Brighton & Hove City Council

# Overview & Scrutiny

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| Title: | **Health Overview & Scrutiny Committee** |
| Date: | **14 July 2010** |
| Time: | **4.00pm** |
| Venue | **Council Chamber, Hove Town Hall** |
| Members: | **Councillors:**<br>Peltzer Dunn (Chairman), Allen (Deputy Chairman), Barnett, Harmer-Strange, Hawkes, Kemble, Kitcat, Marsh, Rufus.<br><br>Jack Hazelgrove (Non-Voting Co-Optee) and Robert Brown (Non-Voting Co-Optee) |
| Contact: | **Giles Rossington**<br>**Senior Scrutiny Officer**<br>29-1038<br>Giles.rossington@brighton-hove.gov.uk |

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**HEALTH OVERVIEW & SCRUTINY COMMITTEE**

# AGENDA

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**1. PROCEDURAL BUSINESS** **1 - 2**

(copy attached)

**2. MINUTES OF THE PREVIOUS MEETING** **3 - 10**

Draft minutes of the meeting held on 14 April 2010 (copy attached)

**3. CHAIRMAN'S COMMUNICATIONS**

**4. PUBLIC QUESTIONS**

None have been received to date

**5. NOTICES OF MOTION REFERRED FROM COUNCIL**

No Notices of Motion have been received

**6. WRITTEN QUESTIONS FROM COUNCILLORS** **11 - 12**

A written question has been received from Councillor Jason Kitcat (copy attached)

**7. DELIVERING OUR VISION FOR THE NHS IN THE REGION IN ECONOMICALLY CHALLENGING TIMES** **13 - 16**

Letter from Candy Morris, Chief Executive of South East Coast Strategic Health Authority (SHA) to regional HOSC Chairmen (copy attached)

**8. AD HOC PANEL ON GP-LED HEALTH CENTRE: 1 YEAR UPDATE** **17 - 32**

Report of the Director of Strategy and Governance (copy attached)

**9. SUSSEX ORTHOPAEDIC TREATMENT CENTRE (SOTC)** **33 - 36**

Report of the Director of Strategy and Governance (copy attached)

**10. BRIGHTON & SUSSEX UNIVERSITY HOSPITALS TRUST: POTENTIAL MERGER WITH QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST, EAST GRINSTEAD** **37 - 38**

Update from Brighton & Sussex University Hospitals Trust on developing the trust, including information on the mooted merger with Queen Victoria Hospital NHS Foundation Trust (copy attached)

**11. BRIGHTON & SUSSEX UNIVERSITY HOSPITALS TRUST EMERGENCY PLANNING** **39 - 48**

Report of the Director of Strategy and Governance on Emergency Planning at Brighton & Sussex University Hospital Trust (BSUHT) (copy attached)

**12. SOUTH DOWNS HEALTH NHS TRUST: INTEGRATION WITH WEST SUSSEX COMMUNITY SERVICES - UPDATE**

(papers to follow)

**13. BETTER BY DESIGN - UPDATE**

Update on progress of the 'Better By Design' mental health initiative

**14. 2009/2010 HOSC WORK PROGRAMME** **49 - 54**

(copy attached)

**15. ALCOHOL-RELATED HOSPITAL ADMISSIONS - REFERRAL TO OSC (UPDATE)**

Update on the potential Select Committee on Alcohol-Related Hospital Admissions (referred on to the Overview & Scrutiny Commission at the last HOSC meeting) (verbal update)

**16. 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 meeting

**17. ITEMS TO GO FORWARD TO COUNCIL**

To consider items to be submitted to the next 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, 01273 29-1038, email giles.rossington@brighton-hove.gov.uk) or email

**HEALTH OVERVIEW & SCRUTINY COMMITTEE**

scrutiny@brighton-hove.gov.uk

Date of Publication - Tuesday, 6 July 2010

# Agenda Item 1

**To consider the following Procedural Business:**

## A. Declaration of Substitutes

Where a Member of the Commitee 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 2

**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH OVERVIEW & SCRUTINY COMMITTEE**

**2.00PM 14 APRIL 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**: Hazelgrove (Older People's Council) (Non-Voting Co-Optee); Lister (LINk) (Non-Voting Co-Optee)

**PART ONE**

**63. PROCEDURAL BUSINESS**

**63A Declarations of Substitutes**

63.1 There were none.

**63B Declarations of Interest**

63.2 There were none.

**63C Declarations of Party Whip**

63.3 There were none.

**63D Exclusion of Press and Public**

63.4 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.

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

63.6 Apologies were received from Duncan Selbie, Chief Executive of Brighton & Sussex University Hospital Trust; Andy Painton, Chief Executive of South Downs Health NHS Trust; and Robert Brown, Chair of the Brighton & Hove Local Involvement Network Steering Group. Mick Lister represented Mr Brown at this meeting.

## 64. MINUTES OF THE PREVIOUS MEETING

64.1 The Chairman told members that he had been told that the item referred to the Chair of Adult Social Care & Housing Overview & Scrutiny Committee (ASCHOSC) from the 27.01.10 HOSC meeting (concerning a request for ASCHOSC to appoint a co-optee from the Brighton & Hove Local Involvement Network: point 53.6 in the draft minutes of the 27.01.10 HOSC meeting) was due to be considered at the next full meeting of ASCHOSC.

**64.2 RESOLVED – That the minutes of the meeting held on 27 January 2010 be approved and signed by the Chairman.**

## 65. CHAIRMAN'S COMMUNICATIONS

65.1 The Chairman formally welcomed Amanda Fadero to the meeting as Chief Executive of NHS Brighton & Hove, replacing Darren Grayson in this position.

## 66. PUBLIC QUESTIONS

66.1 There were none.

## 67. NOTICES OF MOTION REFERRED FROM COUNCIL

67.1 There were none.

## 68. WRITTEN QUESTIONS FROM COUNCILLORS

68.1 The Chairman told members that this item had been deferred to a later meeting at the request of the authors of the written question.

## 69. OUT OF HOURS GP PROVISION

69.1 This item was introduced by Amanda Fadero, Interim Chief Executive NHS Brighton & Hove. Ms Fadero referred members to the report included in the committee papers, stressing that she believed that there was no cause for concern with the local GP Out Of Hours service, either in terms of its quality or its capacity.

69.2 In response to a question regarding the level of demand required to justify the employment of an additional Out Of Hours GP, Dr Tom Scanlon, Brighton & Hove Director of Public Health, told members that he did not have a figure to hand. However, the cost of such a move would be very considerable (circa £200,000 p.a.); and that

current demand for Out Of Hours services, as an average and in terms of peak pressures, would scarcely justify such expenditure.

69.3 In reply to a query as to how NHS Brighton & Hove ensures that appropriately qualified GPs staff the Out Of Hours service, members were informed that all the GPs used must be on the PCT's approved list. Almost all Out Of Hours GPs are locally based GPs, and the contractor must inform NHS Brighton & Hove if it intends to use any non-local GPs.

**69.4 RESOLVED – That the report be noted and an update report be requested in approximately 12 months time.**

## 70. NHS BRIGHTON & HOVE: ANNUAL OPERATING PLAN 2010-11

70.1 This item was introduced by Amanda Fadero, Chief Executive, NHS Brighton & Hove, and by Andrew Demetriades, Interim Director of Strategy, NHS Brighton & Hove.

70.2 After a brief discussion it was decided that the Annual Operating Plan (AOP) might be better scrutinised via a working group of members meeting with PCT officers to examine aspects of the AOP in detail.

**70.3 RESOLVED – That a working group of (three) members be formed to examine the PCT's Annual Operating Plan in detail.**

## 71. BREAST SCREENING: UPDATE

71.1 This item was introduced by Dr Tom Scanlon, Brighton & Hove Director of Public Health.

71.2 Dr Scanlon told members that city breast screening services had historically been of a high standard, but that problems had arisen in recent years, largely as a result of moving to a 'two scan' screening system, requiring greater radiographer capacity, with resultant recruitment problems. For these reasons, the interval between which women were offered scans had risen to unacceptable levels. However, scanning intervals were now back within target levels, and this progress would be maintained into the future. There is a concern that, by increasing the intervals between scans, cancers in the early stage of development might be missed. However, research has not yet identified any actual cancer missed by the temporary increase in scanning intervals.

**71.3 RESOLVED – That the report be noted and an update report be requested in approximately twelve months time.**

## 72. VACCINATION AND IMMUNISATION: UPDATE

72.1 This item was introduced by Dr Tom Scanlon, Director of Public Health, Brighton & Hove. Dr Scanlon told members that recent years had seen significant improvements in city vaccination and immunisation rates. However, coverage is still too low in several respects, and there have been recent worrying outbreaks of mumps and measles in the city. Take-up rates for the seasonal flu vaccine are also rather disappointing.

72.2 In response to a question concerning how many of the children infected in the recent city measles epidemic has received the MMR jab, Dr Scanlon told members that one child out of 70 examined had received the jab prior to becoming infected with measles.

72.3 In answer to a question regarding the availability of information on potential reactions to vaccines and the relative risk of vaccine-reactions versus the mortality rates of the conditions vaccinated against, Dr Scanlon told members that all this information was readily available via the NHS 'green book' on vaccination. However, it was undoubtedly the case that this information was not always as readily available to the public as it ought to be and there is clearly still work to be done here with city GPs and practice nurses.

72.4 In response to a query concerning the local recording of people who 'opt out' of vaccinations (as opposed to those who simply fail to take up vaccination opportunities), Dr Scanlon informed the committee that some limited information was recorded via the GP 'QUAFF' assessment system, but that this was by no means definitive.

