



Brighton & Hove
City Council

Overview & Scrutiny

Title:	Health Overview & Scrutiny Committee
Date:	8 December 2010
Time:	4.00pm
Venue	Council Chamber, Hove Town Hall
Members:	Councillors: Peltzer Dunn (Chairman), Allen (Deputy Chairman), Barnett, Bennett, Deane, Harmer-Strange, Marsh, Rufus, Brown (Non-Voting Co-Optee) and Hazelgrove (Non-Voting Co-Optee)
Contact:	Giles Rossington Senior Scrutiny Officer 29-1038 Giles.rossington@brighton-hove.gov.uk

	The Town Hall has facilities for wheelchair users, including lifts and toilets
	An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter and infra red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.
	FIRE / EMERGENCY EVACUATION PROCEDURE If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by council staff. It is vital that you follow their instructions: <ul style="list-style-type: none">• You should proceed calmly; do not run and do not use the lifts;• Do not stop to collect personal belongings;• Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and• Do not re-enter the building until told that it is safe to do so.

AGENDA

Part One	Page
33. PROCEDURAL BUSINESS (copy attached)	1 - 2
34. MINUTES OF THE PREVIOUS MEETING Draft minutes of the meeting held on 29 September 2010 (copy attached)	3 - 8
35. CHAIRMAN'S COMMUNICATIONS	
36. PUBLIC QUESTIONS No public questions have been received	
37. NOTICES OF MOTION REFERRED FROM COUNCIL No Notices of Motion have been received	
38. WRITTEN QUESTIONS FROM COUNCILLORS No questions have been received	
39. PRESENTATION BY THE STRATEGIC DIRECTOR, PEOPLE Terry Parkin, Strategic Director, People, at Brighton & Hove City Council, will address the committee	
40. SOUTH EAST COAST AMBULANCE SERVICE NHS TRUST (SECAMB): UPDATE Presentation by Geraint Davies, SECamb Director of Business Development, on planned developments at the trust (presentation slides circulated separately)	
41. PATIENT EXPERIENCE Presentation on measuring patient experience of healthcare and ensuring that patient feedback is used to improve quality. At this meeting, members will hear from officers of NHS Brighton & Hove (responsible for commissioning services that are responsive to patient experience and for quality assuring city healthcare), and from officers of Brighton & Sussex University Hospitals Trust (responsible for providing high quality acute healthcare services for city residents).	

HEALTH OVERVIEW & SCRUTINY COMMITTEE

At subsequent committee meetings, it is planned that members will hear from officers of other local NHS trusts and from representatives of city GPs

- 42. BRIGHTON & HOVE LINK: 6 MONTHLY UPDATE** **9 - 26**
- Update on the recent activity of the Brighton & Hove Local Involvement Network (LINK) and on the council's management of the LINK Host contract (copy attached)
- 43. DEPARTMENT OF HEALTH WHITE PAPER CONSULTATIONS: "GREATER CHOICE AND CONTROL" AND "AN INFORMATION REVOLUTION"** **27 - 32**
- Report of the Strategic Director, Resources, on current Department of Health consultations focusing on parental choice and on healthcare information (copy attached)
- 44. NHS BRIGHTON & HOVE ANNUAL OPERATING PLAN 2011/12: REPORT BACK FROM THE HOSC WORKING GROUP** **33 - 44**
- Report of the Strategic Director, Resources, on the findings of the HOSC working party set up to examine the NHS Brighton & Hove Annual Operating Plan 2010-11 (copy attached)
- 45. 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
- 46. 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.

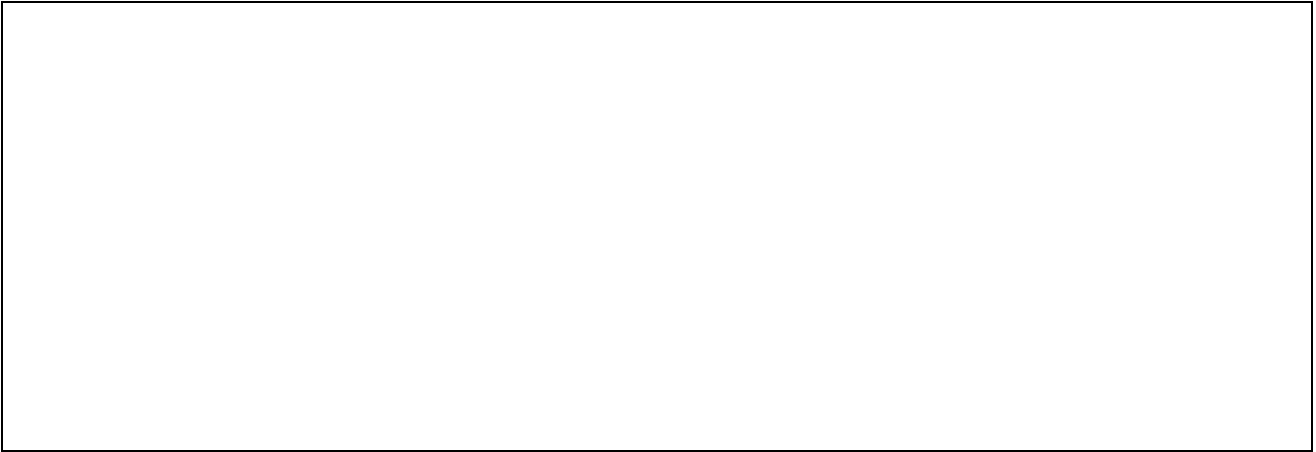
The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fifth working day before the meeting.

