





Brighton & Hove  
City Council

# Overview & Scrutiny

Title:	<b>Health Overview &amp; Scrutiny Committee</b>
Date:	<b>23 July 2008</b>
Time:	<b>4.00pm</b>
Venue	<b>Committee Room 1, Hove Town Hall</b>
Members:	<b>Councillors:</b> Mrs Cobb (Chairman)  Alford, Allen, Barnett, Harmer-Strange, Hazelgrove, Kitcat, Rufus and Turton
Contact:	<b>Giles Rossington</b> Scrutiny Support Officer giles.rossington@brighton-hove.gov.uk

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AGENDA

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<b>17. MINUTES OF THE PREVIOUS MEETING</b> Minutes of the meeting held on 11 June 2008 (copy attached).	<b>3 - 8</b>
<b>18. CHAIRMAN'S COMMUNICATIONS</b>	
<b>19. PUBLIC QUESTIONS</b> No public questions have been received.	
<b>20. NOTICES OF MOTION REFERRED FROM COUNCIL</b> No Notices of Motion have been received.	
<b>21. LETTERS FROM COUNCILLORS</b> No letters have been received.	
<b>22. SUSSEX PARTNERSHIP TRUST (SPT): PLANNED DEVELOPMENT OF SERVICES</b>  <b>Report of the Director of Strategy and Governance on plans to develop SPT services in Brighton &amp; Hove.</b>  <b>Dr Richard Ford, SPT Executive Director Brighton &amp; Hove Locality, will address the Committee on planned changes to Trust services in the Brighton &amp; Hove locality. Dr Ford has also agreed to brief members on other issues including SPT's NHS Foundation Trust application and the increasing personalisation of care (copy attached).</b>	<b>9 - 16</b>
<i>Contact Officer: Giles Rossington</i> <i>Tel: 01273 291038</i> <i>Ward Affected: All Wards</i>	
<b>23. HEALTH OVERVIEW &amp; SCRUTINY COMMITTEE (HOSC) WORK PROGRAMME</b>  Report of the Director of Strategy and Governance on the 2008/2009 HOSC Work Programme (copy attached).	<b>17 - 20</b>

## HEALTH OVERVIEW & SCRUTINY COMMITTEE

Contact Officer: Giles Rossington  
Ward Affected: All Wards

Tel: 01273 291038

### 24. ITEMS TO GO FORWARD TO CABINET OR TO THE RELEVANT CABINET MEETING

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

### 25. ITEMS TO GO FORWARD TO COUNCIL

To consider items to be submitted to the 09 October 2008 Council meeting for information.

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.

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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 Giles Rossington, (email [giles.rossington@brighton-hove.gov.uk](mailto:giles.rossington@brighton-hove.gov.uk)) or email [scrutiny@brighton-hove.gov.uk](mailto:scrutiny@brighton-hove.gov.uk)

Date of Publication - Tuesday, 15 July 2008

## Agenda Item 16

### To consider the following Procedural Business:

#### A. Declaration of Substitutes

Where a Member of the Committee is unable to attend a meeting for whatever reason, a substitute Member (who is not a Cabinet Member) may attend and speak and vote in their place for that meeting. Substitutes are not allowed on Scrutiny Select Committees or Scrutiny Panels.

The substitute Member shall be a Member of the Council drawn from the same political group as the Member who is unable to attend the meeting, and must not already be a Member of the Committee. The substitute Member must declare themselves as a substitute, and be minuted as such, at the beginning of the meeting or as soon as they arrive.