72.5 Members congratulated the public health team on the impressive local take-up of the HPV cervical cancer jab.

**72.6 RESOLVED – That the report be noted and local healthcare organisations congratulated on recent improved vaccination/inoculation take-up, particularly in terms of the recently introduced HPV jab.**

## 73. ALCOHOL RELATED HOSPITAL ADMISSIONS

73.1 This item was introduced by Dr Tom Scanlon, Director of Public Health, Brighton & Hove.

73.2 Members discussed this issue with officers from NHS trusts and the council. Members agreed that this was an important issue and one which warranted in-depth investigation via a scrutiny panel. The Director of Public Health and the Chief Executive of NHS Brighton & Hove both supported the formation of such a panel.

73.3 Members noted that issues relevant to alcohol related hospital admissions are by no means exclusive to health scrutiny, but potentially cut across many areas of the council's activity (as well as that of city partners). For this reason it was agreed that this issue should be referred to the Overview & Scrutiny Commission (OSC), with the HOSC advising that the OSC should consider establishing a Select Committee to investigate this issue.

**73.4 RESOLVED – That the Overview & Scrutiny Commission should be asked to consider whether to establish a Select Committee of members to investigate the issue of rising alcohol-related hospital admissions in the city.**

## 74. LICENSING: HEALTH IMPACT ASSESSMENT

74.1 This item was introduced by Tim Nichols, Head of Environmental Health and Licensing, Brighton & Hove City Council.

74.2 In response to a question, Mr Nichols told members that although the consumption of alcohol and alcohol-related hospital admissions had undoubtedly risen in recent years, alcohol-related public place crime and disorder had actually fallen since the licensing laws were 'liberalised' by the Licensing Act (2003). This fall included the central area of the city covered by the Cumulative Impact Area. However, it is impossible to tell how much of this fall may be due to people using extended hours to drink more sensibly, and how much is due to improved policing of the night time economy via initiatives such as 'Operation Marble'.

74.3 Mr Nichols informed members that public health was not formally a licensing policy objective, although several of the formal licensing objectives could be seen as relating to public health.

74.4 In answer to a query as to whether current rates of alcohol-related public place crime and disorder were higher than the rates twenty or so years ago, Mr Nichol told the committee that it was very difficult to compare the two periods, as the police have changed the way they record low-level crime and disorder to such a degree as to make statistical comparison almost impossible. However, speaking anecdotally, Mr Nichols had heard long-serving police officers compare the current situation with regard to city centre drinking favourably with the situation in the 1980s and 90s.

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

## 75. CAR PARKING IN HOSPITALS

75.1 This item was introduced by Shaun Innes, Head of Transport at Brighton & Sussex University Hospitals Trust (BSUHT), and by Duane Passman, BSUHT Director of Estates and Facilities and 3T Programme Director.

75.2 In answer to a question regarding problems with blue badge holders being unable to access disabled bays in the Royal Sussex County Hospital (RSCH) car park due to long queues of traffic waiting for general parking bays, members were told that parking officers did try to mitigate this problem by identifying queuing blue badge holders and inviting them to move up the queue. However, this was not always possible as the approach to the multi-story was not invariably wide enough to allow cars to pass one another. Re-locating disabled bays in another location (e.g. in front of the Barry Building) was not necessarily a solution to this problem, as although this might make it easier for disabled drivers to park, the Barry Building car park is on the lower part of the RSCH site: drivers who required hospital services towards the rear of the RSCH site (where the bulk of services are located) would still have to negotiate the steep hill on which the RSCH is built.

75.3 In response to a question as to the proportion of 'shared' parking spaces (i.e. spaces available for both staff and public parking) used by staff permit holders at any one time, Mr Passman told members that he did not have this figure to hand but would endeavour to obtain it. Mr Passman stressed that BSUHT was committed to maximising the proportion of RSCH parking spaces available for public use, particularly given the expanding role of the RSCH as a tertiary care centre for people from across Sussex.

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

## 76. MENTAL HEALTH RECONFIGURATION

76.1 The committee discussed the recommendation that they should appoint members to informally represent the HOSC when discussing this issue with colleagues in East and West Sussex HOSCs. However, members felt that this was not a necessary step at this juncture, and that they would be happy for scrutiny officers to represent their views to East and West Sussex HOSC members, and for the HOSC Chairman and Deputy Chairman to address this issue in the course of their regular meetings with regional HOSC Chairs.

76.2 Richard Ford, Executive Commercial Director, Sussex Partnership NHS Foundation Trust, told members that his trust was happy to liaise with the HOSC on either a formal or an informal basis throughout the reconfiguration process. Amanda Fadero, Chief Executive, NHS Brighton & Hove, also told members that the PCT was committed to working closely with the HOSC on this issue.

**76.3 RESOLVED – That scrutiny officers, liaising as necessary with the HOSC Chairman, should represent the HOSC in informal discussion with members and officers of East and West Sussex HOSC with regard to the 'Better By Design' mental health reconfiguration plans.**

## 77. 2009/2010 HOSC WORK PROGRAMME

72.1 Members noted the updated work programme.

## 78. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING

73.1 Members agreed that the meeting minutes in relation to item 73 (alcohol related hospital admissions) should be reported to a future meeting of Cabinet.

## 79. ITEMS TO GO FORWARD TO COUNCIL

74.1 There were none.

The meeting concluded at 5:45pm

Signed Chair

Dated this day of

# Agenda Item 6

“It has come to my attention that not all the wards at the Royal Alexandra Children's Hospital are able to be kept open.

It has been suggested to me that, for example, an Intensive Care Children's Unit is not being used due to there being insufficient staff. The result is that children need to travel to London for this level of care. Given the facilities do exist for local care it is disappointing that this is not being made available.

Could a representative of the hospital Trust brief the HOSC with the current status of wards and units in the Children's Hospital and explain the reasons for not all of them being open?”

Councillor Jason Kitcat

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INNOVATING
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Ref: CM2588/DG/JRG
29 June 2010

Dear Colleague

**Delivering our vision for the NHS in the region in economically challenging times**

At a national, regional and local level the NHS has been setting out its plans to improve the quality of healthcare, patient outcomes and productivity.

We are now at the right point to communicate more widely about this work in the South East Coast region, so I am writing to you ahead of our meeting on Thursday to describe our plans for offering more and better care that will narrow the gap between expected future demand for care and resources. I also want to describe how the NHS and our partners across the region can best work together to achieve our common ambition of getting better quality health and care for the taxpayers' money we spend.

**The scale of the challenge**

In the emergency budget on 22 June, the Chancellor reiterated the government's commitment to real terms increases in the NHS budget throughout this parliament. However, that must be set against what we know are real pressures on health services. Our ageing population and increasing demands for ever more complex and costly care will result in a widening gap between need and resources unless we act.

For example, our population is growing disproportionately in the age groups over 65. The greater amount of ill health amongst over 65s means they already account for 51% of acute care spending despite constituting only 18% of the population.

We estimate that the combination of underlying cost pressures, demographic change and medical advances means that the region will need to deliver permanent improvements to the value of £1.1 billion by 2013/14. We will do this by tackling demand through prevention and wellbeing initiatives, and by improving productivity and delivering efficiency savings that can be reinvested in services to keep pace with the demographic pressures and technological advances.

Nationally, the trend is similar. Sir David Nicholson has identified that, for the NHS as a whole, the value of the resources that will have to be released for improvements in other areas of care is £15 billion to £20 billion by 2013/14, or less if preventative measures are effective.

In the South East Coast region we have identified over £600 million of efficiency and productivity gains across eight clinical pathways from birth to end of life and more than £550 million across eight additional programmes that will enable transformation of services. We will discuss this in more detail when we meet.

In terms of our management costs, the government has asked the NHS to go even further, faster. Our management costs must reduce to two thirds of 2008/09 levels by 2013/14, with very significant progress to made during this and next year.

Beneath these programmes sit a series of projects that will deliver efficiency improvements and release resources that we can reinvest to improve the quality of care and patient outcomes.

**Delivering our vision in challenging times**

Our regional vision, *Healthier people, excellent care*, is our blueprint for transforming health and care so that it is more effective, efficient and equitable. Our vision was founded on widespread engagement with patients, the public, GPs and NHS staff including consultants and allied health professionals. It has local support from frontline staff and clinicians and from government. Andrew Lansley, Secretary of State for Health, quoted from our regional vision saying, “We must aim for a zero tolerance approach to hospital-acquired infections.”

In line with government policy, we will be delivering the strategy through strengthened GP commissioning arrangements and fuller, meaningful patient and public engagement.

Our focus is on quality, innovation, productivity and prevention – and how we empower the local NHS to drive change at pace for the benefit of patients, while continuing to focus on reducing health inequalities across the region.

We are concentrating our efforts on immediate improvements in patient health outcomes, productivity and efficiency, and we will continue to do so. We will achieve this by building on proven best practice and spreading it across the region.

The results will be fewer people admitted to hospital, shorter stays for those people who are admitted, more care for patients that is closer to home and better outcomes from treatment and better health overall. This is better for patients and means that taxpayers’ money is well spent.

Key areas of focus include:

- Transforming systems of care for patients with long-term conditions
- Ensuring acute care is accessible via a single integrated point of access
- Improving primary and secondary prevention of long-term illness

- Promoting the adoption and spread of innovative best practice.

We will discuss these in more detail when we meet.

The benefits of the work will be delivered principally at local level, with some initiatives delivered countywide and regionwide. Delivery will be through routine commissioning arrangements or specifically established projects and programmes.

