

Agenda Item 13: Appendix 2

Brighton & Hove City Council

For general release

Meeting: Health Overview & Scrutiny Committee
Date: 23 April 2008
Report of: The Director of Strategy and Governance
Subject: Forward Planning Recommendations for the New Health Overview & Scrutiny Committee (HOSC)

Ward(s) affected: All

1. Purpose of the report

- 1.1 To give members the opportunity to recommend subjects for inclusion in a future Health Overview & Scrutiny Committee (HOSC) work programme. (The final decision on the contents of the new HOSC work programme will be taken by members of the new Committee.)
- 1.2 To suggest some potential areas of interest, with reference to likely developments in the Local Health Economy and the Committee's current and recent commitments.
- 1.3 Item 3.1 (Fit For the Future) represents a formal ongoing commitment which should be honoured by the new HOSC; Items 3.2 to 3.9 represent ongoing work, although not of such a formal nature; Item 3.10 is an issue included on the April 2008 agenda which might warrant further investigation; Items 3.11 onwards represent recommendations for the Work Programme made by the HOSC Working Group established to examine the draft City Strategic Commissioning Plan (SCP)

2. Recommendations

- 2.1 That the Committee approves the suggested topics for potential inclusion in the new HOSC Work Programme.
- 2.2 That the Committee makes additional suggestions for topics to potentially be included on the new HOSC Work Programme.

3. Suggested Items for Inclusion in a HOSC Work Programme

3.1 Fit For the Future

- 3.1(a) “Fit For the Future”, the NHS initiative to reconfigure acute healthcare services across West Sussex and Brighton & Hove, is still ongoing: the Joint Health Overview & Scrutiny Committee (JHOSC) Report on the Fit For the Future process is due to be published in early May, and the final Primary Care Trust (PCT) decision regarding reconfiguration is not anticipated until July. It is currently unclear when implementation of Fit For the Future will begin (this will depend to some extent on whether the JHOSC opts to refer the PCTs’ final decision to the Secretary of State for Health).
- 3.1(b) There is an evident need for HOSC to continue to monitor this process and to be involved in any future plans to implement local NHS reconfiguration. This topic should therefore be considered for inclusion on the HOSC 2007/2008 Work Programme.

3.2 City Wide Estates Strategy

- 3.2(a) The PCT presented the City Wide Estates Strategy to HOSC at the Committee’s 25.07.07 meeting. The strategy sets out the intentions of local NHS Trusts (and partners such as the City Council) in terms of developing the city’s healthcare infrastructure.
- 3.2(b) HOSC members may be particularly interested to monitor the progression of plans to establish polyclinics for Eastern and Central Brighton (at the Brighton General Hospital site and Preston Road/Carden Hill sites respectively).
- 3.2(c) Implementation of the Estates Strategy will take place over a number of years, requiring regular monitoring of progress. The PCT has offered to provide HOSC with regular updates. This topic should therefore be considered for inclusion on the HOSC 2007/2008 Work Programme.

3.3 Maternity

- 3.3(a) Brighton & Hove PCT has recently conducted a consultation regarding the future development of maternity services in the city.

- 3.3(b) Some of the options for acute healthcare reconfiguration being considered as part of the West Sussex and Brighton & Hove Fit For the Future programme might have a significant impact upon city maternity services. For instance, if Worthing Hospital loses its consultant led maternity unit, it is anticipated that there would need to be a considerable expansion of these services at the Royal Sussex County Hospital to cope with the expected influx of West Sussex residents into Brighton & Hove.
- 3.3(c) The East Sussex Fit For the Future programme, which concentrated on the reconfiguration of maternity services in the county, has produced a recommendation to close consultant led maternity services at Eastbourne Hospital. This has now been referred to the Secretary of State for Health by East Sussex HOSC, but if the original decision is eventually upheld, then there is also likely to be an impact upon Brighton & Hove maternity services as East Sussex residents increasingly use the Royal Sussex County Hospital.
- 3.3(d) Maternity is therefore likely to feature as an important issue in the coming year, and should be considered for inclusion on the 2007/2008 HOSC Work Programme.

3.4 Local involvement Networks (LINKs)

- 3.4(a) A Brighton & Hove LINK has recently been established to replace local Patient & Public Involvement Forums (PPIFs).
- 3.4(b) HOSC has monitored the progress of the process by which a Host organization for the Brighton & Hove LINK had been procured.
- 3.4(c) Having monitored the procurement of a LINK Host, it would seem sensible for the HOSC to continue this work by scrutinising the establishment of a Brighton & Hove LINK. This topic should therefore be considered for inclusion on the 2007/2008 Work Programme.

