs) in the City.

Background:

The PCT has responsibility to commission primary medical services to meet the needs of its local population. This has historically been from independent groups of general practitioners working together in partnership with other GPs or on their own. PCTs can now however commission these services from a wider range of providers including :

- Voluntary sector
- Commercial sector
- Other health practitioners (nurses, pharmacists)

Primary medical services are provided for the following patients:

- Registered patients.
All UK residents are entitled to be registered with a GP practice. Patients can usually consult any GP or Practice Nurse within that practice, but cannot consult a GP outside that practice unless they pay privately.
- Temporary patients.
If you are unable to visit your own GP because you are on holiday or if you are yet to register with a GP you can be seen as a temporary patient.
- Immediate or necessary treatment.
If you fall down near a surgery or walk into a surgery because you are having a heart attack you can be seen by a GP in that practice.

The PCT has a separate contract with South East Health, a not for profit company, to provide services 'out of hours' i.e. from 6.30pm to 8.00am Monday to Friday and all day at the weekends and Bank Holidays.

Primary Medical Service contracts in Brighton and Hove:

The PCT has contracts with 47 practices across the City. Each practice has a list of registered patients, and list sizes in Brighton and Hove vary from 776 to 15,896. Full details are in appendix 1. The national bench mark is 1,800 patients for each GP. In Brighton and Hove the average list size per GP varies but is closer to 2,000 patients, so above the national average.

The latest research in consultation rates shows an increase in consultation rates in General Practice in England. The average consultation rate per patient per year has risen from 3.9 in 1995 to 5.3 in 2006. Consultation rates vary significantly according to age and sex and the highest rates for both males and females were in the 85 to 89 year age band with 12.9 consultations for males and 12.5 for females in this age band. Consultation rates for females tended to be higher than for males in general except for the extremes of age i.e. the very young and the elderly¹.

Services are provided by practice teams including a range of clinical and non clinical staff:

Clinical staff include:

- General practitioners
- Practice nurses including treatment room nurses and nurse practitioners
- Health care assistants
- Counsellors
- Other professionals such as podiatrists, phlebotomists, physiotherapists

Non-clinical staff include:

- Practice managers
- Accountants/book keepers
- Receptionists
- Secretaries/ administrators
- Note summarisers and coders

The PCT has a contract with each practice for the provision of primary medical services and there are four types of contracts available to use:

1. General Medical Services (GMS).

¹ QResearch (2007) *Trends in Consultation Rates in General Practice 1995 to 2006: Analysis of the QRESARCH database*

The current GMS contract was introduced in 2004 and is a nationally negotiated contract. The contract is negotiated by NHS Employers (on behalf of the NHS) and the General Practitioners' Committee on behalf of GPs. The majority of practices across the county work under this contract and in Brighton and Hove 40 practices have a GMS contract.

2. Personal Medical Services (PMS).
The PMS contract is a locally negotiated contract (based on standard terms and conditions) but provides more flexibility. This can be useful for developing services to meet a particular need, for example homeless patients. Practices working under a PMS contract have a "right of return" to a GMS contract. In Brighton and Hove there are 6 practices working under a PMS contract, which is significantly lower than the national picture.
3. Alternative Providers of Medical Services (APMS).
These contracts provide a vehicle for the commercial, voluntary sector, not for profit or other NHS organisations to provide primary medical services. In Brighton and Hove there is one APMS contract, providing services under a temporary contract that was required at short notice due to the sudden termination of a single handed GMS contract.
4. PCT Medical Services (PCTMS)
This is a contractual option for PCT's to provide primary medical services themselves. This option has been used in the past in Brighton and Hove as a temporary solution to an emergency situation but as a commissioning only PCT, this contractual arrangement is not part of the PCT's strategic approach to commissioning primary medical services. There are currently no practices in Brighton and Hove operating under this type of contract.

86% of all the health care needs of the population are managed by primary care. Looked at from the GP perspective of an average of 100 consecutive consultations, GPs will refer only 5 to hospital, mostly for routine surgery.²

Primary Medical Services includes the provision of:

- Essential services.
This refers to the management of patients who are ill or believe themselves to be ill with conditions from which recovery is generally expected; the terminally ill and those suffering from a chronic disease (or diseases). All 47 contracts for primary medical services in Brighton and Hove include the provision of primary medical services.
- Additional services

² *A Dozen Facts about General Practice/Primary Care (2004)*

These include services such as child health surveillance, contraception or minor surgery and are services that you would usually expect to be provided in any GP practice. All 47 contracts include the provision of one or more additional services. The vast majority of practices provide all additional services. Where a practice does not provide an additional service then the PCT commissions the service for that patient list from another provider: e.g. another GP practice or community service provider such as South Downs Trust.

- **Enhanced services.**
These services are defined as:
 - Essential or Additional Services provided to a higher specified standard.
 - Services not provided through essential or additional services for example more specialised services or services at the primary/secondary interface.