Across the region, a leadership coalition of chairs, chief executives and clinical leaders is mobilising staff to deliver the quality and productivity changes needed. We are also working with colleagues at all levels of the NHS and within partner organisations who are increasingly determined to transform healthcare to meet the challenges ahead.

We have clearly defined systems in place to ensure local managerial and clinical leaders are aligned and delivering this work locally. In Kent, the lead chief executive for the county is Steve Phoenix, with Sue Braysher managing the programme. John Wilderspin is the lead chief executive for Sussex and Anne Walker will be the chief executive in charge of the Surrey county hub once she assumes the role of chief executive at NHS Surrey.

Three SHA executive directors have been appointed to work with each of the three counties: Vanessa Harris for Kent and Medway, Sue Webb for Sussex and Guy Boersma for Surrey.

Each workstream also has a regionwide clinical lead with managerial support and can draw upon the expertise of regionwide clinical networks.

NHS staff across the region are working hard to deliver improved quality, innovation, productivity and prevention, not just because we need to do so to live within financial constraints, but also because it is the right thing to do in terms of ensuring quality of outcome is our organising principle. We all share an ambition to improve quality for patients and value for taxpayers. This is not a choice between saving money and saving lives. Better quality care can and does save money.

I hope this gives you enough information to digest ahead of our meeting, and I look forward to discussing this with you in more detail on Thursday where we will be able to tell you about some examples of the sort of work the NHS is doing in the region to achieve these goals.

Yours sincerely

**Candy Morris**
Chief Executive
NHS South East Coast

| HEALTH OVERVIEW AND SCRUTINY COMMITTEE | **Agenda Item 8**<br>Brighton & Hove City Council |
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| **Subject:** | | **Ad Hoc Panel on the Procurement of a Brighton & Hove GP-Led Health Centre: Monitoring Report** | | |
| **Date of Meeting:** | | **14 July 2010** | | |
| **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 In 2009 HOSC members conducted an ad hoc panel review of NHS Brighton & Hove's procurement of a city GP-Led Health Centre – an additional city centre primary care facility offering GP services to registered and unregistered patients, 7 days a week, 12 hours a day.

1.2 The ad hoc panel report recommended that HOSC should receive an update report after the GP-Led Health Centre had been in operation for a year. This report comprises the requested update. Detailed information provided by NHS Brighton & Hove is reprinted in **Appendix 1** to this report.

## 2. RECOMMENDATIONS:

2.1 That members:

(1) Note the contents of this report and its appendix;

(2) Determine whether any further monitoring of the GP-Led Health centre is required.

## 3. BACKGROUND INFORMATION

3.1 In 2008 the Department of Health required all English Primary Care Trusts (PCTs) to commission an additional GP facility for their areas.

These facilities had to be open for extended hours (12 hours a day, 7 days a week), had to offer 'walk in' services (i.e. see patients who had not booked an appointment in advance), and had to treat both registered and unregistered patients (i.e. people on the GP practice list, but also visitors, people registered at other practices etc).

3.2 NHS Brighton & Hove undertook a competitive tender process and eventually awarded the contract to run a city GP-Led Health Centre to Care UK.

3.3 There was some public interest in the GP-Led Health Centre initiative and in NHS Brighton & Hove's management of the procurement process, and HOSC members decided that they should examine the issue via an ad hoc panel. The panel was formed and panel members met with officers of NHS Brighton & Hove to discuss elements of the procurement process.

3.4 In general, the panel found that NHS Brighton & Hove had acted in an exemplary fashion throughout the procurement process. However, panel members were keen that the performance of the GP-Led Health Centre should be closely monitored and to this end recommended that the HOSC should receive an update report after the GP-Led Health Centre had been in operation for a year or so. Specifically, panel members wanted the following issues addressed:

- Whether the GP-Led Health Centre has been running smoothly in contractual terms (i.e. whether the contractor had kept to all the terms of its contract)?

- Whether there has been a significant under or over performance (i.e. has the Centre dealt with the anticipated number of patients)?

- What percentage of patients are unregistered patients?

- What percentage of patients are city residents?

- Is the GP-Led Health Centre's activity mix similar to that of a typical city centre GP practice?

- Has the opening of the GP-Led Health Centre had an impact upon neighbouring GP practices (e.g. in terms of their list size or activity)?

- Have the additional services (sexual health services) offered by the GP-Led Health Centre proved popular?

- Has the opening of the Centre had an impact on A&E attendance figures?

- Are patients satisfied with services provided by the GP-Led Health Centre?

3.5 In addition to the above points, the panel recommended that NHS Brighton & Hove should investigate how best to solicit public opinion about future initiatives, suggesting that the PCT should consider allowing people to express their views about particular plans via the PCT's website.

3.6 Also, the panel recommended that the PCT should be asked to produce a report on what it was doing to improve the commercial competitiveness of local healthcare providers. This report will be tabled at a future HOSC meeting.

## 4. CONSULTATION

4.1 No formal consultation has been undertaken in preparing this report.

## 5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None directly for the council

Legal Implications:

5.2

Equalities Implications:

5.3 None identified

Sustainability Implications:

5.4 None identified

Crime & Disorder Implications:

5.5 None identified

Risk and Opportunity Management Implications:

5.6 None identified

Corporate / Citywide Implications:

5.7 None identified

## SUPPORTING DOCUMENTATION

**Appendices:**

1. Information supplied by NHS Brighton & Hove

**Documents in Members' Rooms:**

**None**

**Background Documents:**

HOSC ad hoc panel report on NHS Brighton & Hove's procurement of a city GP-Led Health Centre

| | |
|---|---|
| Meeting: | **Brighton and Hove Health and Overview Scrutiny Committee** |
| Board Sponsor: | **Juliet Warburton – Interim Director of Programmes** |
| Paper Authors: | **Elizabeth Tinley: – Primary Care Commissioner**<br>**Anne Foster – Strategic Commissioner – Primary Care** |
| Subject: | **Brighton Station Health Centre: Progress Report** |

## 1 Summary and context

This paper provides a summary of the performance of the Brighton Station Health Centre, following the Overview and Scrutiny Panel's review of the Brighton Station Health Centre the GP Led Health Centre for Brighton and Hove. It provides a brief description of the service including activity and financial performance.

## 2 Recommendations

The HOSC are asked to note the contents of the paper

## 3 Relevant background information

### 3.1 Background

Brighton Station Health Centre opened on 1st July 2009, and is situated in Aspect House, Queens Road, near Brighton railway station. It provides:

- a primary care facility for any resident from Brighton and Hove to register as a patient
- a walk-in centre for anyone who lives or works in or visits the city between 8.00am and 8.00pm any day of the year
- open access to sexual health service available 12.00pm to 8.00pm seven days a week (included as part of the walk-in centre).

The services are provided under a five year contract with Care UK Clinical Service Ltd which was awarded through a competitive tender process. The expected contract volumes are:

- 1,300 patient registrations in year 1 (1 July 2009 to 30 June 2010) rising to 6,000 registered patients by year 5 (30 June 2014)
- walk-in activity of 15,000 patients in the first year, rising to 30,000 walk-in attendances by Year 5. Table 1 summarises the contracted volumes.

**Table 1 Contracted Volumes**

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|---|---|---|---|---|---|
| Registrations (patients) | 1,300 | 2,600 | 4,000 | 5,000 | 6,000 |
| Walk-in (attendances) | 15,000 | 20,000 | 25,000 | 25,000 | 30,000 |

**3.2 Performance**

The contract is monitored on a quarterly basis, with activity and quality measured against key performance indicators (KPI's), and financial penalties imposed for those indicators not achieved. Overall the contract is performing well and has proved popular with patients. It has exceeded targets for both patient registrations and walk-in activity. The contract has also met the majority of KPI's. A more detailed summary of performance follows:

**(a) Patient Registrations**

For the 10 month period from 1 July 2009 to 31 May 2010 a total of 1,703 patients registered - 43% above the contract target'. A breakdown and graph summarising the trend in patient registrations month by month is detailed in Appendix 1.

Almost three-quarters of the patients registering have not previously been registered with a GP in Brighton and Hove that is they were previously registered with a GP outside Brighton & Hove (including outside the UK) or been un-registered. A minority of patients (28%) have chosen to re-register from a Brighton and Hove practice. Table 2 below shows this breakdown of registrations registration.

**Table 2 Source of Patient Registrations**

| Source of Patient Registrations[1] | % |
|---|---|
| From another GP practice in Brighton & Hove | 28% |
| From a GP practice outside Brighton and Hove | 48% |
| Previous GP outside the UK or unregistered | 24% |
| **Total** | **100%** |

The map in appendix 2 shows that although patients registered at the Brighton Station Health Centre live across the City the majority of

[1] Based on data July to September 2009

patients live within close proximity of the Centre (less than one mile radius). There is also a small cluster of students living at Falmer who have chosen to register at the Centre.

56% of patients registering at the Centre are female and 44% male. The Centre is predominately being used by young adults - over 70% of registered patients are within the age range 15-34. This over twice the number that are registered with other practices across the City - only 33% of registered patients falling in to this category.

Very few older people have registered with the Centre – only 1% of the list is aged 65 or over; whereas over 65's make up on average 13% of practices lists within Brighton and Hove. Appendix 3 contains more detailed data that compares the patient demographics with Brighton and Hove as a whole.

