

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00PM 27 JANUARY 2010

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Peltzer Dunn (Chairman); Allen (Deputy Chairman), Alford, Barnett, Harmer-Strange, Hawkes, Kitcat and Rufus

Co-opted Members: Jack Hazelgrove (Older People's Council) (Non-Voting Co-Optee); Robert Brown (Brighton & Hove LINK) (Non-Voting Co-Optee)

PART ONE

44. PROCEDURAL BUSINESS

44A Declarations of Substitutes

44.1 There were none.

44B Declarations of Interest

44.2 There were none.

44C Declarations of Party Whip

44.3 There were none.

44D Exclusion of Press and Public

44.4 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

44.5 **RESOLVED** – That the Press and Public be not excluded from the meeting.

45. MINUTES OF THE PREVIOUS MEETING

45.1 RESOLVED - That the minutes of the meeting held on 30 02 December 2009 be approved and signed by the Chairman.

46. CHAIRMAN'S COMMUNICATIONS

46.1 The Chairman congratulated Robert Brown on being recently awarded an M.B.E.

47. PUBLIC QUESTIONS

47.1 There were none.

48. NOTICES OF MOTION REFERRED FROM COUNCIL

48.1 There were none.

49. WRITTEN QUESTIONS FROM COUNCILLORS

49.1 There were none.

50. PETITIONS

50.1 The Committee received two e-petitions on the subject of Complementary and Alternative Medicine (CAM), and heard from one of the petitioners, Mr John Kapp.

50.2 RESOLVED – That the Committee agrees to receive the two petitions presented.

51. '3T' REDEVELOPMENT OF THE ROYAL SUSSEX COUNTY HOSPITAL

51.1 This item was introduced by Duane Passman, 3T Project Director, and by Duncan Selbie, Chief Executive, Brighton & Sussex University Hospitals Trust (BSUHT).

51.2 Mr Passman told members that the 3T Outline Business Case had been endorsed by the South East Coast Strategic Health Authority (SHA) board and was currently being considered for capital funding by the Department of Health.

51.3 In answer to a query regarding plans to move some 'standard' services off the Royal Sussex County Hospital (RSCH) site in order to facilitate the development of tertiary services, Mr Passman told members that breast screening had already been re-located in a community setting, and that plans to move elements of musculoskeletal services were well advanced. BSUHT was working closely with NHS Brighton & Hove (NHSBH) on this and other planned re-locations. Darren Grayson, Chief Executive of NHS Brighton & Hove, confirmed that this was the case and reminded members that it had long been the PCT's aim to re-provide a range of hospital services in a community setting.

51.4 In response to questions regarding the deliverability of the 3T project given the current financial climate and a potential change of Government, Mr Passman informed the

committee that BSUHT still intended that the 3T project should be publicly funded. 3T has been designed in three stages: the main build, the cancer centre, and a car-park. This means that it may be possible to go ahead with 3T without having secured funding for the entirety of the project (although stage 1 is by far the largest element of the build in cost terms). Mr Passman also pointed out that the 3T project would take approximately 10 years to complete, with annual funding requirements never exceeding £100 million. In terms of NHS capital funding (which current stands at around £4 billion p.a.) this is a relatively small amount, given that the development of a regional tertiary care and trauma centre is *the* major capital priority for the South East Coast SHA region. Even if the NHS capital funding programme were to be significantly cut (and there has been no intimation that this is being considered), the 3T project would still be affordable.

51.5 In answer to a question about the degree to which the design of the RSCH re-build had been finalised, Mr Passman told members that the designs currently being circulated were purely indicative: the final design of the re-build would only be determined after extensive consultation with the wider public, local residents and trust staff. The trust is also in discussion with council officers and full cognisance will be taken of the council's Core Planning Strategy. Mr Passman noted that a Hospital Liaison Group had been established for local residents, with the second meeting due to be held on 1 February. Mr Passman thanked the relevant ward Councillors for their input and support in establishing the group.

51.6 Mr Passman told members that the schedule for 3T envisaged stage 1 being completed in 2015, stage 2 in 2019 and stage 3 in 2020.

51.7 Asked whether he had discussed with the leader of the council the possibility of having the planned monorail link stop at the RSCH, Mr Passman told members that he had not yet had the opportunity to have this conversation.

51.7 The Chairman thanked Mr Passman and Mr Selbie for their contributions.

52. SOUTH DOWNS HEALTH NHS TRUST - INTEGRATION WITH WEST SUSSEX COMMUNITY SERVICES

52.1 This item was introduced by Andrew Harrington, Acting Chief Executive of South Downs Health NHS Trust (SDH), and by Dr Rose Turner, SDH Medical Director. Andy Painton, SDH Chief Executive was unable to attend this meeting due to ill health.

52.2 In response to a query regarding the time-scale for integration with West Sussex community services, Mr Harrington told members that he was very confident that the integration would take place on schedule. SDH and West Sussex community services have been working together under a management contract since August 2009 and are effectively already integrated. The main challenge is to ensure that the new organisation is registered swiftly with the Care Quality Commission (currently SDH and West Sussex community services are registered separately). The Care Quality Commission has given assurances that it will expedite this registration.