3.5 Sussex Partnership Trust (SPT): Foundation Trust Application.

- 3.5(a) SPT came to the HOSC on 20.06.07 with proposals to apply for NHS Foundation Trust status, and has subsequently updated the Committee on the actions it has taken to consult with service users, staff and the local public as well as on the progress of preparations for becoming a Foundation Trust.
- 3.5(b) Although SPT may not need to formally consult the HOSC regarding the progress of its Foundation Trust application, it is likely that the Trust will seek to update the Committee as the application proceeds.

3.5(c) All NHS provider Trusts will eventually have to become NHS Foundation Trusts. This is an important development, and one which the Committee should continue to monitor. Therefore, this topic should be considered for inclusion on the 2007/2008 Work Programme.

3.6 Sussex Partnership Trust (SPT): Reconfiguration of Local Services

3.6(a) SPT came to the HOSC on 28.11.08 to report on proposals to make changes to Brighton & Hove services. In particular, the Committee was informed of plans to reconfigure Mill View hospital and to make significant changes to the ways in which the Community Mental Health Teams operate across the city.

3.6(b) Having already been briefed on plans to improve local services, it would seem sensible for HOSC to monitor the progression and implementation of these plans. Therefore this topic should be considered for inclusion on the 2007/2008 Work Programme.

3.7 The Sussex Orthopaedic Treatment Centre (SOTC)

3.7(a) The HOSC examined issues relating to the performance of the SOTC at its November 2006 meeting. It was determined at that meeting that this issue would be revisited at an appropriate time, particularly since there were a number of outstanding issues relating to elements of the SOTC's performance.

3.7(b) The pressure of other commitments has meant that HOSC has not yet been able to re-visit this issue. However, the question of the SOTC's performance is an important one and does warrant further examination. This topic should therefore be considered for inclusion on the HOSC 2007/2008 Work Programme.

3.8 Brighton & Sussex University Hospitals Trust (BSUHT): plans to improve/reconfigure Brighton & Hove acute services/estates

3.8(a) BSUHT has presented plans to expand secondary/tertiary care services on the Royal Sussex County Hospital (RSCH) site and to significantly re-develop the site to the HOSC on a couple of occasions. These plans are on a very large scale, costing an estimated £200-300 million.

3.8(b) Whilst there has not been any formal presentation of definitive plans, timetables etc. to be followed up, the scale and importance of BSUHT's proposals surely warrants monitoring. This topic should therefore be considered for inclusion on the HOSC 2007/2008 Work Programme.

3.9 Brighton & Sussex University Hospitals Trust (BSUHT): Financial Position

- 3.9(a) BSUHT has had long standing financial problems and was placed in “Turnaround” in 2006/2007. HOSC received a report on the progress of the Turnaround process at the 27.09.06 Committee meeting.
- 3.9(b) BSUHT successfully went through the Turnaround process and is currently in a much more healthy financial position. However, there are still significant issues concerning the Trust’s long term finances which the Committee may wish to explore. This topic should therefore be considered for inclusion on the HOSC 2007/2008 Work Programme.

3.10 Privacy and Dignity in Healthcare

- 3.10(a) The 23.04.08 HOSC agenda contains an Item on BSUHT policy in regard to the issue of Privacy and Dignity. BSUHT is not the only local healthcare provider to deal with these issues; Sussex Partnership Trust and South Downs Health Trust also see many vulnerable patients. Council Adult Social Care services, particularly those concerned with the care of older people and of people with learning disabilities, might also be considered relevant to examination of this subject. (There was not room on the April 2008 HOSC agenda to hear from all the providers involved.)
- 3.10(b) This topic is not an ongoing commitment to the same degree as the topics which have preceded it. However, it is an important issue, and, if members feel it warrants further examination, it should be considered for inclusion on the HOSC 2007/2008 Work Programme.

3.11 Public Health

- 3.11(a) The City Strategic Commissioning Plan (SCP) identifies Public Health as a key area for improving the health of city residents and reducing health inequalities.
- 3.11(b) The HOSC Working Group formed to examine the SCP highlighted the Public Health agenda as being an area which HOSC should investigate, both because of its intrinsic importance and because the City Council has many direct responsibilities which include Public Health matters. Issues of particular concern were noted as including: obesity, smoking cessation, mental health (in particular helping people with mental health problems maintain employment) and the question of whether help should be targeted at communities of deprivation or at particular individuals in most need of intervention. This topic should therefore be considered for inclusion on the HOSC 2007/2008 Work Programme.