The PCT commissions 47 different enhanced services across a range of services from prevention of Cardio-vascular disease to HIV, substance misuse and diabetic care. The number of enhanced services provided by each GP practice varies and ranges from between 10 to 30 per practice. The PCT spends £4.5 million annually commissioning enhanced services.

Access and Responsiveness in Primary Care:

A national patient survey was undertaken in 2007 to measure the responsiveness of primary medical services. The overall results, both nationally and locally are generally positive. Most people are satisfied with the performance of their practice.

Approximately 4% of the Brighton and Hove population (12,113 patients) completed the survey. Summary results for the four key indicators are contained in table 1 below.

Table 1: Summary Results

| | Brighton & Hove City PCT | South East Coast SHA | England |
|--|-------------------------------------|-----------------------------|----------------|
| Satisfactions with telephone Access | 88% | 88% | 86% |
| 48 Hour Access to GP: ability to get an appointment with a GP within 48 hours | 89% | 88% | 86% |
| Advanced Booking: ability to book an appointment more than 2 days ahead | 74% | 74% | 75% |
| Ability to get an appointment with a specific GP | 89% | 89% | 88% |

Results for 2008 will be publically available towards the end of June.

From 1 June 2008, the PCT has commissioned a new extended hours local enhanced service as a mechanism for patients to access routine primary medical care services outside core hours i.e. before 8.00am or after 6.30pm in the weekdays or at the weekends. In response to patient demand, the Department of Health has set each PCT a target of 50% of practices providing extended hours by December 2008. At 1 June, the PCT had approved applications from 29/47 (62%) of all practices in Brighton and Hove.

Contract Monitoring Arrangements

The PCT is in the process of developing practice “score-cards” which bring together in a single reporting system the information held about practices in Brighton & Hove.

Currently the PCT monitors the services provided by practices in a range of ways:

- Quality outcome framework (QOF)

The QOF is a national system that rewards practices for achieving high quality standards. It is a voluntary system that all practices in Brighton and Hove participate in with financial rewards proportionate to performance against the quality standards. There are a total of 1,000 points available through the QOF and each point is worth £124.60 to an average practice. The PCT has an assurance system in place to verify the QOF points and all practices submit written evidence each year and in addition one third of GP practices are subject to an inspection visit each year.

The targets cover the main areas of practice:

- Clinical

The GP assessor will look at anonymous patient records to ensure that the levels of work being claimed for are reflected in the work done with patients. This covers a range of clinical areas such as stroke, coronary heart disease, cancer, epilepsy. The assessors also look at statistics available on the practice’s computer system to assess whether the prevalence rates for a particular disease area matches that of surrounding areas.

- Organisational

This includes a review of how the practice keeps patient records; how up to date the records are; education and training activities carried out by the practice; whether patients are given information about specific schemes to promote health (smoking cessation advice or referral); medicines management; infection control and equipment maintenance; good employment practice and other indicators of safe practice.

- Additional Services Domain

Some services are voluntary and practices can choose whether to offer them (e.g. contraception advice; child health surveillance). If a practice is claiming to offer these, the assessors must ensure that the service is of a reasonable quality and that this service is being offered.

- Patient experience

In order to get points for this, practices have to carry out a patient survey (based on preset questions) and produce a two year action plan which takes into account issues raised by patients.

After their visit, assessors provide a report setting out recommendations for future action. A sample of practices will be visited by auditors to ensure that the general standard of assessment is accurate.

The PCT anticipates spending £5.4 million in 2008-09 on QOF payments to Brighton and Hove practices.

In addition to the comprehensive QOF monitoring process the PCT also monitors primary medical service contracts in the following ways:

- Detailed audit and evaluation for each enhanced service
- Infection control inspections
- Patient satisfaction surveys