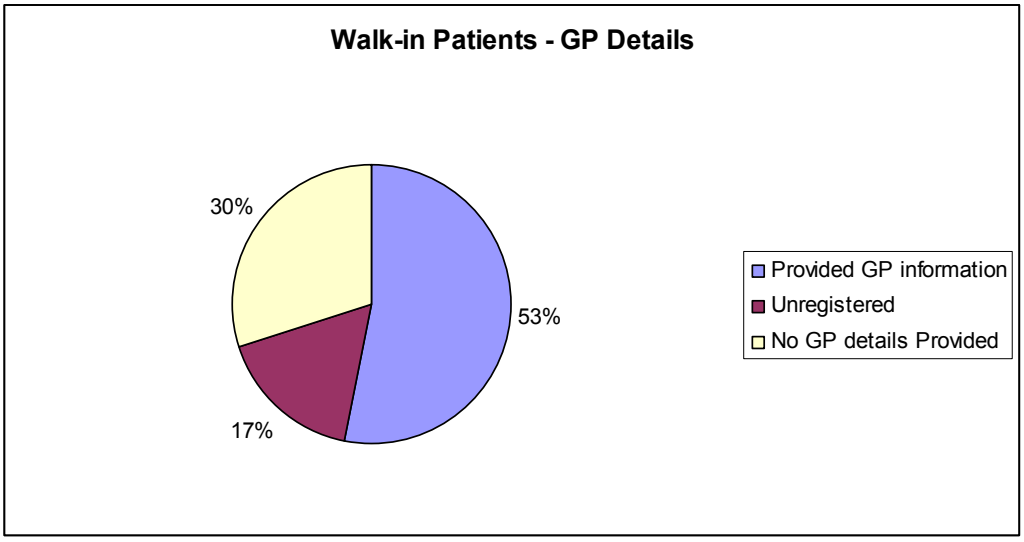
**(b) Walk-in Centre**

The walk-in centre has proved popular and whilst attendance has varied month by month (from 904 in the first month of operation to a 1,556 in March 2010); overall in the first nine months of operation (July 09 to March 10) the walk-in service has exceeded contracted volumes by 4% of the contract target. A summary of walk-in numbers month by month is detailed in Appendix 4.

The postcode information provided by walk-in patient's shows that 76% were residents from Brighton and Hove city. One aspect of information which has proved difficult to collect from patients is details of the GP they are registered with. Many patients have either chosen not to give this information or unable to recall their GP practice details.

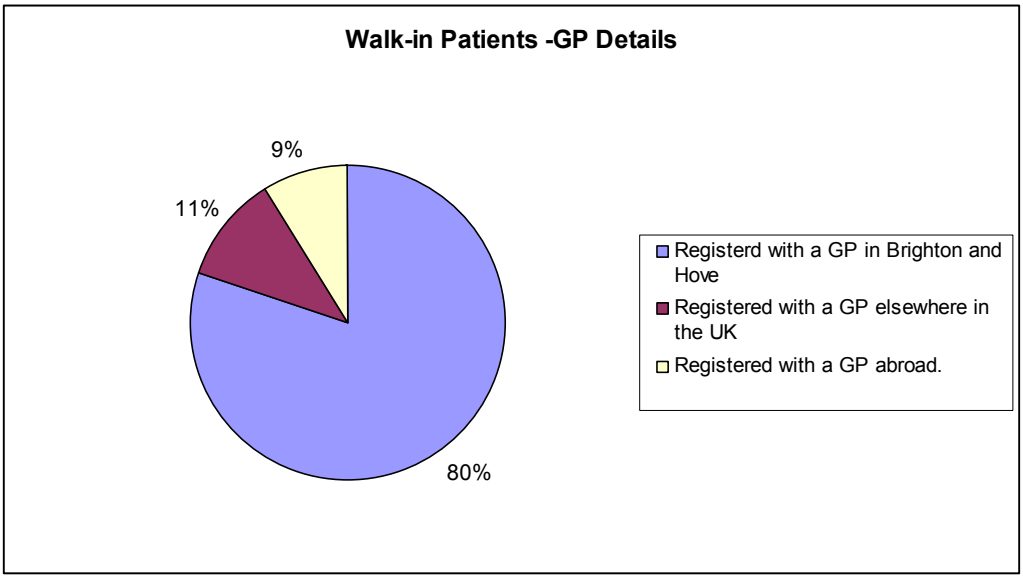
During April and May 2010 only 53% of patients provided details of their GP. 17% of patients stating they were unregistered, and 30% did not provide any GP details. The figures show a very high usage by patients who claim not to be registered with a GP. What is not really known is whether this is a true representation or whether some of this group of patients can't recall whether they are registered or chose not to disclose this information. Figure 3 below shows this graphically.

**Figure 3**




Of those patients who do give their GP details, 80% have a registered GPs in the Brighton and Hove, 11% are registered with a GP practice in the UK (outside Brighton and Hove), and 9% are registered abroad. Figure 4 below shows this graphically.

**Figure 4**

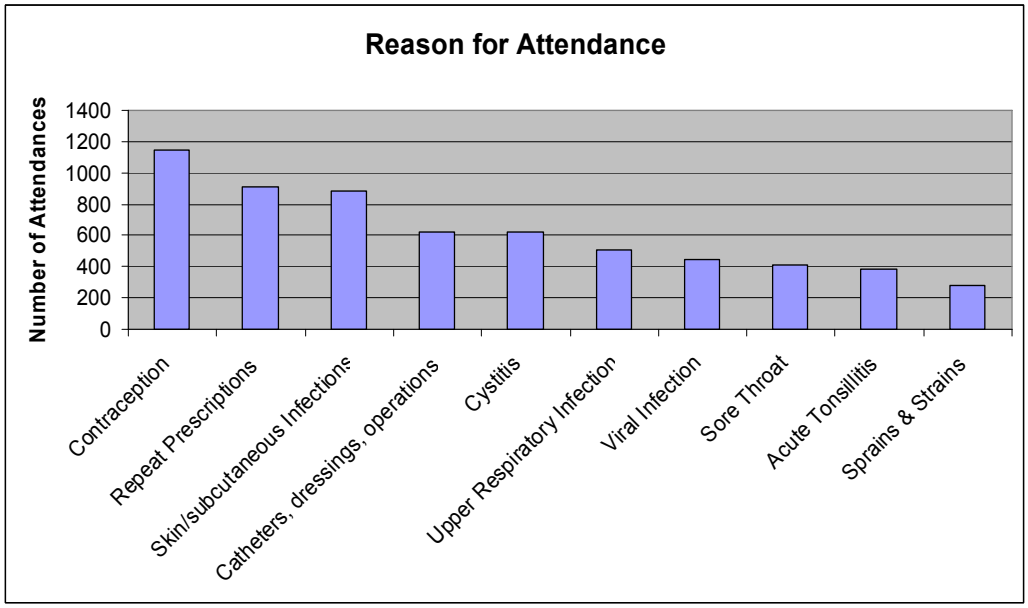



Although there are issues in terms of completeness of data; it does demonstrate that the Centre is predominantly being used by Brighton and Hove residents who in the main already have a GP. The PCT is working with Care UK to improve the level of GP recording, and ensuring that any patients are aware of the potential adverse consequences of withholding information from the GP practice where the patient is ordinarily registered.

**Reason for Usage of the Centre**

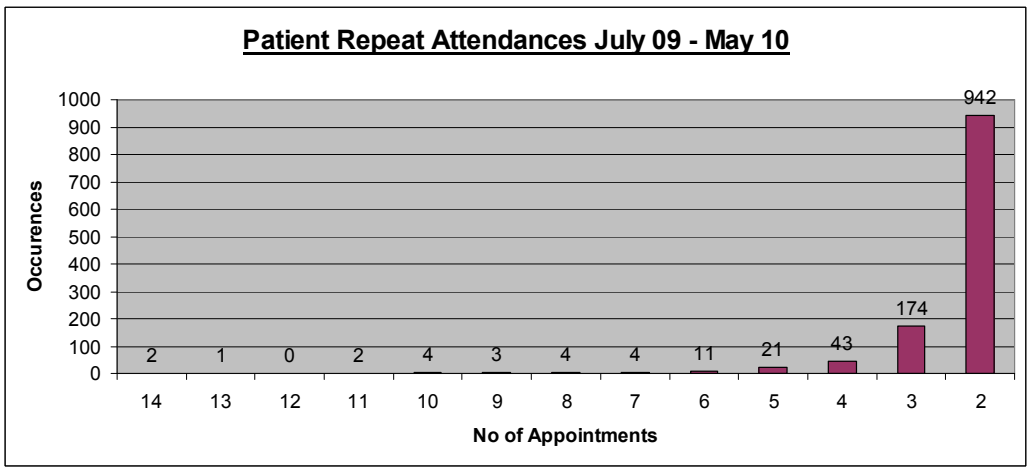
The Centre is being used for a variety of primary health care issues with the top three reasons for attendance being contraception; repeat prescriptions and skin infections. Figure 5 below gives details of the main conditions that patients attend Brighton Station Health Centre with:

**Figure 5:**




**Repeat attendances**

Most of the 14,025 patients that have attended the walk-in centre have used it once. However a significant number (1122 patients - 8% of the total) have used the facility more than once. 942 patients used the centre twice and at the other end of the scale two patients have used the walk-in Centre a total of 14 times. Repeat users of the walk-in centre are encouraged to register at the Centre.



**(c) Key Performance Indicators**

A summary of the KPI's is detailed in Appendix 5 The headline information from these indicators is shown below:-

1. Access – **Partly achieved** - failed to achieve the required level of recording on equity of access.
2. Quality **– Partly Achieved –** detail is incomplete until the end of the first contract year as Annual Staff Satisfaction survey to be completed in June.
3. Service Delivery – **Partly achieved –** failed to achieved the sexual health and immunisations targets
4. Value for Money - **Achieved**
5. Patient Experience - **Achieved**

**(d) Sexual Health Service**

The Centre offers a walk-in sexual health service, which has been introduced in stages, initially in the weekends only and currently open between 12 noon and 8.00pm weekdays, and from 8.00am to 8.00pm at weekends. The sexual health centre is proving popular - during May, 341 patients attended as walk-in patients for sexual health related conditions, which is 40% of to total walk-in volume for the month.