#### B. Declarations of Interest

- (1) To seek declarations of any personal or personal & prejudicial interests under Part 2 of the Code of Conduct for Members in relation to matters on the Agenda. Members who do declare such interests are required to clearly describe the nature of the interest.
- (2) A Member of the Overview and Scrutiny Commission, an Overview and Scrutiny Committee or a Select Committee has a prejudicial interest in any business at a meeting of that Committee where –
  - (a) that business relates to a decision made (whether implemented or not) or action taken by the Executive or another of the Council's committees, sub-committees, joint committees or joint sub-committees; and
  - (b) at the time the decision was made or action was taken the Member was
    - (i) a Member of the Executive or that committee, sub-committee, joint committee or joint sub-committee and
    - (ii) was present when the decision was made or action taken.
- (3) If the interest is a prejudicial interest, the Code requires the Member concerned:
  - (a) to leave the room or chamber where the meeting takes place while the item in respect of which the declaration is made is under consideration. [There are three exceptions to this rule which are set out at paragraph (4) below].
  - (b) not to exercise executive functions in relation to that business and

(c) not to seek improperly to influence a decision about that business.

(4) The circumstances in which a Member who has declared a prejudicial interest is permitted to remain while the item in respect of which the interest has been declared is under consideration are:

- (a) for the purpose of making representations, answering questions or giving evidence relating to the item, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise, BUT the Member must leave immediately after he/she has made the representations, answered the questions, or given the evidence;
- (b) if the Member has obtained a dispensation from the Standards Committee; or
- (c) if the Member is the Leader or a Cabinet Member and has been required to attend before an Overview and Scrutiny Committee or Sub-Committee to answer questions.

**C. Declaration of Party Whip**

To seek declarations of the existence and nature of any party whip in relation to any matter on the Agenda as set out at paragraph 8 of the Overview and Scrutiny Ways of Working.

**D. 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 confidential 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.*

## Agenda Item 17

### BRIGHTON & HOVE CITY COUNCIL

#### HEALTH OVERVIEW & SCRUTINY COMMITTEE

4:00pm 11 JUNE 2008

HOVE TOWN HALL

DRAFT MINUTES

Present: Councillor Cobb (Chairman); Councillor Allen (Deputy Chairman);  
Councillors Barnett, Kitcat, Harmer-Strange, Marsh, Older,  
Wakefield-Jarrett

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

#### PART ONE

#### ACTION

#### 1. PROCEDURAL BUSINESS

##### 1A. Declarations of Substitutes

1.1 Councillor Avril Older declared that she was attending the meeting as Substitute Member for Councillor Trevor Alford.

Councillor Mo Marsh declared that she was attending the meeting as Substitute Member for Councillor Craig Turton.

Councillor Vicky Wakefield-Jarrett declared that she was attending the meeting as Substitute Member for Councillor Sven Rufus.

##### 1B. Declarations of Interest

1.2 There were none.

##### 1C. Declarations of Party Whip

1.3 There were none.

##### 1D. Exclusion of Press and Public

1.4 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).

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

## 2. MINUTES

2.1 **RESOLVED** – That the minutes of the meeting held on 23 April 2008 be approved and signed by the Chairman.

## 3. CHAIRMAN'S COMMUNICATIONS

3.1 The Chairman asked members whether they were satisfied that Councillor Harmer-Strange should replace Councillor Jan Young on the Joint Health Overview & Scrutiny Committee (JHOSC) examining the "Fit For the Future" proposals (Councillor Young has been appointed to the Council's Executive and is consequently no longer able to sit on Scrutiny bodies). Members approved this replacement.

3.2 The Chairman noted that she had attended a recent event organised by the South East Coast Strategic Health Authority (SHA) concerning the "Our Health, Our future" review of healthcare services in the South East region (part of the national "Darzi" review of healthcare services). More such events are planned as part of this review process.

3.3 The Chairman also expressed her intention of attending a Brighton & Hove Local Involvement Network (LINK) meeting on June 12 and reiterated the Committee's desire to work closely with the Brighton & Hove LINK.

3.4 The Chairman told Committee members that she had received a letter from the Local Dental Committee (LDC) proposing to report to the Committee at a later date on aspects of the new National Dental Contract.

3.5 The Chairman had also received a letter from Brighton & Hove City teaching Primary Care Trust in regard to proposals to close the Eaton Gardens branch GP surgery in Hove. Copies of this letter have been forwarded to all City Councillors at the Chairman's behest.