| Practice List Sizes - 31 March 2008 | | |
|--|---------------------------------|----------------|
| | | |
| | GP NAME/SENIOR PARTNER | Total |
| 1 | BARTLETT CI & PTNRS | 15,896 |
| 2 | CONDON J A & PTNRS | 15,837 |
| 3 | MCCONNELL R & PTNRS | 12,692 |
| 4 | WRIGHT CMV & PTNRS | 12,518 |
| 5 | NALLETAMBY & PTNRS | 11,253 |
| 6 | SUPPLE & PTNS | 10,612 |
| 7 | BACH CD & PTNRS | 10,431 |
| 8 | LIPSCOMBE SL & PTNRS | 10,045 |
| 9 | GILHOOBY G & PTNRS | 9,942 |
| 10 | HARPER DR & PTNRS | 9,901 |
| 11 | BODKIN N L & PTNRS | 9,886 |
| 12 | HIGSON N & PTNRS | 9,429 |
| 13 | COCKCROFT & PTNRS | 9,268 |
| 14 | PHILLIPS DL & PTNRS | 8,997 |
| 15 | MEADE PF & PTNRS | 8,933 |
| 16 | PATTON & PTNR | 7,192 |
| 17 | HABGOOD & PTNRS | 6,995 |
| 18 | HACKING RS & PTNRS | 6,995 |
| 19 | STALKER MJ & PTNRS | 6,579 |
| 20 | GAYTON P & PTNRS | 6,571 |
| 21 | SUTCLIFFE VA & PTNRS | 6,180 |
| 22 | PARRISH SPE & PTNR | 5,931 |
| 23 | CRICHTON ARC & PTNR | 5,703 |
| 24 | KHOT ASS & PTNRS | 5,675 |
| 25 | SHAH R & PTNRS | 5,508 |
| 26 | EVANS P C & PTNRS | 5,375 |
| 27 | BARKER CR & PTNR | 5,350 |
| 28 | HALL CJ & PTNRS | 4,689 |
| 29 | SHARP M J A & PTNR | 4,542 |
| 30 | STUART MH & PTNR | 4,033 |
| 31 | ALLENBY LM & PTNR | 3,938 |
| 32 | BRYANT C & PTNR | 3,220 |
| 33 | SHAH AC | 2,976 |
| 34 | CHANG YF & PTNR | 2,856 |
| 35 | KELLEHER DIF | 2,814 |
| 36 | WHITEHAWK MP | 2,706 |
| 37 | BAKER JP & PTNR | 2,659 |
| 38 | HANGLETON MANOR SURGERY | 2,240 |
| 39 | SRIPURAM SG | 2,202 |
| 40 | AMIN | 2,201 |
| 41 | WILLOW SURGERY | 2,167 |
| 42 | ELM GROVE MED CEN Elm Grove | 2,113 |
| 43 | HENDERSON EJD | 2,075 |
| 44 | QUEENS ROAD SURGERY | 2,055 |
| 45 | KNOTT MH | 1,939 |
| 46 | HERMITAGE AP | 1,892 |
| 47 | SERGEANT C F & PTNR | 776 |
| | BRIGHTON & HOVE CITY | 293,787 |

List of Budget and Policy Framework Documents

(a) Policy Framework.

The policy framework means the following plans and strategies:-

(i) those required by law to be adopted by full Council:-

- Annual Library Plan;
- Best Value Performance Plan;
- Children and Young People's Plan;
- Community Strategy;
- Crime and Disorder Reduction Strategy;
- Local Transport Plan;
- Plans with Development Plan Document status which together comprise the Local Development Framework and the Waste and Minerals Development Framework;
 - Youth Justice Plan
- Statement of Licensing Policy pursuant to Licensing Act 2003;
- Statement of Gambling Policy pursuant to the Gambling Act 2005.

(ii) those which the Council has determined should be adopted by full Council as part of the Policy Framework:

- Food Law Enforcement Service Plan;
- The plan and strategy which comprise the Housing Investment Programme;
- Adult Learning Strategy;
- City Employment and Skills Plan;
- Sustainability (Local Agenda 21) Strategy;
 - The Council's Corporate Plan;
 - Inclusive Council Policy;
 - Health and Safety Annual Service Plan;
 - Local Area Agreements.

(b) **Budget.** The budget includes the allocation of financial resources to different services and projects, proposed contingency funds, setting the council tax and decisions relating to the control of the Council's borrowing requirement, the control of its capital expenditure and the setting of virement limits.

Agenda Item 13: Appendix 2

Brighton & Hove City Council

For general release

Meeting: Health Overview & Scrutiny Committee
Date: 23 April 2008
Report of: The Director of Strategy and Governance
Subject: Forward Planning Recommendations for the New Health Overview & Scrutiny Committee (HOSC)

Ward(s) affected: All

1. Purpose of the report

- 1.1 To give members the opportunity to recommend subjects for inclusion in a future Health Overview & Scrutiny Committee (HOSC) work programme. (The final decision on the contents of the new HOSC work programme will be taken by members of the new Committee.)
- 1.2 To suggest some potential areas of interest, with reference to likely developments in the Local Health Economy and the Committee's current and recent commitments.
- 1.3 Item 3.1 (Fit For the Future) represents a formal ongoing commitment which should be honoured by the new HOSC; Items 3.2 to 3.9 represent ongoing work, although not of such a formal nature; Item 3.10 is an issue included on the April 2008 agenda which might warrant further investigation; Items 3.11 onwards represent recommendations for the Work Programme made by the HOSC Working Group established to examine the draft City Strategic Commissioning Plan (SCP)

2. Recommendations

- 2.1 That the Committee approves the suggested topics for potential inclusion in the new HOSC Work Programme.
- 2.2 That the Committee makes additional suggestions for topics to potentially be included on the new HOSC Work Programme.