**(e) Performance Management**

As the Centre is projected to exceed contracted volumes on both walk-in and registered patients in Year 1 of the contract the PCT has negotiated with Care UK to manage activity within the overall contract value. The contract finances are insufficient to pay for over-performance on both these elements of the contract and the PCT's decision has been to:

- Continue to allow patients to register at the Centre beyond the contracted volume – thereby increasing patient choice of GP practice.
- Manage the walk-in activity within the agreed contracted volumes given the fact that the majority of attendees (in excess of 75%) are from Brighton and Hove and could access alternative primary care provision via their own GP. The implications of this decision has been that from April 2010 the Walk-in Centre has been unable to treat all patients and the Centre advises patients that are unable to treat to either:
    - access care from their own GP
    - register as a patient at the Centre
    - make an appointment at the Centre the next day
    - to visit a pharmacy if appropriate.
- Patients requiring emergency care will be seen immediately at BSHC.
- From 1 July 2010 the contracted annual volumes for the walk-in centre increases by a third (from 15,000 per year to 20,000) so the capacity restrictions will be lifted from 1 July.

**(f) Impact of the Service**

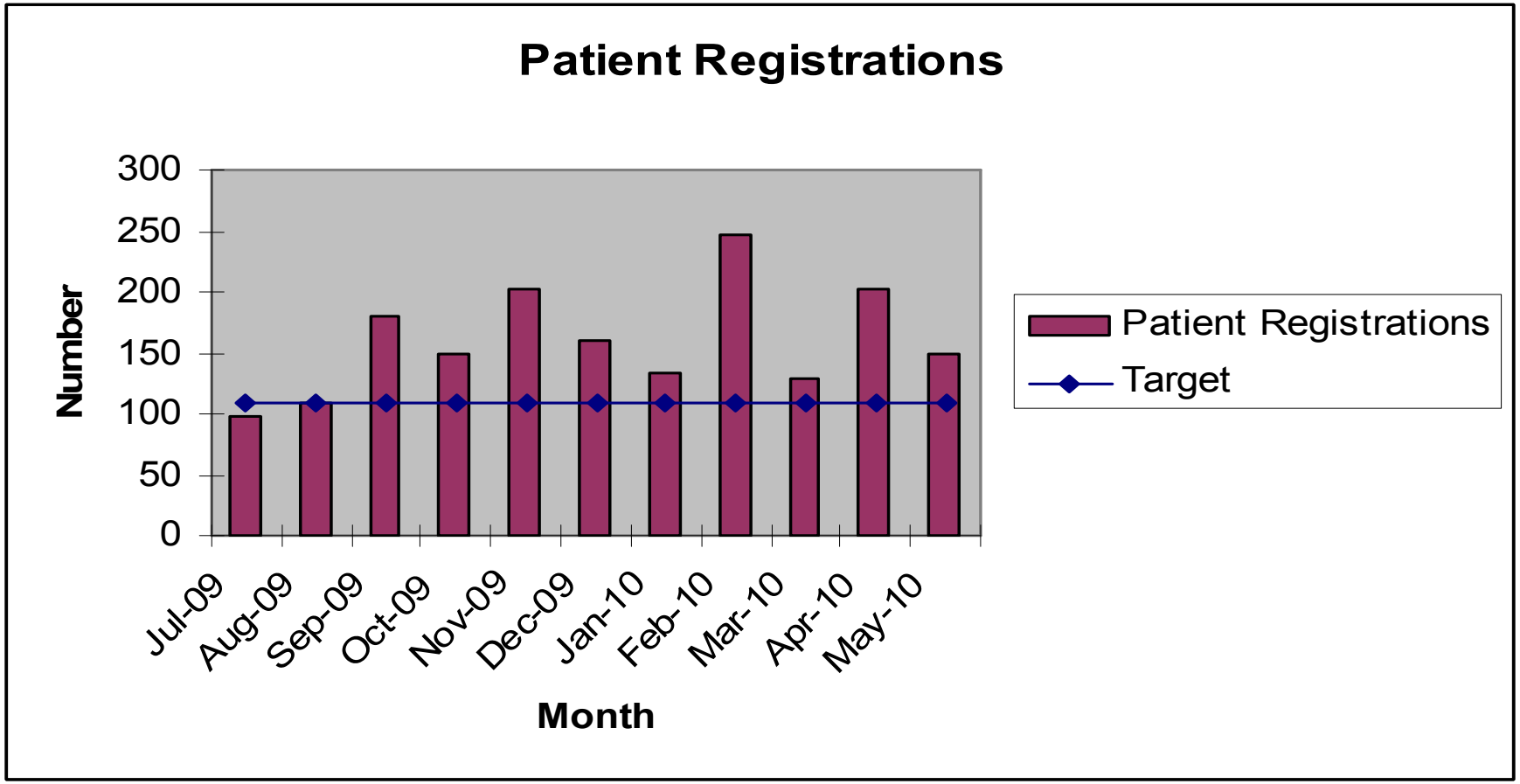
Brighton Station Health Centre offers the local population an alternative choice of surgery to register with in a central and accessible location. It provides both registered and unregistered patients with the flexibility of booking appointments from 08.00am to 08.00pm every day of the year, as well as taking advantage of the walk-in facility. The service has the potential of reducing attendances at A&E and the Urgent Care Centre, although it is too early at this stage to draw any direct conclusions.

Analysis over time of patient flow from other GP surgeries will show whether Brighton Station Health Centre is reducing the pressure on nearby practices by reducing their list sizes. To date the numbers have been too small to assess any measurable impact.

Once it is fully established the sexual health service has the potential both to increase choice for residents, particularly providing alternative services at evenings and the weekends and also reduce the pressure on the Claude Nicol service based at Brighton and Sussex University Hospital. Patient usage of all sexual health services will continue to be monitored by the PCT to assess the impact.

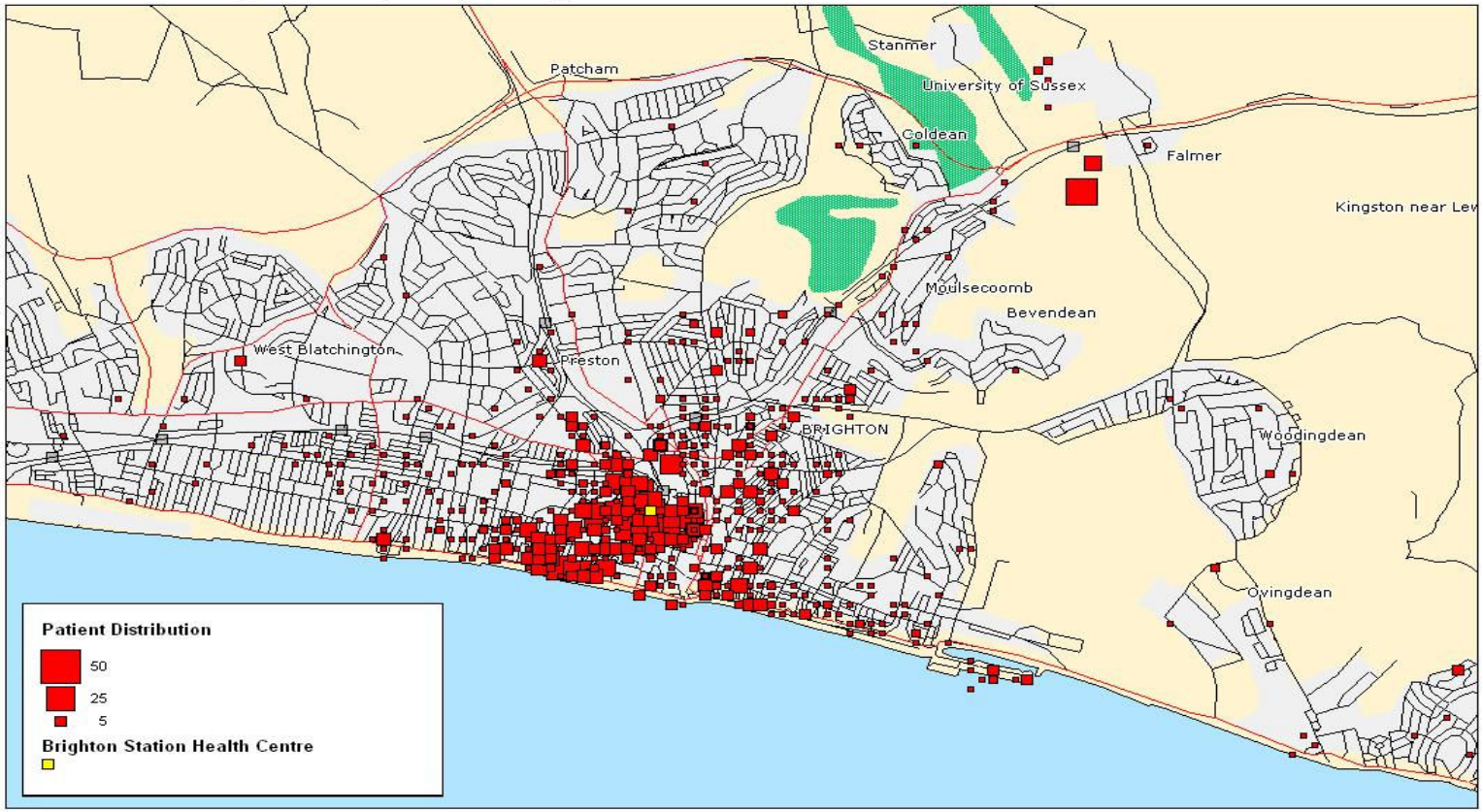
**(g) Challenges**

The main challenge has been the need to manage the volumes of patients attending for walk-in appointments to remain within the contract finances. If the service continues to grow in popularity the challenge will remain. The number of available walk-in appointments increases by 5,000 from 1 July 2010, but if the demand continues to increase this will still create a pressure to manage over-performance. The challenge will be to manage the activity within the financial value of the contract without impacting negatively on patient satisfaction.