52.3 In answer to a question concerning how the ongoing stakeholder consultation could be expected to feed in to the integration process, given the brief period remaining before integration takes place, Mr Harrington told members that the bulk of consultation

responses thus far had enjoined the organisations to integrate as speedily as possible. However, should there be significant responses in favour of a different approach, this would be reflected in the trust's planning processes.

- 52.4 Responding to questions about SDH's high vacancy rate, Mr Harrington explained that these vacancies did not equate to unfilled posts; rather, although SDH had a high level of permanent vacancies, the great bulk of these were being filled by seconded staff, staff acting up, bank or agency staff etc. The recruitment difficulties have largely been due to uncertainty about the trust's future, and once SDH is integrated with West Sussex services, it is anticipated that it will be much easier to recruit to a larger and more sustainable organisation (recent successful appointments are already beginning to demonstrate this). The current high vacancy rate does have cost implications (although this is largely in terms of using agency staff, and the bulk of vacancies have been temporarily filled by other means), and also implications for risk, continuity of care etc.
- 52.5 Mr Harrington told the committee that SDH had found managing the current year's budget challenging, although the trust did not intend to overspend. The costs of integration had inevitably been a factor in this, although there had been PCT support to help meet the costs of integration.
- 52.6 Mr Harrington told members that integration would allow SDH to make savings, particularly in terms of management costs. This was very important given the anticipated contraction in funding across the next three years. Integration would also facilitate the improvement of a number of services, giving SDH the opportunity to cluster synergetic services together in order to improve outcomes. The integrated trust would also benefit from an increased level of medical input (currently SDH's ratio of doctors to other staff is rather low). In addition, the new entity would be in a position to be much more proactive: developing solutions to local issues rather than simply implementing commissioning decisions.
- 52.7 The Chairman thanked Mr Harrington and Dr Turner for their contributions.

53. LINK UPDATE

- 53.1 This item was introduced by Robert Brown, Chair of the LINK Steering Group, and Claire Stevens, LINK Team Manager.
- 53.2 Mr Brown told members that the LINK had taken longer than expected to become operational, due to poor and conflicting central Government guidance, a high turnover of host staff, problems associated with moving premises, and a good deal of discord amongst members of the original LINK Steering Group. However, things had now stabilised and the LINK had begun doing some positive work.
- 53.3 The LINK is currently focusing on mental health and on hospital discharges. Mr Brown told the committee that there had already been excellent input from Brighton & Sussex University Hospitals Trust in regard to the latter issue.
- 53.4 The LINK is also committed to working with NHS Brighton & Hove, investigating areas in which the PCT has underperformed.

53.5 Mr Brown told the committee that, whilst relations with the HOSC were good, LINK members were disappointed that they had not been offered a co-optee's seat on the Adult Social care and Housing Overview & Scrutiny Committee (ASCHOSC). HOSC members agreed that the ASCHOSC Chairman should be approached with regard to inviting a LINK member to sit on ASCHOSC.

53.6 RESOLVED – That the Chairman should write to the Chair of ASCHOSC requesting that she consider inviting a LINK member to sit on ASCHOSC as a non-voting co-optee.

54. MENTAL HEALTH: PROPOSED CHANGES TO SERVICES

54.1 This item was introduced by Darren Grayson, Chief Executive, NHS Brighton & Hove (NHSBH), and by Lisa Rodrigues, Chief Executive, Sussex Partnership NHS Foundation Trust (SPFT)

54.2 Mr Grayson explained that NHSBH and SPFT were still considering how best to reconfigure mental health services for the residents of Brighton & Hove, and were therefore not in a position to present their reconfiguration options to the HOSC at this time. In consequence, the Brighton & Hove aspect of the reconfiguration initiative was being postponed until (probably) the early summer, when NHSBH and SPFT could be confident of putting forward the best possible reconfiguration options/consultation plans.

54.3 Ms Rodrigues told the committee that, although the reconfiguration initiative was on hold in Brighton & Hove, improvements to Mill View hospital were ongoing, particularly in terms of re-designing hospital services in order to be able to offer an 'ageless' service, in line with recent national guidance, and in terms of developing a 'Section 136 Place of Safety Suite' (a facility where people detained by the police under S136 of the Mental Health Act can be appropriately diagnosed).

54.4 In response to a question about the likely consultation period, Mr Grayson told members that this was currently unclear, as elements of the reconfiguration plans had not yet been agreed: the more substantial the changes mooted, the more likely it was that there would need to be a lengthy consultation period. Mr Grayson also reminded committee members that the HOSC had an important statutory role to play in working with NHS trusts in order to determine the scope and detail of public consultations.

54.5 The Chairman thanked Mr Grayson and Ms Rodrigues for their contributions.

55. 2009/2010 HOSC WORK PROGRAMME

55.1 This was noted.

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

56.1 There were none.

57. ITEMS TO GO FORWARD TO COUNCIL

57.1 There were none.

The meeting concluded at 6pm

Signed

Chair

Dated this

day of