3. Suggested Items for Inclusion in a HOSC Work Programme

3.1 Fit For the Future

- 3.1(a) “Fit For the Future”, the NHS initiative to reconfigure acute healthcare services across West Sussex and Brighton & Hove, is still ongoing: the Joint Health Overview & Scrutiny Committee (JHOSC) Report on the Fit For the Future process is due to be published in early May, and the final Primary Care Trust (PCT) decision regarding reconfiguration is not anticipated until July. It is currently unclear when implementation of Fit For the Future will begin (this will depend to some extent on whether the JHOSC opts to refer the PCTs’ final decision to the Secretary of State for Health).
- 3.1(b) There is an evident need for HOSC to continue to monitor this process and to be involved in any future plans to implement local NHS reconfiguration. This topic should therefore be considered for inclusion on the HOSC 2007/2008 Work Programme.

3.2 City Wide Estates Strategy

- 3.2(a) The PCT presented the City Wide Estates Strategy to HOSC at the Committee’s 25.07.07 meeting. The strategy sets out the intentions of local NHS Trusts (and partners such as the City Council) in terms of developing the city’s healthcare infrastructure.
- 3.2(b) HOSC members may be particularly interested to monitor the progression of plans to establish polyclinics for Eastern and Central Brighton (at the Brighton General Hospital site and Preston Road/Carden Hill sites respectively).
- 3.2(c) Implementation of the Estates Strategy will take place over a number of years, requiring regular monitoring of progress. The PCT has offered to provide HOSC with regular updates. This topic should therefore be considered for inclusion on the HOSC 2007/2008 Work Programme.

3.3 Maternity

- 3.3(a) Brighton & Hove PCT has recently conducted a consultation regarding the future development of maternity services in the city.

- 3.3(b) Some of the options for acute healthcare reconfiguration being considered as part of the West Sussex and Brighton & Hove Fit For the Future programme might have a significant impact upon city maternity services. For instance, if Worthing Hospital loses its consultant led maternity unit, it is anticipated that there would need to be a considerable expansion of these services at the Royal Sussex County Hospital to cope with the expected influx of West Sussex residents into Brighton & Hove.
- 3.3(c) The East Sussex Fit For the Future programme, which concentrated on the reconfiguration of maternity services in the county, has produced a recommendation to close consultant led maternity services at Eastbourne Hospital. This has now been referred to the Secretary of State for Health by East Sussex HOSC, but if the original decision is eventually upheld, then there is also likely to be an impact upon Brighton & Hove maternity services as East Sussex residents increasingly use the Royal Sussex County Hospital.
- 3.3(d) Maternity is therefore likely to feature as an important issue in the coming year, and should be considered for inclusion on the 2007/2008 HOSC Work Programme.

3.4 Local involvement Networks (LINKs)

- 3.4(a) A Brighton & Hove LINK has recently been established to replace local Patient & Public Involvement Forums (PPIFs).
- 3.4(b) HOSC has monitored the progress of the process by which a Host organization for the Brighton & Hove LINK had been procured.
- 3.4(c) Having monitored the procurement of a LINK Host, it would seem sensible for the HOSC to continue this work by scrutinising the establishment of a Brighton & Hove LINK. This topic should therefore be considered for inclusion on the 2007/2008 Work Programme.

3.5 Sussex Partnership Trust (SPT): Foundation Trust Application.

- 3.5(a) SPT came to the HOSC on 20.06.07 with proposals to apply for NHS Foundation Trust status, and has subsequently updated the Committee on the actions it has taken to consult with service users, staff and the local public as well as on the progress of preparations for becoming a Foundation Trust.
- 3.5(b) Although SPT may not need to formally consult the HOSC regarding the progress of its Foundation Trust application, it is likely that the Trust will seek to update the Committee as the application proceeds.

3.5(c) All NHS provider Trusts will eventually have to become NHS Foundation Trusts. This is an important development, and one which the Committee should continue to monitor. Therefore, this topic should be considered for inclusion on the 2007/2008 Work Programme.

3.6 Sussex Partnership Trust (SPT): Reconfiguration of Local Services

3.6(a) SPT came to the HOSC on 28.11.08 to report on proposals to make changes to Brighton & Hove services. In particular, the Committee was informed of plans to reconfigure Mill View hospital and to make significant changes to the ways in which the Community Mental Health Teams operate across the city.

3.6(b) Having already been briefed on plans to improve local services, it would seem sensible for HOSC to monitor the progression and implementation of these plans. Therefore this topic should be considered for inclusion on the 2007/2008 Work Programme.

3.7 The Sussex Orthopaedic Treatment Centre (SOTC)

3.7(a) The HOSC examined issues relating to the performance of the SOTC at its November 2006 meeting. It was determined at that meeting that this issue would be revisited at an appropriate time, particularly since there were a number of outstanding issues relating to elements of the SOTC's performance.

3.7(b) The pressure of other commitments has meant that HOSC has not yet been able to re-visit this issue. However, the question of the SOTC's performance is an important one and does warrant further examination. This topic should therefore be considered for inclusion on the HOSC 2007/2008 Work Programme.