## 4. HEALTH OVERVIEW & SCRUTINY COMMITTEE (HOSC) TERMS OF REFERENCE

4.1 The Committee considered a report setting out the HOSC Terms of Reference (as per the Council's May 16 2008 Constitution).

4.2 **RESOLVED** – That the report be noted.

## 5. PUBLIC QUESTIONS



5.1 There were none.

## 6. LETTERS FROM COUNCILLORS

6.1 There were none.

## 7. NOTICE OF MOTION REFERRED FROM COUNCIL

7.1 There was none.

## 8. PRIMARY HEALTHCARE IN BRIGHTON & HOVE (this Item was heard after Item 9)

8.1 The Committee listened to a presentation by Darren Grayson, Chief Executive of Brighton & Hove City teaching Primary Care Trust (PCT). Mr Grayson and Dr Peter Devlin, an active GP in the city, then answered members' questions.

8.2 In response to a question concerning standards of GP practices in deprived areas, the Committee was told that standards were often lower in such practices. However, this did not necessarily reflect a poor standard of care, but rather that there were significant problems associated with the delivery of primary healthcare in such communities in terms of encouraging patients to present for treatment.

Poor performance does not necessarily correlate with deprivation. For instance, city practices in higher income areas typically perform more poorly than practices in more deprived areas in some instances (in terms of rates of MMR vaccination, for example).

Mr Grayson stressed that addressing health inequalities was a key PCT priority.

8.3 In answer to a query regarding GP remuneration for immunisation programmes, the Committee was informed that GPs were incentivised for these programmes in line with Government policy.

8.4 In response to a question about longer GP opening hours, members were told that PCTs were obliged to follow a national mandate to encourage more flexible GP opening hours. There were no extra funds to encourage local GPs to extend their opening hours, but PCTs were able to re-direct some elements of enhanced GP payments into incentivising longer opening hours. (In effect, there will be no extra money available to GPs, but GPs who do not offer more flexible opening times may find that their enhanced payments are reduced.)

Dr Devlin noted that there is no unanimity amongst city GPs either in terms of a recognition that there is actual public demand for longer GP opening hours or as to whether extending opening times would be financially feasible.





The meeting concluded at pm

Signed

Chairman

Dated this

day of

2008

**Subject:** **Sussex Partnership Trust: planned developments of Brighton & Hove services**

**Date of Meeting:** **23 July 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 Officers of the Sussex Partnership Trust have sought to present their plans to develop Brighton & Hove services to the Health Overview & Scrutiny Committee (HOSC).
- 1.2 Section 7 of the Health and Social Care Act (2001) requires NHS Trusts to consult with their local HOSC(s) prior to instituting changes which amount to a “substantial variation or development in services”.
- 1.3 There is no definition in statute of what constitutes a “substantial variation”. In some cases it will be clear that proposals do fall into this category and appropriate consultation will follow. However, in many other cases, because it is less clear, it is widely, but informally, accepted that substantial variations are effectively determined by HOSCs (i.e. if a HOSC chooses to view an initiative as a substantial variation, then NHS Trusts will generally accept this identification and proceed accordingly).
- 1.4 In bringing its current plans to develop local healthcare services to the HOSC, it is the intention of the Sussex Partnership Trust to determine whether HOSC members consider that any of these issues constitutes a “substantial variation.”
- 1.5 If members do require more information about particular plans, Sussex Partnership Trust officers have indicated that they are happy to work with the HOSC to explore these issues. The Sussex Partnership Trust will assume that plans not specifically identified by HOSC members as constituting a

substantial variation may be implemented without further recourse to the HOSC.

- 1.6 Sussex Partnership Trust officers have also been asked to use this opportunity to address HOSC concerning some other issues affecting the Trust, including the Trust's NHS Foundation Trust application, enhanced access to Cognitive Behavioural Therapy and other "talking therapies", and the implications of the Personalisation of Care agenda.

## **2. RECOMMENDATIONS:**

- 2.1 That members consider whether HOSC would wish to take the view that any of the Sussex Partnership Trust development plans (Appendix A) constitute a substantial variation in services.