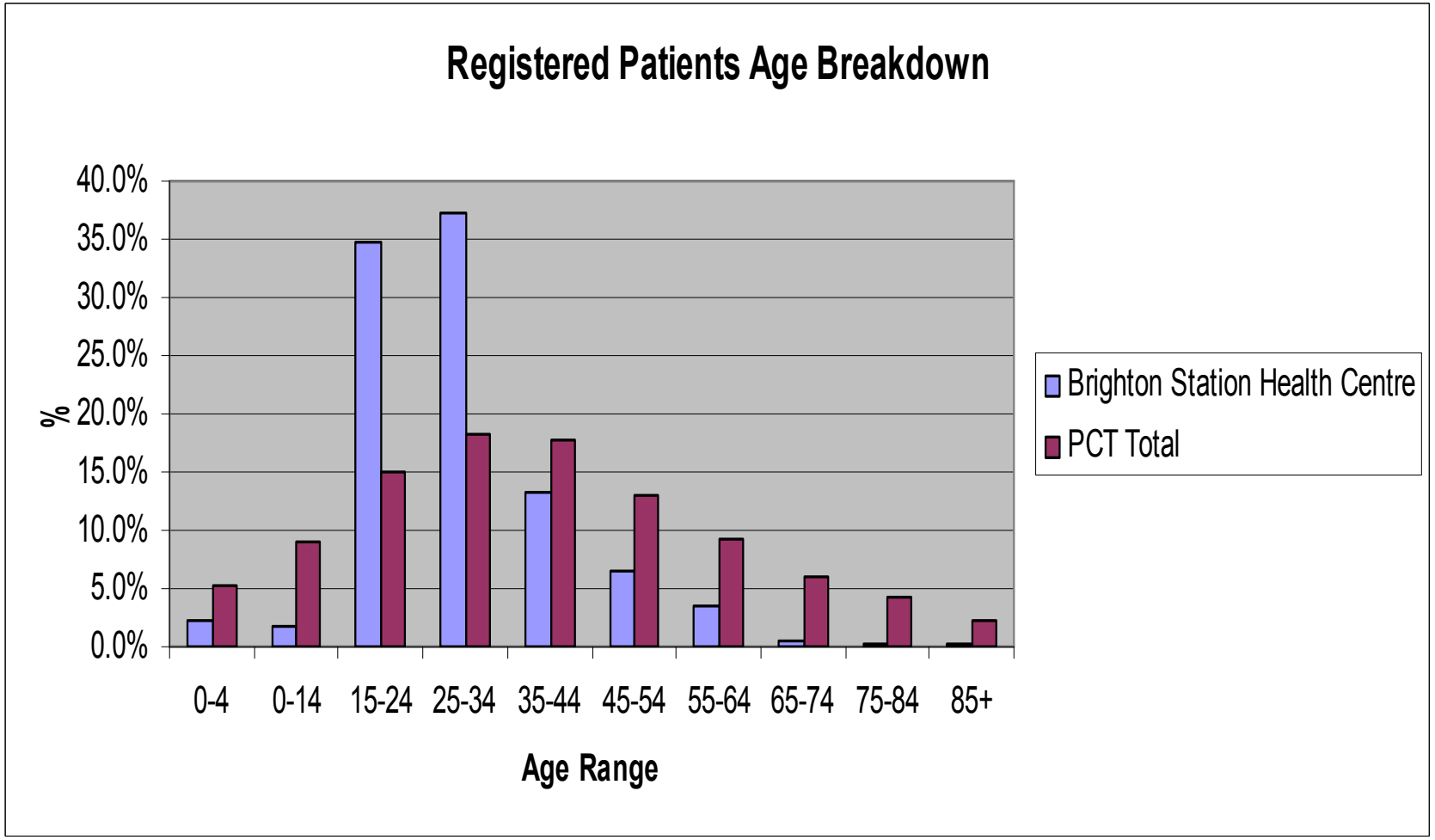

Patient Registrations
Number
300
250
200
150
100
50
0
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10
Mar-10
Apr-10
May-10
Month
Patient Registrations
Target

## Appendix 2: Patient Distribution Map

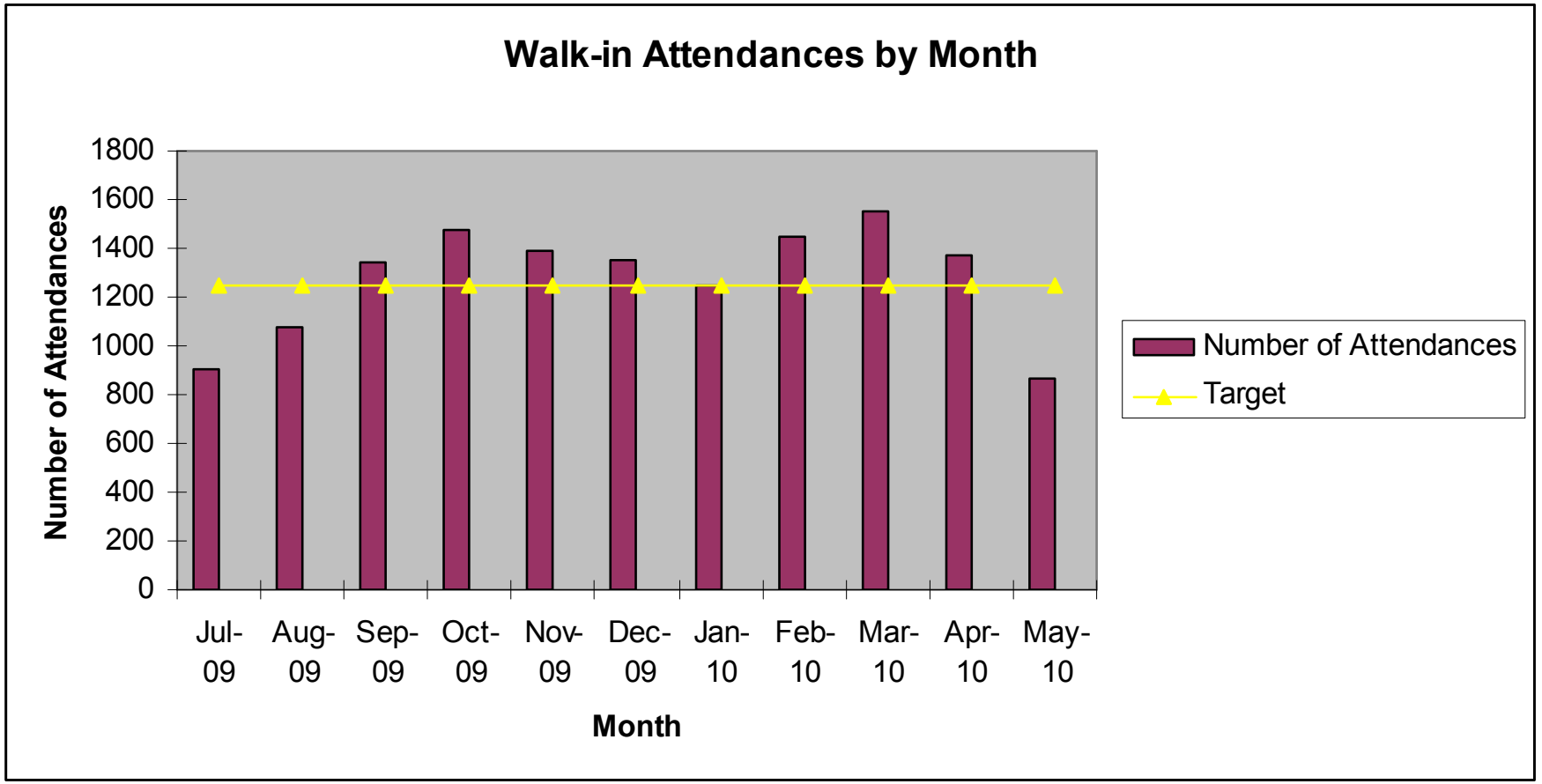
Patient Distribution (as at 31 May 2010) for Brighton Station Health Centre Y02676



**Appendix 3 Age Profile of Registered Patients**



**Appendix 4**


Walk-in Attendances by Month
Number of Attendances
1800
1600
1400
1200
1000
800
600
400
200
0
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10
Mar-10
Apr-10
May-10
Month
Number of Attendances
Target

| HEALTH OVERVIEW AND SCRUTINY COMMITTEE | **Agenda Item 9**<br>Brighton & Hove City Council |
|---|---|

| | | | | |
|---|---|---|---|---|
| **Subject:** | | **The Sussex Orthopaedic Treatment Centre (SOTC)** | | |
| **Date of Meeting:** | | **14 July 2010** | | |
| **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 is the third time that the Health Overview & Scrutiny Committee (HOSC) has chosen to focus on the Sussex Orthopaedic Treatment Centre (SOTC). The HOSC previously received reports on the SOTC in 2006 and 2008.