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

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

For further details and general enquiries about this meeting contact Giles Rossington, 01273 29-1038, email giles.rossington@brighton-hove.gov.uk or email scrutiny@brighton-hove.gov.uk

HEALTH OVERVIEW & SCRUTINY COMMITTEE



Date of Publication - Tuesday, 30 November 2010

Agenda Item 33

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 34

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00PM 29 SEPTEMBER 2010

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Peltzer Dunn (Chairman); Allen (Deputy Chairman), Barnett, Deane, Harmer-Strange, Marsh and Wakefield-Jarrett

Co-opted Members: Hazelgrove (Older People's Council) (Non-Voting Co-optee), Brown (Brighton & Hove LINK) (Non-Voting Co-optee)

PART ONE

18. PROCEDURAL BUSINESS

18A Declarations of Substitutes

18.1 Councillor Vicky Wakefield-Jarrett was present as substitute for Councillor Sven Rufus.

18.2 Apologies were received from Councillor Pat Hawkes, Mr Andy Painton (Chief Executive, South Downs Health NHS Trust) and Mr Duncan Selbie (Chief Executive, Brighton & Sussex University Hospitals Trust).

18B Declarations of Interest

18.3 There were none.

18C Declarations of Party Whip

18.4 There were none.

18D Exclusion of Press and Public

18.5 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.

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

19. MINUTES OF THE PREVIOUS MEETING

19.1 RESOLVED – That the minutes of the meeting held on 14 July 2010 be approved and signed by the Chairman.

20. CHAIRMAN'S COMMUNICATIONS

20.1 There were none.

21. PUBLIC QUESTIONS

21.1 A question was submitted by Mr Ken Kirk.

21.2 Members discussed whether the question submitted was an appropriate one for HOSC, and agreed that it would be better answered at Full Council, where members were free to address 'political' issues.

21.3 Mr Kirk agreed to present his question to the next Full Council meeting.

22. NOTICES OF MOTION REFERRED FROM COUNCIL

22.1 There were none.

23. WRITTEN QUESTIONS FROM COUNCILLORS

23.1 There were none.

24. PUBLIC HEALTH: ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

24.1 This item was introduced by Dr Tom Scanlon, Director of Public Health for Brighton & Hove. Dr Scanlon presented his 2009 Annual report to members, focusing particularly on the issues of suicide, sexually transmitted diseases and teenage pregnancy, and alcohol.

24.2 In response from a question from Cllr Marsh on the whether suicide rates were affected by the inward migration of substance misusers etc, Dr Scanlon told the committee that inward migration might partly account for high local figures, but was unlikely to be a major factor. Suicides of people resident in the city for less than 6 months are not recorded as resident suicides, so the rate is not being inflated by very recent migrants.

24.3 In answer to a question regarding the expense of producing his annual report, Dr Scanlon told members that the cost of the 2009 report was a little less than £12,000. Much of this was effectively paid to the council, as the report was compiled using in-

house services. Dr Scanlon wrote much of the report in his own time, and this has not been charged to the council.

- 24.4 In response to a question from Cllr Wakefield-Jarrett as to why performance on addressing health inequalities was not better, Dr Scanlon replied that although some aspects of performance were disappointing (e.g. cancer rates), others were much more positive (e.g. coronary heart disease). Ultimately, tackling health inequalities is not primarily a matter of improving health services alone, but of making advances in areas such as housing, employment, planning and education. The recent announcement that public health responsibilities would be returned to local authorities was welcome in this context as it should make co-ordination across these services more straightforward.
- 24.5 In answer to a question from Cllr Harmer-Strange as to which aspects of public health offered the best opportunities for improvement, Dr Scanlon told members that alcohol and sexual health probably offered the best scope for making significant gains. However, it may be that progress will only be achieved at the expense of being more 'prescriptive' in terms of encouraging people to adopt healthy lifestyles.
- 24.6 In response to a question from Cllr Allen on plans for the 2010 Annual Report, Dr Scanlon told the committee that he intended to focus on community resilience – how communities could become more involved in improving their own health outcomes.
- 24.7 In answer to a query from Cllr Lizzie Deane concerning socio-economic factors in developing dementia, Dr Scanlon told members that more work needed to be done on this topic via the local Joint Strategic Needs Assessment process.
- 24.8 The Chairman thanked Dr Scanlon for his contribution and commended his 2009 Annual Report.

25. HEALTHCARE FOR OLDER PEOPLE

- 25.1 This item commenced with a presentation on the Brighton & Hove Local Involvement Network (LINK) report on feeding and hydration at the Royal Sussex County Hospital (RSCH). This was introduced by Mr Mick Lister, BHLINK Steering Group member, and Ms Claire Stevens, BHLINK Manager. Ms Joy Churcher, Head of Dietetics at Brighton & Sussex University Hospitals Trust: BSUHT) and Ms Claire Martin, BSUHT Lead Nurse for Practice Development, were also present to answer questions.
- 25.2 In response to a question from Cllr Allen on the opportunity offered to patients to wash their hands before meals, Ms Stevens told members that this was identified as a problem and was being actively addressed by BSUHT.
- 25.3 In answer to questions about hospital menus, members were told that RSCH menus were being re-designed to include photographs of the food on offer. In addition, menus can be translated for non-native speakers, and appropriate menus are available for people with visual impairments. Menus also provide details on the availability of a 'snack' option for patients, and staff are being trained so as to improve their awareness of the entire range of food options open to patients (e.g. that hot food must be available on request 24 hours a day).

- 25.4 In response to a question by Cllr Marsh on hydration, Ms Martin told members that RSCH operated a 'red jug' scheme for patients at risk of dehydration.
- 25.5 Ms Churcher and Ms Martin then briefed the committee on recent developments in care for older people and general nutrition and hydration issues. Members were told that there had been recent staff training with regards to the hospital nutrition offer, to patient hydration and to malnutrition screening (including paediatric malnutrition training for Royal Alex staff). In addition, the RSCH has appointed 'older people's champions' to be advocates for older people's issues across the hospital.
- 25.7 In response to a question from Cllr Harmer-Strange on feeding arrangements for people with autistic spectrum conditions, Ms Martin told the committee that this was an important issue, which had historically not been fully addressed. However, the trust was committed to improving its services, and to this end was working with RSCH specialist learning disability nurses seconded to the trust from Sussex Partnership NHS Foundation Trust.

25.7 the Chairman thanked the LINK and Ms Churcher and Martin for their contributions.