3.8 Brighton & Sussex University Hospitals Trust (BSUHT): plans to improve/reconfigure Brighton & Hove acute services/estates

3.8(a) BSUHT has presented plans to expand secondary/tertiary care services on the Royal Sussex County Hospital (RSCH) site and to significantly re-develop the site to the HOSC on a couple of occasions. These plans are on a very large scale, costing an estimated £200-300 million.

3.8(b) Whilst there has not been any formal presentation of definitive plans, timetables etc. to be followed up, the scale and importance of BSUHT's proposals surely warrants monitoring. This topic should therefore be considered for inclusion on the HOSC 2007/2008 Work Programme.

3.9 Brighton & Sussex University Hospitals Trust (BSUHT): Financial Position

- 3.9(a) BSUHT has had long standing financial problems and was placed in “Turnaround” in 2006/2007. HOSC received a report on the progress of the Turnaround process at the 27.09.06 Committee meeting.
- 3.9(b) BSUHT successfully went through the Turnaround process and is currently in a much more healthy financial position. However, there are still significant issues concerning the Trust’s long term finances which the Committee may wish to explore. This topic should therefore be considered for inclusion on the HOSC 2007/2008 Work Programme.

3.10 Privacy and Dignity in Healthcare

- 3.10(a) The 23.04.08 HOSC agenda contains an Item on BSUHT policy in regard to the issue of Privacy and Dignity. BSUHT is not the only local healthcare provider to deal with these issues; Sussex Partnership Trust and South Downs Health Trust also see many vulnerable patients. Council Adult Social Care services, particularly those concerned with the care of older people and of people with learning disabilities, might also be considered relevant to examination of this subject. (There was not room on the April 2008 HOSC agenda to hear from all the providers involved.)
- 3.10(b) This topic is not an ongoing commitment to the same degree as the topics which have preceded it. However, it is an important issue, and, if members feel it warrants further examination, it should be considered for inclusion on the HOSC 2007/2008 Work Programme.

3.11 Public Health

- 3.11(a) The City Strategic Commissioning Plan (SCP) identifies Public Health as a key area for improving the health of city residents and reducing health inequalities.
- 3.11(b) The HOSC Working Group formed to examine the SCP highlighted the Public Health agenda as being an area which HOSC should investigate, both because of its intrinsic importance and because the City Council has many direct responsibilities which include Public Health matters. Issues of particular concern were noted as including: obesity, smoking cessation, mental health (in particular helping people with mental health problems maintain employment) and the question of whether help should be targeted at communities of deprivation or at particular individuals in most need of intervention. This topic should therefore be considered for inclusion on the HOSC 2007/2008 Work Programme.

3.12 GP Services

- 3.12(a) The draft City Strategic Commissioning Plan (SCP) indicates that, although some aspects of the performance of city GPs are excellent, there is very considerable variation between the best and worst performing practices.
- 3.12(b) GPs have also become increasingly central to the NHS in recent times, with initiatives such as Practice Based Commissioning (PBC) increasing GP influence over the Local Health Economy.
- 3.12(c) The HOSC Working Group formed to assess the SCP have recommended that GP services are one area that the Committee should focus on, for the reasons stated above. Therefore, GP services (with particular reference to the PBC initiative, and to varying standards across the city) should be considered for inclusion in the 2007/2008 Work Programme.

3.13 Dentistry

- 3.13(a) The HOSC recently received a PCT report about city dentistry services (27.02.08). This report noted that there had been a significant underperformance in the first year of the new dental contract (i.e. fewer procedures than had been anticipated were carried out).
- 3.13(b) It seems unclear at the current time whether this underperformance is the result of an initial over-estimation of likely dental activity in the city, or whether it has some other cause (such as unsuccessful advertising of how to access dental services under the new contract). Given this uncertainty, it seems sensible to propose that HOSC should continue to monitor the performance of city dentistry services, and that this topic should therefore be considered for inclusion in the 2007/2008 Work Programme.

3.14 Accident & Emergency (A&E) and related services

- 3.14(a) The performance of A&E services is monitored in connection with a national target (of all people presenting at A&E receiving treatment within 4 hours). BSUHT has had considerable problems meeting this target, as have many other acute trusts nationally. BSUHT's recent performance is generally much improved, but this is an area which might require regular monitoring.
- 3.14(b) A&E services face increasing pressures, particularly in terms of night time attendances, with many people who have been drinking

presenting for treatment. This has the potential, amongst other things, of making A&E appear to be an unsafe environment, particularly for people attending with children. The Working Group examining the SCP highlighted this as an aspect of concern.

- 3.14(c) An Urgent Care Centre, which includes Out Of Hours GP services has recently been added to the RSCH A&E. HOSC was consulted during the process of designing this service, and the Committee may be interested in seeing how effectively the service works. This topic should therefore be considered for inclusion on the HOSC 2007/2008 Work Programme.