1.2 The SOTC is an 'Independent Sector Treatment Centre' (ISTC): a medical facility that specialises in a limited range of medical interventions – in the SOTC's case the centre undertakes elective orthopaedic surgery (e.g. hip and knee replacements). ISTCs treat NHS patients, but they are not owned or managed by the NHS. The SOTC is run by Care UK, a large 'for profit' independent sector health provider.

1.3 A paper on the SOTC, jointly prepared by Care UK and by NHS Brighton & Hove is included as **Appendix 1** to this report **(to follow)**.

## 2. RECOMMENDATIONS:

2.1 That members:

(1) Note the contents of this report and the additional information supplied by Care UK and NHS Brighton & Hove;

(2) Decide whether it is necessary to further monitor the performance of the SOTC.

## 3. BACKGROUND INFORMATION

3.1 The Sussex Orthopaedic Treatment Centre (SOTC) opened in 2006 on the site of the Princess Royal Hospital, Hayward's Heath. The SOTC was part of a Department of Health initiative to encourage the growth of 'Independent Sector Treatment Centres' (ISTCs): specialist centres run by the independent sector but servicing NHS waiting lists. ISTCs were generally intended to augment existing NHS capacity in areas where there were capacity issues as well as encouraging more independent sector involvement in NHS-funded healthcare. However, unlike most ISTCs, the SOTC did not seek to augment existing NHS-provided services. Rather, it replaced the existing NHS elective orthopaedic surgical services for residents of Brighton & Hove and Mid Sussex (provided by Brighton & Sussex University Hospitals Trust: BSUHT).

3.2 The ISTC initiative has been a controversial one, with some critics adamant that it offers poor value for money and unfairly favours the corporate independent sector. It has also been argued that specialist treatment centres (whether or not they are run by the independent sector) can have a distorting effect on local health economies, effectively 'cherry-picking' relatively simple procedures, but leaving local NHS hospital trusts to deal with more complex, expensive and risky work (e.g. patients with complicating 'co-morbidities').

3.3 The SOTC itself has also attracted a fair amount of criticism, particularly in its first months of operation. (The SOTC was initially owned by Mercury Health, although later taken over by Care UK. Some of these issues may therefore predate Care UK's involvement.) This criticism ranged from doubts expressed about the centre's clinical safety to issues with the SOTC's ability to deliver its contracted workload. It was this critical comment which attracted the attention of the HOSC, at first in 2006 and latterly in 2008.

3.4 When the HOSC examined the SOTC in 2008, members were pleased to note that many of the specific performance and contractual issues which had been raised at the 2006 meeting had now been resolved (although some members nonetheless expressed significant misgivings about the general nature of the ISTC initiative, and particularly its impact on the finances of local NHS trusts). However, there were still some outstanding issues to be addressed, and members therefore decided to seek an additional update with regard to the SOTC's performance.

3.5 Members were particularly interested in questions including the number of procedures performed by the SOTC; whether the SOTC was now achieving the national 18 week target for waiting lists; whether a Clinical Audit of the SOTC had taken place; whether a Quality Report on the

SOTC had been undertaken; and whether the annual costs of running the SOTC could be provided.

## 4. CONSULTATION

4.1 No formal consultation has been undertaken in preparing this report.

## 5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 There are none for the council.

Legal Implications:

5.2 TBC

Equalities Implications:

5.3 None directly.

Sustainability Implications:

5.4 None directly.

Crime & Disorder Implications:

5.5 None.

Risk and Opportunity Management Implications:

5.6 None identified.

Corporate / Citywide Implications:

5.7 None identified.

## SUPPORTING DOCUMENTATION

**Appendices:**

1. Information supplied by NHS Brighton & Hove and Care UK **(to follow)**

**Documents in Members' Rooms:**
None

**Background Documents:**
None

Brighton and Sussex University Hospitals NHS Trust

**1. Brighton and Sussex University Hospitals and Queen Victoria Hospital – clinical and academic partnership and merger option**

1.1 BSUH's ambition is to become a leading UK teaching hospital: the academic base and the critical care, tertiary and trauma centre for the south east of England.

1.2 QVH provides specialist services for burns, reconstructive and maxillofacial surgery. As the major Trauma Centre for the region, BSUH needs to have these services available for its patients. Rather than competing with a world-class service on its doorstep, BSUH established a clinical and academic partnership with QVH in early 2008 to provide the best care for patients. BSUH and QVH have since entered into further discussions about working even more closely to deliver improved tertiary and trauma services for patients from the south east of England and to strengthen our teaching and research capabilities.

1.3 QVH is a small, specialist organisation with a wealth of clinical expertise and an international reputation. Its size, however, is making bearing its own capital, regulatory, support service and corporate governance costs increasingly problematic, and alongside this, the need to modernise the QVH estate (including plans to provide a new surgical centre on the East Grinstead campus) is becoming more pressing. As BSUH moves forward its plans to modernise the Royal Sussex County Hospital and strengthen and broaden what it provides at the Princess Royal Hospital, a closer alliance with QVH would bring many benefits for us and especially for the people of Mid-and North Sussex.

1.4 BSUH and QVH are therefore exploring the possibility of a merger, the terms of which would be dependent on securing and improving what could be provided for the long-term benefit of patients. The QVH Board of Directors is also considering alternatives in parallel with talking to BSUH. Any decisions will be properly debated and tested by both Boards, South East Coast Strategic Health Authority and GP commissioners.

1.5 In the first instance, a decision on whether or not to pursue a merger will be taken by the Boards of QVH and BSUH by the beginning of August 2010. In the event that a merger is not pursued, then BSUH will immediately progress its application for NHS Foundation Trust status in its own right with a planned authorisation by Monitor, the Foundation Trust Regulator, in April 2011.

Alex Sienkiewicz
Director of Corporate Affairs

6 July 2010

## 2. 3Ts development

2.1 Since the last HOSC update on the 3Ts Programme (27 January 2010), members will be aware that BSUH has been provided with sufficient resource to progress the design of the 3Ts facilities to the point at which a Full Planning Application can be submitted.

2.2 BSUH, working closely with Council Officers, intends to submit the Planning Application just before Christmas 2010. As part of the Pre-Application process, BSUH is drawing up a detailed plan for consultation, communication and engagement with local consultees.

2.3 Subject to the outcome of the determination of the application, major demolition work will start in September/October 2011, with completion of the first main stage of development in 2015.

Duane Passman
Director of 3Ts, Estates and Facilities

6 July 2010

| HEALTH OVERVIEW AND SCRUTINY COMMITTEE | Agenda Item 11<br>Brighton & Hove City Council |
|---|---|

| | | |
|---|---|---|
| **Subject:** | | **Brighton & Sussex University Hospitals Trust (BSUHT): Emergency Planning** |
| **Date of Meeting:** | | **July 14 2010** |
| **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 presents information on work undertaken by Brighton & Sussex University Hospitals Trust (BSUHT) in regard to planning for emergency situations.

1.2 Additional information on this issue supplied by BSUHT is included as **Appendices 1** and **2** to this report.

## 2. RECOMMENDATIONS:

2.1 That members:

(1) Note the contents of this report and its appendices.

## 3. BACKGROUND INFORMATION

3.1 BSUHT operates general acute hospital services at sites in Brighton and Hayward's Heath for residents of Brighton & Hove and Mid Sussex. The trust also provides a range of tertiary services for people across Sussex and beyond.

3.2 BSUHT is engaged in a range of planning for emergency situations. This includes undertaking its own dedicated emergency planning as well as working with city partners to plan for major incidents. Planning includes scenarios such as major traffic accidents, natural disasters and pandemics. As well as modelling how the trust would cope with these kinds of event, BSUHT is also engaged in modelling how it would cope with major incidents affecting its own estates – e.g. a fire or infectious disease which impacted upon capacity at the County Hospital site etc.

3.3 Until recently, NHS provider trusts were required to report on their emergency planning to the Care Quality Commission as part of their annual assessment on a range of core standards. Essentially, this requirement still exists, although the range of standards has recently changed, with the emergency planning competency becoming part of a larger core standard based around organisational resilience. **Appendix 1** to this report contains information from BSUHT on its current emergency planning core standard self-assessment. **Appendix 2** contains a letter from the Head of Emergency Planning at NHS West Sussex (the lead PCT for Sussex-wide NHS emergency planning), commenting on BSUHT's self-assessment of its performance against this standard.