26. DEPARTMENT OF HEALTH CONSULTATION: LOCAL DEMOCRATIC LEGITIMACY IN HEALTH

- 26.1 Members discussed making a formal response to the Department of health consultation: 'Improving Democratic Legitimacy in Health.'
- 26.2 Cllr Allen told members that he regretted the abolition of HOSCs and the potential loss to health scrutiny this would entail, particularly in terms of the expertise that elected members had built up over the past few years.
- 26.3 Cllr Marsh told members that she had concerns about plans to transform Local Involvement networks into 'Healthwatch', and was also worried about the new Health and Well-Being Boards, particularly if they were to have a twin commissioning and scrutiny role.
- 26.4 Mr Brown told the committee that the achievements of independent health scrutiny should not be forgotten. He also warned that the transition from LINKs to Healthwatch would be a crucial time, and hoped that the council would do all that it could to ensure continuity during this period.
- 26.5 Cllr Harmer-Strange told members that he thought the independence of the HOSC and its statutory 'teeth' were both important (even if it was rarely necessary to use the latter due to the positive engagement of local NHS bodies).
- 26.6 RESOLVED – Members agreed that officers should compile a précis of HOSC members' views on the consultation, which, subject to member approval, should then be formally submitted to the Department of Health.**

27. MENTAL HEALTH RECONFIGURATION: UPDATE

- 27.1 This item was introduced by Richard Ford, Executive Commercial Director, Sussex Partnership NHS Foundation Trust, and by Margaret Cooney, Mental Health Commissioner, NHS Brighton & Hove.
- 27.2 Members were informed that local plans would focus on improving community mental health services. In particular, the Brighton & Hove Crisis Resolution and Home Treatment team would be expanded; community services would increasingly be provided 7 days a week; staff training would be improved (in line with NICE best practice guidance); an 'ageless' service would be introduced (replacing the current 'working age' and 'older people' services); and care planning would be refreshed. These improvements to community services will reduce the demand for acute mental health beds and shorten stays for those who do need to be admitted to hospital, allowing the trust to reduce the number of beds it provides. Services for local people will remain local – e.g. city acute dementia beds will continue to be provided by the Nevill hospital.
- 27.3 In response to a question from Cllr Barnett about the future of the Nevill hospital, Dr Ford told members that care for older people with functional mental health problems, currently provided on the ground floor of the Nevill, would in future be provided at Mill View hospital as part of the trust's move to providing an 'ageless service'. A ward at Mill View would be designated for the care of 'vulnerable' patients, ensuring that no older person was inappropriately cared for alongside younger patients. The beds for older people with organic mental health conditions (e.g. dementia), currently situated on the first floor of the Nevill, would be re-sited on the ground floor, allowing easier patient access to the hospital garden etc.
- 27.4 In response to a question from Cllr Barnett about the number of community mental health staff employed by the Sussex Partnership NHS Foundation Trust, Dr Ford told the committee that the trust had invested considerable sums in improving community services over recent years. The aim had to be to offer community services for all who needed them, and to reduce unacceptably long acute bed-stays. However, this required joined-up work with housing, as many people coming out of hospital require housing support. Whilst current plans might lead to staff reductions in some areas (via natural wastage rather than redundancy in almost all cases), in many other areas it would lead to increased staffing: the reconfiguration was fundamentally about improving services rather than cutting costs.
- 27.5 The Chairman thanked Dr Ford and Ms Cooney for their contributions.

28. 2009/2011 HOSC WORK PROGRAMME

- 28.1 Members discussed the 2009-11 work programme.
- 28.2 Cllr Marsh asked that her chagrin with regard to the postponement of the Select Committee on Alcohol Related Hospital Admissions be recorded.
- 28.3 Members agreed that an item: Brighton & Hove LINK 6 monthly update be added to the agenda for the 08 December committee meeting.

29. FOR INFORMATION: REPORT OF THE SELECT COMMITTEE ON DEMENTIA

29.1 Members discussed the Select Committee report on dementia.

29.2 Members thanked the Select Committee Chair, Cllr Pat Hawkes for all her work on this report.

30. FOR INFORMATION: LETTER FROM HOSC CHAIRMAN

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

31.1 There were none.

32. ITEMS TO GO FORWARD TO COUNCIL

32.1 There were none.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of

Subject:	Brighton & Hove Local Involvement Network (BHLINK): 6 Monthly Update		
Date of Meeting:	08 December 2010		
Report of:	The Strategic Director, Resources		
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 includes the regular (6 monthly) update for HOSC members on activities undertaken by the Brighton & Hove Local Involvement Network (BHLINK) and an update on the management of the LINK Host contract.
- 1.2 **Appendix 1** to this report consists of information supplied by BHLINK; **Appendix 2** to this report consists of information provided by the council's contract manager for the BHLINK host's contract.

2. RECOMMENDATIONS:

- 2.1 That members note this report and its appendices.

3. BACKGROUND INFORMATION

- 3.1 Local Involvement Networks (LINKs) are statutory bodies created by the Local Government and Public Involvement in Health Act (2007) to encourage greater public and patient engagement with health and social care. Details of recent and future LINK activities may be found in **Appendix 1** to this report.

- 3.2 Funding for LINKs is distributed by local authorities. The 2007 Act required local authorities to contract with a 'host' organisation to provide administrative and research support for LINK members.
- 3.3 In Brighton & Hove, the local Community and Voluntary Sector Forum (CVSF) won the contract to host the LINK. This contract is managed by the council. Details on the contract are included in **Appendix 2** to this report.
- 3.4 The recent health white paper, Equity and Excellence, announced that LINKs would transform into organisations called 'Healthwatch' in 2013. The details of how this transformation is to be undertaken are currently unclear, but HOSC members will be updated on this matter when guidance is published.