3.15 Community Services

- 3.15(a) There is currently an increased interest in delivering healthcare services via the community healthcare sector rather than via the acute sector (hospitals). In Brighton & Hove terms, this initiative to move some services into the community sector was formally part of the “Best Care Best Place” programme.

- 3.16(b) The PCT has been in regular contact with HOSC regarding proposals to move a variety of acute healthcare services into acute settings, and it is anticipated that this will continue for the foreseeable future. The Working Group examining the SCP highlighted this as an aspect of concern. This topic should therefore be considered for inclusion on the HOSC 2007/2008 Work Programme.

3.16 Allocation of Resources Within the Local Health Economy

- 3.16(a) The Working Group examining the SCP highlighted the allocation of NHS resources within the Local Health Economy as an issue of potential concern (i.e. why each provider NHS trust receives the allocation it does; why some trusts have seemingly had their budgets cut, and so on). The Working Group suggested that the HOSC might usefully ask why the allocation of funds is as it is, and whether this is determined primarily by health needs or by the need to ensure that the Local Health Economy remains in financial balance. It is proposed that this topic should be considered for inclusion on the HOSC 2007/2008 Work Programme.

COMMITTEE REPORT APPENDIX



| | |
|-----------------------|---|
| Meeting/Date | <i>Health Overview & Scrutiny Committee</i> |
| Report of | <i>The Director of Strategy and Governance</i> |
| Subject | <i>Forward Planning Recommendations for the New Health Overview & Scrutiny Committee (HOSC)</i> |
| Wards affected | <i>All</i> |

| |
|---|
| <p>Financial implications There are no direct financial implications to this report</p> |
| <p>Legal implications There are no specific legal implications to draw to members' attention in relation to this report. <i>Lawyer consulted: John Heys/10.04.08</i></p> |

| | |
|---|---|
| <p>Corporate/Citywide implications There are no direct corporate/ Citywide implications to this report.</p> | <p>Risk assessment No risk assessment has been conducted.</p> |
| <p>Sustainability implications This report contains no direct sustainability implications.</p> | <p>Equalities implications This report contains no direct equalities implications.</p> |
| <p>Implications for the prevention of crime and disorder This report contains no direct implications for crime and disorder.</p> | |

| |
|---|
| <p>Background papers No unpublished background papers were relied upon to a material extent in the compilation</p> |
| <p>Contact Officer <i>Giles Rossington, Scrutiny Support Officer, 29-1038</i></p> |

Subject: **Overview & Scrutiny and the Forward Plan**
Date of Meeting: **11 June 2008**
Report of: **The Director of Strategy and Governance**
Contact Officer: Name: Giles Rossington Tel: 29-1038
E-mail: Giles.rossington@brighton-hove.gov.uk
Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The report describes the working of the Council's Forward Plan and how the Overview & Scrutiny Committees, including the Health Overview & Scrutiny Committee (HOSC), may choose to use it.

2. RECOMMENDATIONS:

- 2.1 That the report be noted.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 Under the Council's new governance arrangements the Executive produces a Forward Plan of the key decisions expected to be made over the next four months. The Forward Plan is detailed in the Council Procedural Rules Part 8 Paragraph 15.
- 3.2 As set out in Article 13 of the Constitution, a key decision is defined as one which is likely to:
- result in expenditure or savings of more than £500k per year
 - or
 - have a 'significant' effect on communities living or working in an area comprising of two or more wards.

- 3.3 The constitution states that, under normal circumstances, no key decision may be taken unless it has been placed on the Forward Plan and at least three clear days have elapsed since the publication of the Forward Plan. It is, however, expected that key decisions will be included in the Forward Plan *at least* one calendar month prior to the date of the decision. If a key decision is included less than one month prior, the report to the executive must state the reasons why its inclusion was delayed.
- 3.4 Details included in the Forward Plan
The Forward Plan is to be prepared by the Leader of the Council to cover a four month period beginning with the first day of any month. The Plan will be prepared on a monthly basis and subsequent plans will cover the period beginning with the first day of the second month covered in the preceding plan.
- 3.5 As far as possible, the Forward Plan will include matters which the Leader has reason to believe will be the subject of a key decision to be taken by the Cabinet, individual Members of the Cabinet, officers or under joint arrangements. It will normally include: the matter for decision, name of the decision taker, the date when the decision will be taken, the main groups who are to be consulted and how they will be consulted, how and when any person may make representations to the decision-taker, and the details of any other documents that will be submitted for consideration in relation to the matter.
- 3.6 Exempt information need not be included in the Forward Plan, although an indication of the decision to be taken, even if in Part Two, must be included.
- 3.7 Urgency
If a matter which is likely to be a key decision has not been included in the Forward Plan, that decision may still be taken if: it is impractical to defer it; if the Chairman of a relevant overview and scrutiny committee has been *informed* (or each member of that committee and the Leaders/Convenors of all political groups in writing by notice of the matter have been *informed*); if copies of the notice have been made available to the public; and if at least 3 clear days have elapsed since these things were done.