## 4. CONSULTATION

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

## 5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None to this report for information.

Legal Implications:

5.2 None to this report for information.

Equalities Implications:

5.3 None to this report.

Sustainability Implications:

5.4 None to this report.

Crime & Disorder Implications:

5.5 None to this report.

Risk and Opportunity Management Implications:

5.6 None to this report.

Corporate / Citywide Implications:

5.7 None to this report.

## SUPPORTING DOCUMENTATION

**Appendices:**

1. Information on BSUHT's emergency planning core standards self-assessment

2. Letter to BSUHT from NHS West Sussex re: the trust's emergency planning competency

**Documents in Members' Rooms:**

None

**Background Documents:**

None

Brighton and Sussex University Hospitals NHS Trust

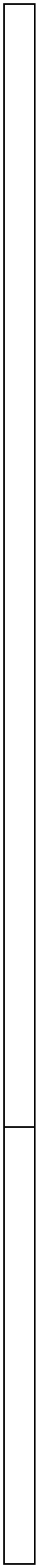
# C24

Proforma 2009-10
**Healthcare Standards Steering Group**

Updated July 2010 by Natasza Lentner, Head of Resilience

| | | |
|---|---|---|
| Core standard number and description:<br>**C24** - Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services. | | |
| Lead contact: Natasza Lentner, Head of Resilience Executive Lead: Deputy Chief Executive | | |
| Parent Committee: Resilience Group<br>Chair: Michael Wilson<br>Dates of meetings: Occurs the first Wednesday of every 2 months effective from 09:30 to 11:00. | | |
| Interim sign-off by Steering Group:<br>Director sign-off: | | |
| **Element description** | **Evidence** | **Supporting document/s** |
| Element one<br>The healthcare organisation protects the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations (including control of communicable diseases), which includes arrangements for business continuity management, in accordance with the Civil Contingencies Act (2004), The NHS Emergency Planning Guidance 2005, and associated supplements (Department of | Minutes of meetings<br>Exercise reports (Major Incident Live Exercise July 2009, report being produced)<br>Attendance sheets from update sessions<br>Training presentations<br>Induction presentations<br>Business Continuity management training<br>Pandemic Flu preparations and planning<br>Heatwave planning, minutes from meetings | |

| | | |
|---|---|---|
| Health, 2005, 2007) and Pandemic Influenza: A National Framework for Responding to an Influenza Pandemic (Department of Health November 2007). | | |
| Element two<br>The healthcare organisation protects the public by working with key partner organisations, including through Local Resilience Forums, in the preparation of, training for and annual testing of emergency preparedness plans, in accordance with the *Civil Contingencies Act 2004*, *The NHS Emergency Planning Guidance 2005 and associated annexes* (Department of Health 2005, 2007) and *Pandemic Influenza: A National Framework for Responding to an Influenza Pandemic* (Department of Health November 2007). | Multi Agency meeting minutes<br>• SRF meetings (exec meetings and special flu group meetings)<br>• Event planning meetings<br>• Multi agency Exercise Planning meetings<br>• Sussex Health Responders meetings<br>• PCT Pandemic Flu meetings<br>• Multi faith forums<br><br>Regular meetings and/or correspondence with other Health representatives from Acute trusts, PCTs, Community services and volunteer agencies (email evidence) | |
| **Demonstration of improvements:** | Improved attendances at meetings<br>Pandemic Flu planning: enhanced co-operation from all Trust areas. Pandemic Flu Plan reviewed and updated. Now much more detailed and robust<br>MERIT<br>Assistant Emergency Planning on Secondment for 12month placement able to concentrate on enhancing the Pandemic Flu planning and response programme | |
| **Challenges/ Risks:** | No Resilience Manager (Emergency Planning Officer) since June 24th, Assistant EPO still in post on secondment | |
| **Action plan needed**: Yes / No | | |



NHS
West Sussex

**NHS West Sussex**
1 The Causeway
Goring by Sea
Worthing
West Sussex
BN12 6BT

Tel: 01903 708387
Fax: 01903 708012

07 July 2010

Tash Lentner
Head of Resilience
BSUH NHS Trust
Royal Sussex County Hospital
Eastern Road
Brighton BN2 5BE

Dear Tash,

**Re: Emergency Planning Surgery**

Thank you for attending the review on 26 March 2010 at The Causeway, Worthing. It was a good opportunity for me to see the progress you have made with regards to Emergency Planning. The review also provided me with the chance to ascertain whether you require any specific support and guidance.

As summarised in the review of your Emergency Planning Self Assessment, it was clear from the evidence that was presented that good progress has been made, but as an indication of the amount of work to do I have rated you overall as amber. As agreed, your organisation's action plan which will be reviewed at the next Emergency Planning Surgery is as follows:

- A Business Continuity Group reflecting representation across the Trust should be established to gain support for the development of Business Continuity Plans to meet BS25999
- The current review of the Major Incident Plan will address a number of outstanding issues you rated as red
- A non-pay budget should be set out for consideration we recommend this be as a business plan for 2010/2011
- Develop and implement a training programme for all key staff to acquaint themselves with emergency response systems

It is also recommended that a review of capacity in WTE for Emergency Planning and Business Continuity is undertaken and that temporary support should become permanent.

I appreciate that with restructuring there has been changes in your line management. It is hoped that now this is complete it will allow you to take both emergency planning and business continuity forward in the Trust.

Thank you for all your hard work so far in raising the profile of Emergency Preparedness, within your organisation.

Yours sincerely,

**Barry Newell**
Head of Emergency Planning

c.c. Dr Jonathan Andrews, Chief of Clinical Operations
Janet Cheesman, Associate Director Clinical Operations
Anna Taylor, Head of Emergency Planning and Resilience, NHS South East Coast

**HOSC Work Programme 2009/2010**

| Issue | Date to be considered | Referred/Requested By? | Reason for Referral | Progress and Date | Notes |
|---|---|---|---|---|---|
| Dental Services | 02 December 2009 | HOSC (March 09) | Update requested re: outstanding performance issues | Report 02 Dec 09 | Further update required in 6/12 months |
| Mental Health – commissioning and provision | 02 December 2009 | SPFT/NHSBH | Brief HOSC members on major reconfiguration of Sussex MH services – presentation by SPFT; paper from NHSBH | Report 02 Dec 09 | SPFT will bring their options for consultation back to a later meeting (Jan 2010) |
| Health Inequalities | 02 December 2009 | Audit Committee | Referred from Sep 09 Audit Committee | Report 02 Dec 09 | Referred to OSC |
| NHS Brighton & Hove Strategic Commissioning Plan | 02 December 2009 | NHS BH | Update of PCT's commissioning intentions | Report 02 Dec 09 | |

| Issue | Date to be considered | Referred By? | Reason for Referral | Progress and Date | Notes |
|---|---|---|---|---|---|
| LINk Update | 27 January 2010 | HOSC | Regular HOSC item | | Postponed from 02 Dec at request of LINk |
| Annual Health Check Report Back | 02 December 2009 | HOSC | Report for information on 08/09 Healthcare Commission performance scores for local NHS trusts | Report 02 Dec 09 | |
| 3T Progress Report/Transfer of RSCH acute services to community settings | 27 January 2010 | BSUHT/Cllrs Mitchell and Turton | Update on progress re: the redevelopment of the RSCH site | | Item to include the issue of transferring acute services into community settings |
| Immunisation/Vaccination | 10 March 2010 | Cllr Kitcat | Report on city vaccination rates compared to national/regional rates | Moved from Jan 2010 | |
| Breast Cancer Screening | 10 March 2010 | HOSC | Update on screening services (following recent underperformance) | Moved from Jan 2010 | |
| South Downs Health Trust Integration with West (and East) Sussex Community Services | 27 January 2010 | SDH | Update on plans to integrate SDH with community provider arms of WSPCT and (potentially) ES PCTs | | |

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|---|---|---|---|---|---|
| **Issue** | **Date to be considered** | **Referred By?** | **Reason for Referral** | **Progress and Date** | **Notes** |
| Better By Design | 27 January 2010 | SPFT | SPFT presenting reconfiguration options to HOSC | | Public consultation delayed until summer |
| Alcohol Related Hospital Admissions | 10 March 2010 | HOSC | Examine red LAA indicator with view to setting up an ad hoc panel | Referred to OSC | Agreed by OSC – Select Committee to be formed |
| Car Park Charges at NHS trusts | 10 March 2010 | Cllr Peltzer Dunn | Examine local (acute) trust policy for visitor car parking at hospital sites | | |
| BSUHT emergency planning | 2010 | Cllr McCaffery | Examine BSUH planning for acute care in emergencies | July 14 2010 | |
| Sussex Orthopaedic Treatment Centre Update | 2010 | HOSC | Update on SOTC performance (as some performance issues remained unresolved following last meeting in Nov 08) | July 14 2010 | |
| Transfers of Care | 2010 | Cllr McCaffery | Examine delays in transferring patients out of acute care | September 2010 | |

| Issue | Date to be considered | Referred By? | Reason for Referral | Progress and Date | Notes |
|---|---|---|---|---|---|
| Swine Flu | 2010 | HOSC/Cllr McCaffery | Determine lessons to be learnt from swine flu pandemic, including maintaining acute care provision in an outbreak | post May 2010 | |
| Fit For the Future | 2010 | Joint HOSC | Final results of the Joint HOSC on reconfiguration of West Sussex acute care | post May 2010 | |
| Ad Hoc Panel on GP-Led Health Centre | 1st meeting post May 2010 | HOSC | 12 monthly update on the GP-Led Health Centre (to incorporate report on how the PCT ensures the commercial competitiveness of local health care providers) | July 2010 | |
| Older People in Hospital | 1st meeting post May 2010 | Cllrs McCaffery and Barnett | Report on acute care provision for older people | September 2010 | |
| Older People's Mental Health Care | 1st meeting post May 2010 | Cllr Barnett | Report on nursing (EMI) provision for older people | September 2010 | |

| Issue | Date to be considered | Referred By? | Reason for Referral | Progress and Date | Notes |
|---|---|---|---|---|---|
| Patient Experience/Measuring Outcomes | 2nd meeting post May 2010 | BSUHT/NHS BH | Report on how NHS organisations are increasingly focusing on patient experience, and on measuring outcomes rather than processes | | |
| Community Mental Health Services | 2nd meeting post May 2010 | Cllr Meadows | Examine how the NHS policy of providing MH services in the community whenever possible impacts upon other services (e.g. police, housing, ASC) and how any costs/risks are shared by partners | | |
| Health Visitors, Midwives and Breast Feeding | 2nd meeting post May 2010 | Cllr McCaffery | Examine breast feeding uptake and effectiveness of the integration of pre, peri and post natal services | | |