4. CONSULTATION

- 4.1 None.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 None to this report for information

Legal Implications:

- 5.2

Equalities Implications:

- 5.3 None directly

Sustainability Implications:

- 5.4 None directly

Crime & Disorder Implications:

- 5.5 None directly

Risk and Opportunity Management Implications:

- 5.6 None directly

Corporate / Citywide Implications:

- 5.7 None directly

SUPPORTING DOCUMENTATION

Appendices:

1. Information supplied by BHLINK
2. Information supplied by the council's contract manager for the LINK Host contract

Documents in Members' Rooms:

None

Background Documents:

The Local Government and Public Involvement in Health Act (2007)



Appendix 1

Brighton and Hove Local Involvement Network (BH LINK)

6 Month Report to Brighton and Hove Health Overview and Scrutiny Committee (HOSC)

November 2010

Contents

Background

Key facts about LINKs

Representation

LINK Governance

Relationships

Commissioning

Engagement and Participation

LINK Activity

Key Figures

Contact the LINK

Appendix:

1 LINK representatives

Background

Local Involvement Networks (LINKs) were set up in England from April 2008 to give communities a stronger voice in how their health and social care services are delivered.

Brighton and Hove Local Involvement Network (B&H LINK) is the independent health and adult social care watchdog for Brighton and Hove. It is an independent network of people and groups who want to help make social and health care better in the local area.

BH LINK helps citizens have their say and makes sure the patient/service users voice is listened to. B&H LINK is a statutory body with legal powers under the Local Government and Public Involvement in Health Act 2007.

Key facts about LINKs

- Every local authority with a responsibility for social services has a statutory duty to make arrangements for LINK activity to take place
- Brighton and Hove City Council (BHCC) has a contract with Community Voluntary Sector Forum (CVSF) to 'host' Brighton and Hove LINK until March 2011
- Anyone who lives, works or receives services in Brighton and Hove can be part of Brighton and Hove LINK, as a LINK participant
- LINKs are independent and not part of Government or accountable to the Local Authority or NHS. However, they have a duty to report to the Secretary of State for Health through their Annual Report
- LINKs remit covers health and social care services in their area
- They have powers to enter and view services commissioned by the respective health and social care authorities, with the exception of children's services
- The remit of LINK includes independent providers of publicly funded services
- LINKs has powers to:
 - obtain information from health and social care commissioners
 - issue reports and make recommendations and expect a response within a specific timeframe
 - refer matters to the Council's Overview and Scrutiny Committees concerned with health and social care services
 - enter certain services and view the care provided

Brighton and Hove LINK

Representation

The relationship between the Health Overview and Scrutiny Committee of the Council and BH LINK is a complementary one and there is also a legal relationship with the HOSC in respect of referrals from the LINK. Robert Brown, MBE (LINK Chair) and Deputy, Mick Lister (LINK Steering Group member) are the LINK representatives on the HOSC.

The LINK now has a representative (Steve Lawless) on the Adult Social Care and Housing Overview & Scrutiny Committee. The LINK has a formal process for appointing representatives:

- providers etc. complete a representative form
- form is processed and discussed at the LINK monthly Steering Group meeting
- LINK participants/Steering Group (SG) members complete an application form
- applications are assessed by the LINK SG and representative is appointed
- providers are notified and representative is issued ID card
- representatives are offered training and support in their role
- where capacity allows representatives are briefed by the Host
- representatives feed back at the monthly SG meeting or via a simple feedback form

Please see Appendix 1 for a list of Boards the LINK has representation on.

LINK Governance

BH LINK produced its Terms of Reference, Code of Conduct and Complaints Policy in 2009 although these have since been radically revised. In 2010 the following policies were also produced:

- Enter and View
- Environment
- Financial
- Confidentiality
- Media
- Engagement strategy
- Commissioning LINK work
- Ground rules for LINK events and meetings
- Service Level Agreement (between the Host and LINK)

All policies can be found at: www.bhlink.org/about-link/policies.phuse

Relationships

An effective relationship between the B&H Care Quality Commission (CQC) team (the regulator for health and social care) and the LINK has been established.

Outcome: attended CQC team meeting and working with CQC on care home project.

BH LINK has also lead on improving the joint working between the Sussex LINKs to improve partnership working and maximise resources.

Outcome: BH LINK is leading on the care home project (having developed the surveys and observation tools, briefing and research) which is also being used by East Sussex LINK. BH LINK is in regular communication with both Sussex LINK teams.

The Joint working meeting (including providers, local authority and scrutiny) is held quarterly and aims to:

- improve communication between all relevant organisations: NHS B&H, Providers, Local Authority Scrutiny and B&H LINK. And consequently duplication of work will be avoided.
- showcase LINK activity and promote good practice
- identify potential difficulties and challenges and take action before they escalate further

Outcome: providers and PCTs are developing individual statements/commitments to abide by the NHS Act 2006, the duty to involve and good involvement practice. LINK produced a brief paper on substantial variation/change to services. LINK is meeting with CEOs to discuss concerns that providers and commissioners do not always consult on service change.

Commissioning

The LINK now attends the Joint Strategic Needs Assessment (JSNA) meetings and the LINK has established relationships with primary care commissioners and the mental health commissioner.

Engagement and Participation

Over the past 6 months the increase in LINK participants has been 34%. BH LINK has 211 more LINK participants than the national average of LINK membership.

The LINK now has a 15 person strong team who have completed enter and view and safeguarding vulnerable adults training. They have also had enhanced criminal records bureau checks. The LINK newsletter is a popular publication and is circulated to many additional individuals and groups. Despite being a smaller city LINK our numbers of enter and view representatives is higher than most LINKs.

The Host has built capacity by participating in the Job Access Scheme to provide placements for young people and by working with volunteers in the LINK office. All volunteers have induction training and have clearly defined role descriptions.

The Host and LINK has met with at least 25 groups and charities in the city to promote the LINK and obtain health and adult social care issues in this period.

The LINK is working intensively to promote the involvement of children and young people. The LINK has also been actively involved in engaging with the Gypsy and Traveller community to identify key health issues.

The LINK has been on BBC Radio, community radio (Reverb) and quoted in the Argus numerous times during this period. We have also had articles or advertisements in community and residents newsletters and websites e.g. the Business Forum and the Economic Partnership in Brighton & Hove, Five Ways Magazine, Active for Life Directory, SECamb magazine, City News etc.

The LINK hosted its own health and wellbeing event in July which took place at the weekend and used an innovative approach to promote the LINK to people who do not usually attend community events. Although on a budget we negotiated with independent businesses to secure low budget or free resources – face painting for children, raffle prizes, lower cost massage and beauty sessions. This event was well attended, reaching over 200n people.