If there are not at least 3 clear days, the decision can *only* be taken if the Chairman of a relevant overview and scrutiny committee, or the Mayor/Deputy Mayor *agrees* that the taking of the decision cannot be reasonably deferred.

3.8 Overview and Scrutiny committees and the Forward Plan

If an overview and scrutiny committee thinks that a key decision has been taken which was not included in the Forward Plan and was not the subject of the general exception procedure or did not have the agreement of the Chairman (as above), then the Committee may require the Executive to submit a report to the Council within such a ('reasonable') time as the committee specifies. The Chairman (or any 3 members) may request such a report, or the committee itself may pass a resolution requesting a report.

3.9 The Forward Plan can be accessed on the Wave and the Council's internet site. All Councillors will be able to monitor the Plan and make suggestions for scrutiny to examine items on it.

3.10 It is intended that the Forward Plan will be discussed at HOSC Chairman's meetings and the Chairman will make recommendations to the HOSC on items the Committee may wish to consider further.

3.11 Local NHS Trusts may list decisions on the Forward Plan if these decisions relate to pooled responsibilities (i.e. there is an agreement between the council and an NHS Trust to jointly resource, commission or provide services under section 75 of the National Health Service Act 2006). NHS Trusts will not otherwise list their forthcoming decisions on the Forward Plan.

4. CONSULTATION

4.1 No consultation was undertaken in regard to this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 Additional staffing resources have been dedicated to supporting the scrutiny function, the Cabinet and the political parties.

Legal Implications:

- 5.2 The forward plan arrangements are in accordance with the relevant legislation.

Equalities Implications:

- 5.3 There are no direct equalities implications to this report.

Sustainability Implications:

- 5.4 There are no direct sustainability implications to this report.

Crime & Disorder Implications:

- 5.5 None directly in relation to this report.

Risk and Opportunity Management Implications:

- 5.6 None directly in relation to this report.

Corporate / Citywide Implications:

- 5.7 Within the new Leader and Cabinet style Council Constitution the Overview and Scrutiny function is strengthened and extended as set out in the report.

SUPPORTING DOCUMENTATION

Appendices: Timeline for Key Decision

Background Documents

Council Constitution, 16 May 2008

Agenda Item 12: APPENDIX 1

| Days before key decision taken | Action on key decisions |
|--|--|
| Four months or more | Matter for key decision may be included on the Forward Plan |
| One month or more | Matter for key decision is normally expected to be included on the Forward Plan |
| Less than one calendar month | Report on the key decision to the executive meeting shall state the reason why the matter was not included on the Forward Plan |
| Less than one calendar month but at least three clear days (General Exception, Part 8 Paragraph 16) | Key decision may still be taken if the Chairman of a relevant Overview and Scrutiny Committee has been informed (or if there is no such person each Member of that Committee and the Leaders/Conveners of all political groups have been informed) in writing by notice of the matter and copies of that notice are available to the public at offices of the Council |
| Less than least three clear days (Special Urgency, Part 8 Paragraph 17) | Key decision may still be taken if the Chairman of a relevant Overview and Scrutiny Committee (or if there is no Chairman or he/she is unable to act, the Mayor/Deputy Mayor) agrees that the decision cannot be reasonably deferred. All Leaders/Conveners of political parties must be notified. Quarterly reports are submitted to Council on decisions made under special urgency rules. |

Subject: Towards a Work Programme
Date of Meeting: 11 June 2008
Report of: The Director of Strategy and Governance
Contact Officer: Name: Giles Rossington Tel: 29-1038
E-mail: Giles.rossington@brighton-hove.gov.uk
Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 For Members to consider the formation of a draft work programme for the Health Overview & Scrutiny Committee (HOSC) 2008-2009, with regard to the Terms of Reference and functions of the Committee (see Part 6, Paragraph 2.6 of the Constitution).

2. RECOMMENDATIONS:

- (1) To agree a draft work programme to be submitted to the Overview & Scrutiny Commission for consideration;

Or

- (2) To agree that a more detailed draft work programme be presented for the Committee to consider at its next meeting, and then to the Overview & Scrutiny Commission for consideration.

3. BACKGROUND INFORMATION

- 3.1 Part 6 of the Council's Constitution states that the functions of the Overview and Scrutiny Committees include working to "develop focused programmes of work and identify the most appropriate means of progressing such work."
(6:3.2)

Committees should also "be responsible for setting their own work programme to overview and scrutinise the work of the Executive, relevant Council Committees and services and the effectiveness of relevant partnerships or other bodies." (6:12.2)

The Overview and Scrutiny Commission is tasked with approving "an annual Overview and Scrutiny work programme to ensure that there is efficient use of the Committees' time and that the potential for duplication of effort is minimised." (6: 3.1a))

Therefore, whilst it is the responsibility of the HOSC to agree its own work programme, the Overview & Scrutiny Commission must have sight of all overview and scrutiny committees' work programmes in its role as the co-ordinating committee.

