

Agenda Item 30

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00PM 30 SEPTEMBER 2009

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

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

Co-opted Members: Hazelgrove (Older People's Council) (Non-Voting Co-Optee)

PART ONE

15. PROCEDURAL BUSINESS

15A Declarations of Substitutes

15.1 There were none.

15B Declarations of Interest

15.2 There were none.

15C Declarations of Party Whip

15.3 There were none.

15D Exclusion of Press and Public

15.4 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.

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

16. MINUTES OF THE PREVIOUS MEETING

- 16.1 **RESOLVED** – That the minutes of the meeting held on 08 July 2009 be approved and signed by the Chairman.

17. CHAIRMAN'S COMMUNICATIONS

- 17.1 The Chairman announced that NHS Brighton & Hove had recently informed him of its intention to procure two city GP services: at Elm Grove and St James' Avenue. These services will replace the existing GP practices currently operating in these locations.

18. PUBLIC QUESTIONS

- 18.1 There were none.

19. NOTICES OF MOTION REFERRED FROM COUNCIL

- 19.1 There were none.

20. WRITTEN QUESTIONS FROM COUNCILLORS

- 20.1 There were two Written Questions from Councillors.
- 20.2 In response to a question from Councillor Brian Pidgeon, Darren Grayson, Chief Executive of NHS Brighton & Hove, apologised for publishing information on local healthcare services which could not be readily accessed by blind or visually impaired people. Mr Grayson told members that NHS Brighton & Hove had subsequently been in contact with the Federation of Disabled People to ensure that the information contained in the leaflet was available to local people with sight problems.
- 20.3 The Chairman noted that, aside from unfortunately being inaccessible to blind people, this was a truly excellent publication, presenting important healthcare information in a very readable format. The Chairman congratulated all those involved in preparing and publishing the leaflet.
- 20.4 Councillor Pidgeon noted that this was not the first time he had been obliged to raise similar matters with NHS Brighton & Hove and he trusted that he would not need to do so again.
- 20.5 In response to a question from Councillor Jason Kitcat, Dr Tom Scanlon, Director of Public Health for Brighton & Hove, told members that the decision to prescribe anti-viral drugs widely was taken at a national level after assessing all the available research evidence. The drugs were effective against the virus if taken early although the side effects, most of which were minor, had been greater than had been suggested by previous clinical trials. Regarding whether or not the use of paracetamol and ibuprofen prolonged the symptoms of flu, Dr. Scanlon cautioned against over-interpretation of one study, but also stated that even if their use slightly prolonged the presence of the virus in the body, their effectiveness in dealing with the symptoms of the flu was likely to outweigh this concern. The vast bulk of evidence was that they were both safe and effective.

- 20.6 Dr Scanlon also pointed out that although Tamiflu's side-effects had been rather more than had been anticipated, this did not mean that its use had been a mistake. There had been relatively few deaths in the UK in the first wave and it may have been that the widespread use of anti-virals had saved a number of lives.
- 20.7 Dr Scanlon told members that he had thus far been unable to ascertain the cost per unit of Tamiflu, but would pass that information on once he had it.

21. FLU PANDEMIC UPDATE

- 21.1 This Item was introduced by Dr Tom Scanlon, Director of Public Health Brighton & Hove. Dr Scanlon then answered members' questions.
- 21.2 Dr Scanlon told members that a (national) priority list for vaccination of members of the community had been prepared. This list included those between 5 and 65 years in seasonal flu 'at-risk' groups; pregnant women; people in regular contact with immuno-compromised persons; and over-65s in seasonal flu 'at risk' groups. Front-line medical staff (and some other groups of front-line workers) will also be vaccinated at an early stage, although the programme for these vaccinations is separate from the community vaccination programme. The timetable for these vaccination programmes would be shortly announced.
- 21.3 In answer to a question concerning the widespread prescription of anti-viral medication (e.g. tamiflu) during the first wave of the pandemic, Dr Scanlon informed members that this policy may well have slowed the spread of the virus (and therefore allowed for better emergency planning). In addition, the 'on-line prescribing' of Tamiflu meant that primary care services were not overwhelmed with pandemic-related queries to the detriment of their other work. However, this was not necessarily a zero-sum game, and there may also have been drawbacks to the wide-spread use of anti-virals at this stage in the pandemic (such as more severe than anticipated side-effects for some patients).
- 21.4 Dr Scanlon told the committee that planning for the swine flu pandemic was based upon national guidance. However, there was a good deal of decision making at a local level, as each locality had to take its own demography etc. into account.
- 21.5 Members were informed that it might, at some point during a second wave of swine flu, prove necessary to shut some or all local schools. This would be a local decision made between the Education Authority working in conjunction with the Health Protection Agency.
- 21.6 Dr Scanlon told members that Brighton & Sussex University Hospitals Trust (BSUH) had undertaken detailed planning for a surge in the pandemic. This preparation included planning to cancel/postpone elective surgery in order to free space for swine flu cases; planning for swifter and more effective patient discharge; and planning for the potential use of beds in private healthcare facilities (e.g. the Nuffield, the Sussex Orthopaedic Treatment Centre).
- 21.7 The committee was told that the swine flu vaccination was additional to the normal seasonal flu jab, although the first swine flu jab could be combined with the single

seasonal flu jab (currently, it was anticipated that two swine flu jabs would be required, although this could change). There did seem to be some evidence from around the globe that the swine flu virus effectively 'pushed aside' seasonal flu (i.e. that seasonal flu rates in some parts of the world have been considerably lower than anticipated during the first wave of the swine flu pandemic), although there was no guarantee that this would be repeated in a second wave of the pandemic.