## **3. BACKGROUND INFORMATION**

- 3.1 The Sussex Partnership Trust has supplied a briefing paper for this Item (reprinted in Appendix A to this report).
- 3.2 A briefing paper prepared by Scrutiny Support officers will also be circulated to HOSC members prior to the 23 July 2008 meeting.

## **4. CONSULTATION**

- 4.1 No formal consultation was undertaken in preparing this report.

## **5. FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

- 5.1 This information has not been sought. No financial implications are anticipated from this report on SPT plans for the Trust's future activity.

### Legal Implications:

5.2 As Section 7 of the Health and Social Care Act (2001) places the duty on the NHS Trusts to consult with their local HOSC(s), it is primarily a matter for the NHS Trusts to decide whether proposed changes are likely to amount to "substantial variations or developments in services". If they miscalculate, it is they who are chiefly at risk of the Courts finding against them and having to deal with any consequences which may flow. However, in any given case a Court may be willing to take account of the views of the local HOSC and, if the HOSC felt that a matter was not significant enough for them to be fully consulted on, that might assist the Court in reaching a decision.

*Lawyer Consulted: John Heys; Date: 14.07.08*

#### Equalities Implications:

- 5.3 There are no direct equalities implications to this report, although Sussex partnership Trust development plans do have implications for equalities which members may wish to consider.

#### Sustainability Implications:

- 5.4 There are no direct sustainability implications to this report, although Sussex partnership Trust development plans do have implications for sustainability which members may wish to consider.

#### Crime & Disorder Implications:

- 5.5 There are no direct crime & disorder implications to this report, although Sussex partnership Trust development plans may have some implications for crime & disorder which members may wish to consider.

#### Risk and Opportunity Management Implications:

- 5.6 A risk assessment has not been conducted in relation to this report.

#### Corporate / Citywide Implications:

- 5.7 The Sussex Partnership Trust is an important local organisation, providing services for some of the most vulnerable people in the city. The effective development of the Trust and its services is therefore a key corporate and citywide concern.

### **SUPPORTING DOCUMENTATION**

#### **Appendices:**

1. Appendix A: Briefing paper from Dr Richard Ford, Executive Director, Sussex Partnership Trust





# **Appendix A**

## **Paper for the Brighton and Hove City Council Health Overview and Scrutiny Committee**

**July 2008**

### **Sussex Partnership NHS Trust - Brighton and Hove Services Update**

#### **Teaching and Foundation Trust**

Sussex Partnership has now been approved by the Department of Health to become a Teaching Trust as part of Brighton and Sussex Medical School. This will help us to recruit, train and retain excellent staff, many of whom will be nationally and internationally recognised as academic leaders in the mental health, substance misuse and learning disabilities field. Crucially this will also help us provide a high quality service to all residents of Sussex.

At the same time we hope to be approved to become a Foundation NHS Trust from 1 August. This will help us to run an effective and efficient organisation to support first class services. We now have over 9,000 public, service user, carer and staff members. These members have elected governors who form the majority of our Council of Governors. Local statutory, voluntary and private sector bodies have also appointed Governors, including the City Council.

The changes will help to reinforce our efforts to improve services working in partnership across Brighton and Hove. We will continue to have a local focus for delivery as well as drawing on the strengths of working across the whole of Sussex.

#### **First wave 'Expansion' site for Improving Access to Psychological Therapies**

Last year, following a national competition, Brighton and Hove was selected as one of 11 national pathfinder sites. This enabled us to reconfigure our community mental health services. Following a 'state of readiness assessment' by the Strategic Health Authority, Brighton and Hove has been selected to be part of the first wave of the full roll out of this national initiative. We will be one of 32 national expansion sites that together will make psychological therapies available to 100,000 people extra each year. Locally we will employ an extra 28 trainees this year rising to an additional 42 staff in total by the end of next year.