- 3.2 There are a number of ways in which items may be suggested for inclusion in the HOSC Work Programme:
- a) All Members will have access to the Council's Forward Plan, and may choose to suggest that Key Decisions from the Plan should be included in the HOSC Work Programme. Please note that the Forward Plan may also feature decisions taken by local NHS Trusts under "Section 75" agreements (relating to the joint resourcing, commissioning and provision of healthcare services).
 - b) The HOSC Chairman may choose to examine the Forward Plan at each Chairman's meeting and put forward any items she sees fit.
 - c) Cabinet Members, Regulatory Committee Chairmen and Cabinet may all refer items to the HOSC for examination and comment.
 - d) HOSC is required to respond, as soon as its Work Programme permits, to requests from the Council (and, if it considers it appropriate, the Cabinet/Cabinet Committees) to review particular areas of Council activity (Part 6:13.3 of the Constitution).
 - e) Any member of the Overview & Scrutiny Commission or of any one of the Overview & Scrutiny Committees may notify the Head of Scrutiny that they wish to have an item included on the agenda of the next

possible meeting of a specific Scrutiny Committee. The Committee in question will then determine if and how it wishes to pursue the matter in question.

f) HOSC may also receive requests from other Councillors and suggestions from officers for particular topics to be scrutinised. Any Councillor may submit a letter for inclusion on the agenda of any Overview & Scrutiny Committee.

g) "Legacy" items or matters brought forward from the 2007-2008 Work Programme may also be included on the 2008-2009 Work Programme. HOSC agreed at its 23.04.08 meeting that a number of such items should be submitted to the new HOSC for possible inclusion in the 2008-2009 Work Programme. (A copy of the report agreed by HOSC on 23.04.08 is included as Appendix 2 to this report).

h) The 19 Plans and Strategies which make up the Budget and Policy Framework are listed in part 3.1 (3.02) of the Council's Constitution (and in appendix 1 to this report). Although approval of the Budget and Policy framework is a Full Council function, it is envisaged that the appropriate Overview & Scrutiny Committee(s) should consider draft proposals before their submission to full Council for approval. The Cabinet should take into account any response from an Overview & Scrutiny Committee and from relevant stakeholders when determining its final proposals for submission to Full Council in regard to any of the plans and strategies.

i) The Local Government and Public Involvement in Health Act (2007) created bodies called Local Involvement Networks (LINKs). LINKs replace and enlarge the role of Public and Patient Involvement Forums, facilitating public and patient involvement in the scrutiny of health and social care. The 2007 Act empowers Links to refer matters relating to health and social care to Overview & Scrutiny Committees for consideration. Overview & Scrutiny Committees are obliged to consider such referrals in a timely fashion, either agreeing to investigate as requested, or giving reasons why no further action is thought necessary.

j) NHS Trusts planning "substantial variations" in the services they provide are required to consult with local HOSCs on both the substantive nature of the changes proposed and on any public and stakeholder consultation that will be undertaken prior to the changes being introduced. The HOSC Work Programme may therefore need to incorporate items of substantial variation proposed by local NHS Trusts.

k) Local NHS Trusts may also wish to bring matters to HOSC's attention which do not constitute substantial variations in their service, but are nonetheless of importance. Such matters may include briefings on

national and regional healthcare policy, briefings on local strategic plans, items relating to the performance of local NHS Trusts and so on.

- 3.3 The HOSC draft Work Programme also needs to allow for flexibility to accommodate matters as they arise, such as requests for Scrutiny or for Call-In.

4. CONSULTATION

- 4.1 No formal consultation has been undertaken in regard to this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 There are no direct financial implications to this report; final decisions on a HOSC Work Programme will need to be made with reference to the availability of officer resources.

Legal Implications:

- 5.2 There are no direct legal implications.

Equalities Implications:

- 5.3 There are no direct equalities implications, although equalities issues may be taken into account when making final decisions in regard to the HOSC Work Programme.

Sustainability Implications:

- 5.4 There are no direct sustainability implications to this report although sustainability issues may be taken into account when making final decisions in regard to the HOSC Work Programme.

Crime & Disorder Implications:

- 5.5 There are no crime and disorder implications to this report.

Risk and Opportunity Management Implications:

- 5.6 There are none.

Corporate / Citywide Implications:

- 5.7 Final decisions in relation to the HOSC Work Programme will need to be made in reference to corporate priorities and to the health and social care needs of city residents.

SUPPORTING DOCUMENTATION

Appendices:

1. List of the 19 Plans and Strategies which make up the Budget and Policy Framework.
2. “Forward Planning Recommendations for the new Health Overview & Scrutiny Committee” – Item 81 on the 23.04.08 HOSC agenda (reprinted here for information).

Documents in Members’ Rooms:

1. There are none with regard to this report.

Background Documents:

1. The Council’s Constitution (May 2008).