The LINK has attended numerous community events, had stands at the Royal Sussex County Hospital, AGM Take Heart (cardiac group), Walk-In Centre, spoken at meetings e.g. Whitehawk health meeting, BMECP meeting, novas Scarman, Hindu elders.

The LINK asked for views at two workshops etc. to feed into the White Paper consultation: Local democratic legitimacy. The LINK’s submission to this consultation can be found at: www.bhlink.org/our-work/link-reports.phuse

LINK Activity

The LINK has worked on the following issues over the last 6 months:

Area
Medicine Wastage – produced 2 draft posters, 1 information flyer on medicine check-up, met with 10 pharmacies, 1 care home and working with Brighton University pharmacology students. Now working on Report and recommendations.
Hospital Discharge – made 8 recommendations and undertook 2 enter and view visits. Representation on the city-wide hospital discharge group
Mental Health – well attended LINK group, making recommendations and now working on a Time to Change anti-stigma activity.
Learning Disability – signed up to Mencap’s Getting it Right and the Thumbs Up Campaigns, working with providers and groups to identify key issues. Leaflet produced on Link for people with learning disabilities.
Dentistry – produced a draft poster aimed at increasing take-up of NHS dentistry, x3 mystery shopper research, met with commissioners – looking at changes to special care dentistry as concerned the PCT has made changes to this service without consulting the LINK and public.
Public Toilets – working with relevant groups and individuals to obtain issues,

Area
planning a group meeting with local authority and contractor.
Dragons' Den – widely promoting this as way of promoting the LINK and increasing engagement with local communities (25.11.10)
Car Parking at RSCH – 1 enter and view visit and survey undertaken at RSCH, planning another visit.
Care Home –leading on a project with East Sussex and CQC to look at nutrition in care homes. Produced briefing, research and survey and observation tool.
Children and Young People – interim project worker (with expertise in this area) liaising with CYP groups and children's centres to increase issues and sign-ups. Working with the Youth Council to secure young people on the Link Steering Group.
Breast Feeding – promoting breast feeding and identifying key issues for new mums, particularly in areas where there are low rates – 1 recommendation to PCT.
Health Promotion (HP) – met with key HP teams to ensure the LINK provides information on issues such as cancer prevention, sexual health, alcohol, mental health and wellbeing etc.
Recommendation to HOSC – free swimming funding should continue for over 60s
Misc: LINK monthly newsletter receives much praise from its readers and in addition to LINK information and health and adult social care news it also contains key information health promotion information. The LINK has also been short listed for a public service award.

Ongoing/Future

- Promote LINK more widely in B&H
- Transition to Local Health Watch
- Transition to GP consortia
- Submission to the White Paper Information Revolution Consultation
- Gypsy and Traveller project with GP practices

Key Figures

Performance Measure	BH LINK
Number of LINK Members/ Participants	698
Number of active LINK Members/ Participants	42
Number of Citizens engaged	979
Number of Requests for Information made	158
Number of Enter & View Visits undertaken	3
Number of Reports and Recommendations made	14
Number of Referrals made to OSC	1
Number of Reports/ Referrals resulting in Service Change	2

Contact the LINK:

Freepost RSGY-UXAC-ZZZG
Brighton & Hove Local Involvement Network
BRIGHTON
BN1 4GQ
T. 01273 810 235
E. info@bmlink.org
Twitter: [bmlink](#)
Facebook: Brighton and Hove LINK
Website: www.bmlink.org

Claire Stevens
LINK Manager
Direct line: 01273 810 234
claire@cvsectorforum.org.uk



Brighton & Hove Local Involvement Network (LINK): Contract manager report to HOSC – December 2010

Summary

- 1.1 This briefing provides members of the health overview and Scrutiny Committee (HOSC) with a short update on the operational progress made in the two and a half years of the Brighton & Hove LINK.
- 1.2 The last update was provided to HOSC in March 2010

Background Information

What it is:

A way for people who use health and social care services to have a say in how they are planned and run.

Replaced patient forums, consists of both user-led organisations and individuals

There is a LINK in every Local Authority area responsible for social services

Funding:

Grant comes from Department of Health. Brighton and Hove CC then pays for a "Host" organisation. The Host organisation then sets up the LINK. Ours was established in April 2008, so has been up and running 2 and a half of it's three year term.

- 2.1 This role of host organisation, with a remit to establish, maintain and support a LINK in its area, has been undertaken by the Community & Voluntary Sector Forum (CVSF) since April 2008, after BHCC discharged its statutory duty under the Local Government and Public Involvement Act (2007).
- 2.2 The contract has been let with the following proviso;
The LINK needs to be inclusive, flexible and participative with its participants drawn from as broad a range of the local population as possible, and with a particular emphasis on including hard to reach groups and taking into account the findings of the BHCC inequalities review(2007).
- 2.3 The membership of the steering group encompasses both specialist group representatives and individuals covering the remit of priority under-represented groups as stipulated in the drawing up of the contract and the performance monitoring framework

Progress to date

- 3.1 The contract management of the LINK is undertaken by the Policy Unit of BHCC.

- 3.2 Previous submissions have noted the need to concentrate on creating and embedding structures to allow a multi-faceted LINK to emerge. LINKs management resources have been used to promote the LINK including information promotion and help with funding of open day events held by the Host and provision of premises for LINK steering group meetings, and this is continuing into 2011.
- 3.3 The use of Local Authority management funding has been provided in certain areas to encourage growth of the service that the host can provide as a gesture of intent, and direction, to see this process succeed.
- 3.4 The Host organisation has translated many of the issues that arose in the first 18 months into a Service Improvement plan agreed by all parties. Results of this approach are detailed in the Host report to the HOSC

Performance Indicators

- 3.5 A range of monitoring indicators have been put in place. Originally reporting every quarter this has now been changed to a more practical three times a year.
- 3.6 The host must report back to Brighton & Hove City Council on LINK/Host activity in accordance with the terms of the contract and ensure the LINK annual report on expenditure, activity and achievements is sent to the department of Health and made publicly available
- 3.7 A separate report on the LINK activity and progress over the last six months has also been submitted to the HOSC by the Host, as requested by the HOSC
- 3.8 Recommendations from the independent evaluation of the LINK in November 2009 mean that processes have been revised over the past year in an attempt to monitor the appropriateness and effectiveness of the indicators, reflecting both the identity and the uniqueness of a local involvement network, its aims and objectives and how well it is working towards these.