#### **Vocational and day services**

Mental health and worklessness is a central theme of the Local Area Agreement which is currently being agreed by the City. We know that Brighton

and Hove has above average mental health and substance misuse. We also know that as many as 6,500 people locally are in receipt of incapacity benefit as a result of a mental health issue. There have now been many national studies which demonstrate the social exclusion, stigma and discrimination that people with mental health problems face, especially when it comes to employment. It is excellent news that partners from employment support, such as Job Centre Plus, adult learning and mental health services will be working together to change the current picture. The statutory sector will be supported by a growing number of voluntary and community sector effective schemes operated by, amongst others, Richmond Fellowship, South Down Housing, Care Coops and Mind. Adult social care's self-directed support will be a key mechanism to ensure people are in control of the supports they need to gain and sustain employment.

### **Personalised accommodation with support**

Sussex Partnership will be establishing a small strategic group to look at the provision of accommodation with support for people with mental health problems (excluding dementia) across the City. We will work closely with the Primary Care Trust and the director of Adult Social care and Housing. We have a large number of schemes across the City, many of which are very effective but also many that need refreshing. In particular we need to make sure that self-directed care as an alternative to a more institutional placement becomes the default. This will require changes to current provision. We will be mindful that many people will not want to self-direct at this point in time and that some people have been in supported accommodation for many decades. We will also ensure that services and people who use services are safe and well supported, wherever they might be living.

### **Mill View and Nevill Hospitals**

The developments I discussed with the HOSC last November are now coming to the end of the planning stage. We will be taking two business cases to our Board in October.

The first will be to move our older people's mental health inpatient care from Nevill to Mill View Hospital. Nevill Hospital is not fit for its current purpose. This move will enable us to have a purpose built 12 bedded ward for people with dementia. In addition we will have a ward for older people with functional mental health problems which will also meet the needs of a small number of more frail younger adults.

Secondly we will refurbish much of the rest of Mill View Hospital. Our plan is to have:

- a male psychiatric intensive care ward

- the very small number of female patients who need intensive care will be admitted to the new build at Langley Green, Crawley (up to 2 women at any point in time)
- s136 Place of Safety for admissions via the police instead of people being held in custody
- a recovery ward that will provide intensive rehabilitation for people with the most severe mental health problems, the majority of whom also have substance misuse problems.
- a women only ward
- and, a men only ward

Sussex partnership also plans to build its headquarters on the same site. The Primary Care Trust is hoping to expand the Poly Clinic and develop GP practices on site. All organisations are working together with the City Council to ensure the site infra-structure is in place.

### **Substance misuse services**

We are delighted that the Government has increased the priority given to all the problems associated with alcohol misuse. We look forward to working with the primary care Trust and the City Council to develop new prevention, early intervention and treatment services.

**Dr Richard Ford**  
**Executive Director**



**Subject:** Health Overview & Scrutiny Committee  
(HOSC) 2008/2009 Work Programme

**Date of Meeting:** July 23 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 details the recommendations of the HOSC working group instituted to develop a 2008/2009 work programme.

#### 2. RECOMMENDATIONS:

- 2.1 That members agree the draft work programme (reprinted in Appendix A to this report) should form the basis of the 2008/2009 HOSC work programme.

#### 3. BACKGROUND INFORMATION

- 3.1 At the 11 June 2008 HOSC meeting, members resolved to “set up a working group to develop a draft work programme for consideration at the next meeting of the Committee.”
- 3.2 A working group was subsequently instituted. Working group members were: Councillor Denise Cobb and Councillor Kevin Allen. The members were supported by the Head of Scrutiny. A meeting was scheduled for 07 July 2008 at which the draft work programme was developed.