21.8 RESOLVED – That the Director of Public Health's report be noted.

22. BRIGHTON & SUSSEX UNIVERSITY HOSPITALS TRUST (BSUHT) FOUNDATION TRUST APPLICATION

22.1 This item was introduced by Alex Sienkiewicz, Company Secretary of Brighton & Sussex University Hospitals Trust (BSUHT).

22.2 Mr Sienkiewicz told members that current plans for the Foundation Trust Board of Governors did not include emergency service representation (other than from the South East Coast Ambulance Trust), although final decisions on the trust governance structure had not yet been made.

22.3 In response to a question regarding whether current BSUHT Non-Executive Directors (NEDs) would be re-appointed as NEDs for the Foundation Trust, members were informed that, where possible, the trust did intend to retain its NEDs in order to ensure continuity during the transfer to Foundation Trust status. To this end, extensive training was being arranged for the current NEDs. In addition, recent appointments to the BSUHT board had taken account of the Foundation Trust application, with NEDs being sought who were able to cope with the demands of taking responsibility for a Foundation Trust.

22.4 In answer to a query about whether the proposed Foundation Trust would have both its Board of Governors and its Board of Directors chaired by the same person, Mr Sienkiewicz told members that this would indeed be the case, as this was a statutory requirement for Foundation Trusts. Although there was a potential clash of interests here, the trust was confident that problems could be avoided, particularly via the publication of clear procedures in the Standing Orders for both boards (which will form part of the planned Foundation Trust's constitution).

22.5 Mr Sienkiewicz told the committee that NEDs are currently appointed to NHS trusts by a nationally run Appointments Commission. However, when BSUHT becomes a Foundation Trust, then the trust Governors will appoint NEDs. Current NEDs with time left to serve will 'roll-over' to the initial FT Board of Directors for the duration of their terms.

22.6 RESOLVED – That BSUHT's approach to its Foundation Trust application be approved by the committee.

23. SOUTH EAST COAST AMBULANCE TRUST (SECAMB): FOUNDATION TRUST APPLICATION

- 23.1 Geraint Davies, SECamb Director of Corporate Affairs and Service Development, introduced this item.
- 23.2 In answer to questions as to how achieving Foundation Trust status would enable the trust to improve its services, members were told that Foundation Trusts are able to borrow commercially to improve their services. This would enable developments to be made (for instance in training more paramedics or renewing the trust's vehicle fleet) which would either not be possible under SECamb's current financial arrangements, or which would take much longer to enact.
- 23.3 In response to a query as to how a regional ambulance trust could hope to engage potential members, the committee was told that SECamb has already recruited 1300 people eager to become members. Given the trust's excellent history of public involvement, SECamb is confident that it can attract and maintain a broad and engaged membership.
- 23.4 Mr Davies told members about SECamb plans to develop its services in Brighton & Hove, moving away from the use of large ambulance stations in a few locations to having ambulances 'stationed' in parking places across the city. This will improve call-out times, as ambulances can be stationed near to the areas of greatest demand (e.g. the city centre).
- 23.5 Several members noted that there were potential problems with SECamb's governance structure, as the trust has to include representation from all parts of the area it covers (Sussex, Kent and Surrey), but must also ensure that it does not end up with an unmanageably large Board of Governors. SECamb's proposed governance structure involves a number of areas or interest groups being represented by single Governors, which begs a number of questions, including whether a single person can adequately represent the interests of a city such as Brighton & Hove, what to do when a Governor cannot make a scheduled meeting etc. Mr Davies assured members that the trust was doing all that it could to deal with these potential difficulties, including co-ordinating Board meetings around the availability of Governors.
- 23.6 RESOLVED** – That SECamb's approach to its Foundation Trust application be approved by the committee.

24. AD HOC PANEL ON THE GP-LED HEALTH CENTRE: NHS BRIGHTON & HOVE RESPONSE TO HOSC RECOMMENDATIONS

- 24.1 This item was introduced by Councillor Trevor Alford, Chairman of the ad hoc panel.
- 24.2 RESOLVED** – That the report be noted and NHS Brighton & Hove be thanked for its prompt and positive response.

25. HEALTH OVERVIEW & SCRUTINY COMMITTEE (HOSC) WORK PROGRAMME

- 25.1 Members discussed possible items for the HOSC work programme.

25.2 It was agreed that officers should seek to collate a number of suggested topics under themes, and that the resultant, concise, work programme should be presented to members at their next meeting.

26. CARERS' STRATEGY

26.1 This item was introduced by Denise D'Souza, Director of Community Care and by Tamsin Peart, Performance and Development Officer.

26.2 Members were told that the Carers' Strategy had been developed after conversations with a large number of representative organisations. The Carers' Survey, to which more than 400 people had responded, had also been used to inform the strategy.

26.3 Members were informed that money for carers is not 'ring-fenced'. However, NHS Brighton & Hove currently funds carers' services at a higher level than is suggested by Government guidance. Details about future NHS funding of these services will be included in the update of NHS Brighton & Hove's Strategic Commissioning Plan.

26.4 RESOLVED – That the report be noted.

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

27.1 It was agreed that Item 21 (flu pandemic update) and Item 25 (HOSC work programme) should be forwarded for information to Cabinet.

28. ITEMS TO GO FORWARD TO COUNCIL

28.1 There were none, although it was noted that the ad hoc panel report on the GP-Led Health Centre and NHS Brighton & Hove's response to the report recommendations would, as a matter of course, go to full Council for information.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of