The reference group

- 3.9 The reference group was set up to provide the Host with easy access to the existing networks of the statutory agencies, and adopt common protocols to underpin their long-term working relationship with the LINK.
- 3.10 The reference group served its initial purpose as a liaison and evaluation group to provide a sounding board for the host. It consisted of all statutory providers of health and social care within Brighton & Hove and associated agencies with a presence in the area and met on a two to three monthly from April 2008 to April 2010

- 3.11 The reference group has now been superceded by a Host inspired Joint Working Group meeting. The aims and objectives are:
- ❖ to improve communication between all relevant organisations: NHS B&H, Providers, Local Authority Scrutiny and B&H LINK. And consequently duplication of work will be avoided.
 - ❖ Showcase LINK activity and promote good practice
 - ❖ Identify potential difficulties and challenges and take action before they escalate further

HOSC

- 3.12 Scrutiny arrangements, in agreement with the reference group, host and BHCC officers originally saw all LINK work reported to the HOSC, for further dissemination to other OSCs where necessary and appropriate
- 3.13 This pilot situation was reviewed after some negotiation access to the Adult Social Care OSC has now been obtained.

Regional and National Issues

- 3.28 At the end of March 2011 all Local Authority LINK contracts will come to an end
- 3.29 April 2012 will see the start of HealthWatch UK. This is the current government suggested way forward for health and social care, giving consumers a stronger voice in the transformation process. (Subject to White Paper consultation and legislation - The white paper envisages that most health commissioning (other than specialist commissioning and commissioning of primary care) will be undertaken by consortia of local GP practices.)
- 3.30 Subject to the Spending Review, there would be additional funding for additional functions such as providing complaints advocacy services and supporting individuals to exercise choice.
- 3.31 Local Authority expected to have a stronger remit and therefore responsibility for ensuring HealthWatch organisations are both supported and successful

Next Steps

- 4.1 **The interim years - April 2011 – April 2012**
Local Authorities still have responsibility to commission and support LINKs as set out in the 2007 Act but most don't have contracts to do so.
- 4.2 Effort from the BHCC contract management of the LINK over the next three months will concentrate on ensuring:
- The LINK is more widely visible to residents and local service users
 - The interim year between LINKs and HealthWatch is used to expand the outreach and effectiveness of the LINK while preparing for the transition to a new system.
- 4.3 Regular monthly 'audit' meetings between the contract manager and the Host organisation will continue to provide a model of good practice and act as an early warning system of any arising issues. These have now been extended to include both Host and Steering group meeting with the Contract Manager and Local Authority Scrutiny in order to facilitate a three way dialogue around the interim arrangements for 2011.
- 4.4 The Brighton & Hove Consultation Portal (<http://consult.brighton-hove.gov.uk/portal>) and the LINK website (<http://www.bhlink.org/>) are now both fully operational and provide information on consultation and research carried out in the City, upcoming events and ways to get involved.
- 4.5 The change in arrangements means the current contract with the Host must be reassessed

- 4.6 The DoH view is that prior to any changes made through legislation, local authorities should consider extending existing LINKs host contracts for a year – where existing contracts allow for this – to run to March 2012, unless there are strong operational reasons not to do so
- 4.6 The contract drawn up between BHCC and the CVSF does not allow for an extension. The forthcoming months will be spent redrafting the contract with consideration of multiple interests, but with the intention to use the same suppliers as proposed by the DoH
- 4.7 To take this work forward in the coming year a proportion of the management funding will be used to assist the contract manager progress several themes of work including:
- Implementation of the white paper proposals
 - How Health Scrutiny will work; executive body and watchdog?; Councillor involvement; How can we best co-ordinate scrutiny of healthcare by local authority members with public and patient scrutiny of healthcare?
 - How can LINKs/HealthWatch help local authorities fulfil their responsibilities better (e.g. in terms of engaging with particular communities, seeking public views on commissioning plans etc)?
 - How do we best maintain HealthWatch's independence whilst ensuring that it benefits from being administered by the local authority?
 - Develop the relationship between local authority (member-led) health and social care scrutiny and the Healthwatch to ensure that there is a robust and effective public voice to influence and challenge local commissioning decisions
 - The opportunity for an engagement structure that is superior to the current arrangements, but it will require a good deal of work, bringing together the LINK, health scrutiny, GP commissioners, Foundation Trusts, 3rd sector organisations, the council's administration, ASC, CYPT etc.
- 4.8 It is important that local areas are prepared for the problems of transition, that we plan ahead as much as possible, that LINK members and their hosts receive adequate support during transition, and that we do everything possible to ensure that the organisational intelligence and experience of the LINK is retained in HealthWatch.
- 4.9 To help achieve these ends part of a scrutiny officer's time has been 'seconded' to develop these work-streams in this area over the next 12 to 18 months.

Subject: "The Patient Revolution": NHS Consultation
Date of Meeting: 08 December 2010
Report of: The Strategic Director, Resources
Contact Officer: Name: Giles Rossington Tel: 01273 29-1038
E-mail: Giles.rossington@brighton-hove.gov.uk
Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Department of Health has recently published two new consultation papers providing details of initiatives outlined in the "Equity and Excellence" White Paper.
- 1.2 The papers are: "Liberating the NHS: Greater Choice and Control", which proposes ways to give patients greater input into their care and treatment; and "Liberating the NHS: An Information Revolution", which addresses the issue of how to provide information about health and social care which enables individuals to make informed care choices. Together, these initiatives have been termed "the patient revolution".
- 1.3 The Department of Health and the South East Coast Strategic Health Authority are both actively encouraging stakeholders to comment on these consultation papers. A brief synopsis of each paper is provided below, as is a link to the full consultation documents (see **parts 3 & 4** of this report).
- 1.4 Given the size and complexity of these documents, it is recommended that, rather than making comments for a submission at the committee meeting, HOSC members, should they choose to respond to these consultations (and they are by no means bound to do so), should authorise a working group of members to agree a response on behalf of the HOSC. The consultation closes in January 14 2011, so it would not be possible for a working group to report back to HOSC prior to submitting its comments, but there would be time for comments to be circulated amongst and agreed by members before their submission.