- 3.3 The working group was advised by officers from Brighton & Hove City Teaching Primary Care Trust, Brighton & Sussex University Hospitals Trust, South Downs Health NHS Trust, Sussex Partnership Trust and the Brighton & Hove Local Involvement Network (LINK) Host.
- 3.4 The working group considered a number of proposals for possible areas of work. Many of these proposals came from HOSC members (the previous HOSC had drawn up a list of priority areas at its 23 April 2008 meeting). Proposals were also considered from other sources including local NHS organisations, The Director of Public Health and the Older People's Council.
- 3.5 The Brighton & Hove LINK is still being developed and officers of the LINK Host were not in a position to present the working group with a formal LINK work programme, although members were informed of topics which had been identified as priorities by members of the public attending LINK development events.
- 3.6 When considering items for the draft HOSC work programme working group members had in mind not only the inherent importance of various topics, but their relation to the Council's corporate priorities and to the health needs of City residents. Consideration was also given to the resources available to the HOSC and to whether the Committee could realistically hope to "add value" by scrutinising particular subjects.
- 3.7 After considering a number of topics, working group members determined a draft 2008/2009 work programme (see Appendix A).
- 3.8 Members identified three subjects as being of particular importance: the current national review of the NHS (the "Darzi" review); Community Care (especially in terms of activity transferring from the acute to the community sector); and the Public Health agenda. It was felt that these topics all warranted detailed consideration.
- 3.9 Members also identified a number of other subjects for examination over the next twelve months. All subjects identified by the working group are listed in Appendix A.
- 3.10 In addition the working group sought to determine the most appropriate "mode" of scrutiny for each topic chosen. Thus, some issues might require a single report to a committee meeting, whilst others would be better dealt with via an ad hoc Panel or a Select Committee. This is an area in which the input of HOSC members and advice from partners will be instrumental in developing a work programme which is successful in identifying both the key issues facing the local health economy and the most effective ways of dealing with those issues.

- 3.11 The 2008/2009 work programme is intended to provide a structure for the HOSC over the next twelve months. However, the work programme does not seek definitively to restrict which issues the HOSC can examine. Members are encouraged to suggest additional items for consideration throughout the year, as are local NHS Trusts, the Older People's Council, the Brighton & Hove LINK and members of the public.

#### **4. CONSULTATION**

- 4.1 The draft HOSC work programme has been formulated after consultation with officers of Brighton & Hove City Council, Brighton & Hove City Teaching Primary Care Trust, Brighton & Sussex University Hospitals Trust, South Downs Health NHS Trust, Sussex Partnership Trust, the Brighton & Hove Older People's Council and the Brighton & Hove Local Involvement Network (LINK) Host.

#### **5. FINANCIAL & OTHER IMPLICATIONS:**

##### Financial Implications:

- 5.1 No financial advice has been sought. It is not anticipated that there will be any financial implications to this report, other than in terms of the need to effectively allocate Scrutiny resources.

##### Legal Implications:

- 5.2 There are no legal implications arising from the recommendation in this report. At the point where reviews are undertaken and proposals made, there may be human rights and other legal implications to consider and these will be addressed as part of the reporting of those reviews .

*Lawyer consulted: Elizabeth Culbert; Date 9th July.*

##### Equalities Implications:

- 5.3 There are no direct equalities implications to this report, although all of the issues featured in the 2008/2009 draft HOSC work programme will need to be explored with reference to equalities considerations.

##### Sustainability Implications:

- 5.4 There are no direct sustainability implications to this report, although some of the issues featured in the 2008/2009 draft HOSC work programme will need to be explored with reference to equalities considerations.

##### Crime & Disorder Implications:

- 5.5 There are no direct crime & disorder implications to this report. Some issues included in the draft HOSC work programme may relate to crime & disorder (for instance, in terms of city Public Health priorities regarding alcohol/substance misuse).

Risk and Opportunity Management Implications:

- 5.6 No formal risk assessment has been undertaken in regard to this report, although the HOSC working group was mindful of the need to focus on areas which present an opportunity for the Committee's work to "add value" to the Local Health Economy.

Corporate / Citywide Implications:

- 5.7 Developing and maintaining a successful Local Health Economy is a crucial factor in advancing many corporate and citywide priorities. An effective HOSC can support this development, and the 2008/2009 draft HOSC work programme is a key document in ensuring that the HOSC works effectively.

**SUPPORTING DOCUMENTATION**

**Appendices:**

1. Appendix A: HOSC Draft Work Programme 2008/2009