3.12 GP Services

- 3.12(a) The draft City Strategic Commissioning Plan (SCP) indicates that, although some aspects of the performance of city GPs are excellent, there is very considerable variation between the best and worst performing practices.
- 3.12(b) GPs have also become increasingly central to the NHS in recent times, with initiatives such as Practice Based Commissioning (PBC) increasing GP influence over the Local Health Economy.
- 3.12(c) The HOSC Working Group formed to assess the SCP have recommended that GP services are one area that the Committee should focus on, for the reasons stated above. Therefore, GP services (with particular reference to the PBC initiative, and to varying standards across the city) should be considered for inclusion in the 2007/2008 Work Programme.

3.13 Dentistry

- 3.13(a) The HOSC recently received a PCT report about city dentistry services (27.02.08). This report noted that there had been a significant underperformance in the first year of the new dental contract (i.e. fewer procedures than had been anticipated were carried out).
- 3.13(b) It seems unclear at the current time whether this underperformance is the result of an initial over-estimation of likely dental activity in the city, or whether it has some other cause (such as unsuccessful advertising of how to access dental services under the new contract). Given this uncertainty, it seems sensible to propose that HOSC should continue to monitor the performance of city dentistry services, and that this topic should therefore be considered for inclusion in the 2007/2008 Work Programme.

3.14 Accident & Emergency (A&E) and related services

- 3.14(a) The performance of A&E services is monitored in connection with a national target (of all people presenting at A&E receiving treatment within 4 hours). BSUHT has had considerable problems meeting this target, as have many other acute trusts nationally. BSUHT's recent performance is generally much improved, but this is an area which might require regular monitoring.
- 3.14(b) A&E services face increasing pressures, particularly in terms of night time attendances, with many people who have been drinking

presenting for treatment. This has the potential, amongst other things, of making A&E appear to be an unsafe environment, particularly for people attending with children. The Working Group examining the SCP highlighted this as an aspect of concern.

- 3.14(c) An Urgent Care Centre, which includes Out Of Hours GP services has recently been added to the RSCH A&E. HOSC was consulted during the process of designing this service, and the Committee may be interested in seeing how effectively the service works. This topic should therefore be considered for inclusion on the HOSC 2007/2008 Work Programme.

3.15 Community Services

- 3.15(a) There is currently an increased interest in delivering healthcare services via the community healthcare sector rather than via the acute sector (hospitals). In Brighton & Hove terms, this initiative to move some services into the community sector was formally part of the “Best Care Best Place” programme.

- 3.16(b) The PCT has been in regular contact with HOSC regarding proposals to move a variety of acute healthcare services into acute settings, and it is anticipated that this will continue for the foreseeable future. The Working Group examining the SCP highlighted this as an aspect of concern. This topic should therefore be considered for inclusion on the HOSC 2007/2008 Work Programme.

3.16 Allocation of Resources Within the Local Health Economy

- 3.16(a) The Working Group examining the SCP highlighted the allocation of NHS resources within the Local Health Economy as an issue of potential concern (i.e. why each provider NHS trust receives the allocation it does; why some trusts have seemingly had their budgets cut, and so on). The Working Group suggested that the HOSC might usefully ask why the allocation of funds is as it is, and whether this is determined primarily by health needs or by the need to ensure that the Local Health Economy remains in financial balance. It is proposed that this topic should be considered for inclusion on the HOSC 2007/2008 Work Programme.

COMMITTEE REPORT APPENDIX



Meeting/Date	<i>Health Overview & Scrutiny Committee</i>
Report of	<i>The Director of Strategy and Governance</i>
Subject	<i>Forward Planning Recommendations for the New Health Overview & Scrutiny Committee (HOSC)</i>
Wards affected	<i>All</i>

<p>Financial implications There are no direct financial implications to this report</p>
<p>Legal implications There are no specific legal implications to draw to members' attention in relation to this report. <i>Lawyer consulted: John Heys/10.04.08</i></p>

<p>Corporate/Citywide implications There are no direct corporate/ Citywide implications to this report.</p>	<p>Risk assessment No risk assessment has been conducted.</p>
<p>Sustainability implications This report contains no direct sustainability implications.</p>	<p>Equalities implications This report contains no direct equalities implications.</p>
<p>Implications for the prevention of crime and disorder This report contains no direct implications for crime and disorder.</p>	

<p>Background papers No unpublished background papers were relied upon to a material extent in the compilation</p>
<p>Contact Officer <i>Giles Rossington, Scrutiny Support Officer, 29-1038</i></p>