2. RECOMMENDATIONS:

2.1 That members:

- (1) Decide whether to submit a formal response to the Department of Health consultation papers “Liberating the NHS: Greater Choice and Control” and “Liberating the NHS: An Information Revolution”.

And, if it is agreed that a response should be submitted:

- (2) Agree to authorise a working group of HOSC members to formulate a response to the consultation papers (subject to approval by all committee members);
- (3) Nominate members to take part in the working group.

3. BACKGROUND INFORMATION: “Liberating the NHS: Greater Choice and Control”

3.1 This consultation paper focuses on improving patient choice – of provider, of types of treatment, and of where and when to be treated.

3.2 Specific initiatives outlined in the consultation paper include:

- Patients to be able to choose ‘any willing provider’ of the treatments they require (including non-NHS providers)
- Patients to be able to choose a named consultant or consultant-led team to provide their treatment (but with the caveat that they may have to wait much longer to see the most popular doctors)
- Greater choice in maternity services (although the detail of what this actually means is currently lacking)
- Greater choice in mental health services, including better personal care planning (which might include choosing a preferred provider for future acute admissions)
- Greater choice in diagnostics (particularly around where to be tested)

- Better care planning for people with long term conditions, including the piloting of personal health budgets
- Greater choice for end of life care (and greater encouragement for more providers to enter this market)
- Ability to register with any GP who has an open list (e.g. GPs will no longer be able to reject patients from outside a 'catchment' area)
- Development of a national 24/7 urgent care service (for out of hours GP care and in-hours GP care for people unable to access their registered GP)
- Roll-out of '111' phone number for non-emergency health matters
- Patients to be able to choose any 'clinically appropriate' treatment, including (but not necessarily limited to) all NICE approved treatments
- Improving health professionals' training (especially GPs) in terms of offering and explaining choices to patients
- Working with patients to increase their involvement in their own care (particularly for people with long term conditions)
- Making more readily accessible/comprehensible information on comparative success rates etc. available to patients
- Extending the NHS tariff to cover community services and end of life care
- Providers to be licensed as 'NHS approved' – e.g. willing to work at tariff rates and able to deliver the required quality. A central national directory of licensed providers to be established – patients may then choose any clinically appropriate licensed provider

3.3 Some of the proposals outlined in this consultation paper might have a quite profound impact upon NHS commissioning and provision, perhaps particularly the initiatives which will seemingly allow patients to choose 'any willing provider' and any clinically appropriate treatment. However, this is a consultation document, and it is not yet apparent how these ideas will develop.

4. BACKGROUND INFORMATION: “Liberating the NHS: An Information Revolution”

4.1 This consultation paper focuses on improving NHS record keeping, improving data collection and communication within the NHS, involving patients more in aspects of their own care, and moving towards a data collection system based around measuring outcomes rather than processes.

4.2 Specific initiatives outlined in the consultation paper include:

- Plans to give patients much greater access to and control over their medical records, with patients able to specify the degree of involvement they want (this is particularly aimed at people with long term conditions)
- Encouraging healthcare providers to make it easier for the public to contact them and to access information about them (with a particular focus on communication via email and the web)
- Involving carers more in people’s healthcare and (appropriately) sharing information with them
- Increasing the use of telecare and encouraging people to become ‘expert’ at managing their own conditions
- Publishing much more information on the success rates of different hospitals/services/teams/consultants etc.
- Publishing more comparative information on hospital ‘healthcare associated infection’ rates, cleanliness, estates quality etc.
- Encouraging the broader use of (anonymised) patient information in healthcare research and planning
- Creating a central evidence resource for health researchers
- Shifting the focus of public health, with targeted interventions (utilising patient records) rather than broad based publicity campaigns
- Standardisation of data recording, Quality Accounts, care records and clinical terminology across NHS
- Encouraging innovative data technologies (e.g. use of digital imaging in diagnostics)

- Reviewing health and social care requirements to collect data (simplifying what has to be collected at a local level)
- Extending the PROM (Patient Recorded Outcomes Measures) programme and ensuring that patient feedback is actually used to improve services
- Underpinning the central role of Local Authorities and the Joint Strategic Needs Assessment (JSNA) in driving health improvement across local areas.
- Working to make separate IT systems compatible with one another (rather than seeking to roll a single IT system out across the whole NHS)

4.3 Although these consultation documents contain a number of potentially important ideas, the initiatives they outline do not directly relate to the work of the HOSC in quite the same way that the initiatives outlined in the “Improving Democratic Legitimacy in Health” paper did (debated at 29 September 2010 HOSC). Members, therefore, should certainly be aware of these consultation papers, but may not necessarily wish to contribute, as a committee, to the consultations. If members do wish to submit material to the consultations, a model for making a submission is suggested in the recommendations section of this report.

4.4 The full consultation papers may be found at <http://www.dh.gov.uk/en/Consultations/Liveconsultations/index.htm>

5. CONSULTATION

5.1 None has been undertaken in compiling this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None to this report for information

Legal Implications:

5.2 There are no direct legal implications arising from this report
Lawyer Consulted: Elizabeth Culbert; Date: 24.11.10

Equalities Implications:

- 5.3 None to this report for information. Full Equality Impact assessments for these consultation papers can be found on the Department of Health website

Sustainability Implications:

- 5.4 None to this report for information

Crime & Disorder Implications:

- 5.5 None to this report for information

Risk and Opportunity Management Implications:

- 5.6 None to this report for information

Corporate / Citywide Implications:

- 5.7 None to this report for information

SUPPORTING DOCUMENTATION

Appendices:

None

Documents in Members' Rooms:

None

Background Documents:

1. "Liberating the NHS: Greater Choice and Control"
2. "Liberating the NHS: An Information Revolution"
3. "Equity and Excellence": Health White Paper

Subject:	NHS Brighton & Hove Annual Operating Plan 2011-12: report Back from the HOSC Working Group		
Date of Meeting:	08 December 2010		
Report of:	The Strategic Director, Resources		
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 NHS Brighton & Hove presented its 2011-12 Annual Operating Plan (AOP) to HOSC at the 14 April 2010 committee meeting.
- 1.2 HOSC members decided to form a working group to look in detail at the AOP. Cllrs Allen, Harmer-Strange and Rufus agreed to sit on the working group.
- 1.3 The working group met with senior officers from NHS Brighton & Hove on 22 October 2010 (including Geraldine Hoban, Interim Director of Programmes, and Michael Schofield, Director of Finance). At this meeting, the AOP was examined in some detail.
- 1.4 Working group members identified a series of elements in the AOP as meriting further scrutiny attention. These topics have been provisionally added to the HOSC work programme (subject to the committee's approval): see **Appendix 1** to this report.
- 1.5 Some elements of the AOP concern children's healthcare services, and, where the working group wished for further information on these areas, it is suggested that the HOSC makes a referral to the Children & Young People Overview & Scrutiny Committee (CYPOSC), as dedicated healthcare services for children lie within the remit of CYPOSC rather than HOSC.

2. RECOMMENDATIONS:

2.1 That members:

- (1) Note the information contained in this report;
- (2) Endorse the revised HOSC work programme (**Appendix 1** to this report);
- (3) Agree to refer the areas of children's healthcare identified as significant by working group members (see **point 3.2.4** below) to the Children & Young People Overview & Scrutiny Committee.

3. BACKGROUND INFORMATION

3.1 Primary Care Trusts are required to publish medium term Strategic Commissioning Plans setting out their high level commissioning priorities across a five year period. These Commissioning Plans are supported and augmented by Annual Operating Plans (AOP) which set out strategic priorities for individual years.

3.2 The HOSC working group identified several areas of the 2011-12 AOP as worthy of further examination. These include:

3.2.1 **Primary (GP) Care** – members were particularly interested in:

- a) variation in GP practice performance across the city;
- b) how GPs are supported in diagnosing/treating rare or complex conditions (e.g. peer support via other GPs with specialisms etc).

3.2.2 **Dental Care** – members were interested in:

- a) general performance against the dental contract;
- b) services for children with special needs (and their siblings)
- c) potential for encouraging more dental services in less affluent areas.

3.2.3 **Mental Health** – members were interested in:

- a) access to/waiting times for psychological therapies (and whether moves to 'Any Willing Provider' might help address this);
- b) access to services for patients at risk of suicide;
- c) dementia planning (and the ongoing revision of the local dementia care pathway).

- 3.2.4 **Children's Health** – members were particularly interested in:
- a) nursing provision in schools, especially in terms of supporting children with disabilities;
 - b) health provision for Looked After Children (and how we compare to other local authorities);
 - c) the re-commissioning of Child and Adolescent Mental Health Services (CAMHS).

In terms of the council's constitution, scrutiny of these issues should be undertaken under the aegis of the Children & Young People Overview & Scrutiny Committee (CYPOSC) rather than the HOSC (**constitution: Part 6.1, paragraph 2.5.1**).

4. **CONSULTATION**

- 4.1 None has been undertaken in compiling this report, although the working group reached its conclusions after detailed discussions with officers of NHS Brighton & Hove.

5. **FINANCIAL & OTHER IMPLICATIONS:**

Financial Implications:

- 5.1 None to this report for information.

Legal Implications:

- 5.2 There are no direct legal implications arising from this report
Lawyer Consulted: Elizabeth Culbert; Date: 24.11.10

Equalities Implications:

- 5.3 None to this report. The NHSBH AOP address these issues in depth.

Sustainability Implications:

- 5.4 None to this report. The NHSBH AOP address these issues in depth.

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. Revised HOSC work programme

Documents in Members' Rooms:

None

Background Documents:

1. NHS Brighton & Hove Annual Operating Plan 2011-12

HOSC Work Programme 2009/2011

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		

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	July 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	Sep 2010	Cllrs McCaffery and Barnett	Report on acute care provision for older people	September 2010	Report on nutrition at RSCH (LINK and BSUHT)
Older People's Mental Health Care	Sep 2010	Cllr Barnett	Report on nursing (EMI) provision for older people	September 2010	Covered by select Committee on Dementia? (report for information to Sep 10 HOSC)

Issue	Date to be considered	Referred By?	Reason for Referral	Progress and Date	Notes
Patient Experience/Measuring Outcomes	Dec 2010	BSUHT/NHS BH	Report on how NHS organisations are increasingly focusing on patient experience, and on measuring outcomes rather than processes	Report covering PCT and BSUHT at Dec meeting; other trusts and GPs to come to subsequent meetings	
Community Mental Health Services	Dec 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		Examined by ASCHOSC

Issue	Date to be considered	Referred By?	Reason for Referral	Progress and Date	Notes
Health Visitors, Midwives and Breast Feeding	Dec 2010	Cllr McCaffery	Examine breast feeding uptake and effectiveness of the integration of pre, peri and post natal services	Postponed until 2011 as BSUHT currently recruiting a new Head of Midwifery	
DoH consultations on 'patient choice' and 'information'	Dec 2010	SHA/DoH	Briefing for members on current white paper consultations		
South East Coast Ambulance Service: update	Dec 2010	SECamb	Update from SECamb on recent activities/future plans		
BHLINK 6 monthly update	Dec 2010	HOSC	Regular update from BHLINK and LINK host contract manager		
GP services	Feb 2011	HOSC working group on AOP	Variations in performance across the city and development of specialisms across the city GP 'pool'		
Dental Care	April 2011	HOSC working group on AOP	General performance and provision for children with special needs and their siblings		
Mental Health	April 2011	HOSC working group on AOP	Waiting times for psychological therapies; suicide; dementia		

