

Agenda Item 57

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4:00pm 05 NOVEMBER 2008

HOVE TOWN HALL

MINUTES

Present: Councillors Cobb (Chairman), Alford, Allen, Barnett, Kitcat, Marsh, Rufus, Smart

(Informal) Brighton & Hove Local Involvement Network (LINK) Representative:
Robert Brown

PART ONE

ACTION

40. PROCEDURAL BUSINESS

40A. Declarations of Substitutes

40.1 Councillor David Smart declared that he was attending the meeting as Substitute Member for Councillor Steve Harmer-Strange.

40.2 Apologies were received from Jack Hazelgrove (Older People's Council representative) and from Councillor Craig Turton.

40B. Declarations of Interest

40.3 There were none.

40C. Declarations of Party Whip

40.4 There were none.

40D. Exclusion of Press and Public

40.5 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.

40.6 **RESOLVED** - That the press and public be not excluded from the meeting.

41. MINUTES

41.1 **RESOLVED** – That the minutes of the meeting held on 17 September 2008 be approved and signed by the Chairman.

42. CHAIRMAN'S COMMUNICATIONS

42.1 The Chairman informed members that she had recently attended an event at the House of Lords for the Friends of East Sussex Hospices.

43. PUBLIC QUESTIONS

43.1 A Public Question was received for this meeting:

There is a public question for this meeting:

"Polyclinics are likely to undermine trust between patients and GPs" - that's the conclusion of research by Dr Carolyn Tarrant of the University of Leicester. She states in the British Journal of General Practice "[polyclinics] are bound to reduce continuity of care", and "...medical outcomes may be adversely affected." Birmingham City Council's HOSC has rejected polyclinics after hearing that they would drive existing surgeries out of business. Haringey PCT has reversed its decision to set up large clinics when it was realised that 37 surgeries were at risk (as reported in 'Pulse' 28/07/08). In view of this evidence, would the HOSC question the spending of a large amount of public funds on a large clinic in the centre of town? We already have a Brighton and Hove out-of-hours primary care service, a walk-in centre at the Royal Sussex in addition to NHS Direct, the primary care telephone service. So why hasn't Brighton & Hove City Teaching PCT:

- a) Carried out a health needs assessment to underpin the need for a GP-led clinic?
- b) Undertaken a specific consultation on its proposal to build a large town-centre clinic?
- c) Considered whether the money would be better spent on local clinics in areas of genuine health need?

Ken Kirk

43.2 The Chairman thanked Mr Kirk for his question and invited Darren Grayson, Chief Executive of Brighton & Hove City teaching Primary Care Trust (PCT) to respond. Mr Grayson told the Committee that the PCT was required to establish a GP-Led Health Centre in accordance with Government policy; that the Brighton & Hove centre would not be a polyclinic, but rather a relatively small surgery offering a 7 day a week service for both registered and unregistered patients; that the PCT had undertaken consultation in regard to the location of the centre; that the PCT was planning to encourage the separate

development of primary care facilities in 'under-doctored' areas of the city; that the PCT would welcome tenders to run the GP-Led Health Centre from local GPs; and that the centre was scheduled to open in the summer of 2009.

- 43.3 Mr Kirk asked a supplementary question, seeking clarification on the issue of consultation; on whether it was Government policy to encourage the involvement of large corporations in the delivery of primary care services; on whether local GPs could survive competition with large scale providers; on arrangements to protect patient medical data if it were to be held by such corporations; and on whether large health centres would be able to provide 'continuity of care'.
- 43.4 Mr Grayson declined to answer these supplementary questions at this time. The Chairman told Mr Kirk that she would seek a written answer to these points. **GR**
- 43.5 A member asked whether the precise location of the GP-Led Health Centre had yet been determined. Mr Grayson explained that the exact location would not be determined until a successful bidder had been identified.
- 43.6 The Chairman thanked Mr Kirk for his question and Mr Grayson for his responses.

44. WRITTEN QUESTIONS FROM COUNCILLORS

- 44.1 There were none.

45. LETTERS FROM COUNCILLORS

- 45.1 There were none.

46. NOTICE OF MOTION REFERRED FROM COUNCIL

- 46.1 There was none.

47. HEALTHCARE COMMISSION ANNUAL 'HEALTH CHECK' OF LOCAL NHS TRUSTS 2007-2008: Report of the Director of Strategy and Governance.

- 47.1 Members considered a report on the performance of local NHS Trusts (2007-2008) as assessed by the HealthCare Commission. Senior officers of local Trusts then answered members' questions on this issue.
- 47.2 In response to a question regarding the Trust's disappointing ratings, Paul Larsen, Interim Director of Finance at South Downs Health NHS Trust (SDH), told the Committee that SDH's poor score reflected problems with assurance rather than with performance (i.e. that the Trust had generally undertaken required actions but was not always able to provide evidence for this). However, SDH took its rating very

seriously and had put an Action Plan in place to ensure that the 07-08 scores would not be repeated. The Chief Executive of the PCT concurred with Mr Larsen's view that SDH's problems were assurance rather than performance based.

- 47.3 Richard Ford, Executive Director, Sussex Partnership Trust (SPT), told members that SPT was very pleased with its score, but was in no way complacent.
- 47.4 Phil Thomas, Clinical Director, Brighton & Sussex University Hospitals Trust (BSUHT), told members that BSUHT was pleased with its score, particularly in terms of its 'excellent' services. The Trust's score of 'fair' for finances reflected historical problems rather than the current situation.
- 47.5 Darren Grayson, Chief Executive, Brighton & Hove PCT, told members that the PCT had delivered improvements in line with the Trusts' plans. Mr Grayson also congratulated BSUHT, SPT and the South East Coast Ambulance Trust (SECamb) for their improved HealthCare Commission ratings.
- 47.6 The Deputy Chairman agreed that these Trusts should be commended for their performance, but noted that SDH's poor score was a serious blow to the Local Health Economy and must be addressed by the Trust's management as a matter of some urgency.
- 47.7 **RESOLVED** – That the report be noted and that letters be sent to the Chairmen of Sussex Partnership Trust, Brighton & Sussex University Hospitals Trust and South East Coast Ambulance Trust commending their organisations on recent improvements in service. **GR**
- 48. THE SUSSEX ORTHOPAEDIC TREATMENT CENTRE (SOTC) – Report of the Director of Strategy and Governance on the performance of the SOTC.**
- 48.1 Members considered a report on the SOTC and questioned officers of the PCT, of BSUHT, of Care UK and of the Department of Health.
- 48.2 In response to a query as to why details of the number of procedures performed by the SOTC were deemed 'commercially sensitive', Darren Grayson informed the Committee that the PCT and Care UK were currently negotiating a Deed of Variation. Once negotiation has ended, the PCT will be in a position to release the requested details. **GR**
- 48.3 In answer to a question concerning Independent Specialist Treatment Centre (ISTC) contracts, an officer of the Department of Health told members that ISTC contracts ran for 5 years and were for a defined number of procedures each year. Payment would be made in full even if the defined number of procedures had not been undertaken. However, the SOTC had undertaken procedures as per its contract.
- 48.4 In response to a query regarding the profitability of the SOTC, officers

of Care UK said that they were not willing to disclose this information as it was commercially sensitive.

- 48.5 In answer to a question regarding when the SOTC was expected to achieve an 18 week waiting time, Mr Grayson told members that this was anticipated by December 2008, in line with national targets.
- 48.6 Mr Grayson was asked why the clinical audit of the SOTC, planned in 2006, had in fact not taken place. Mr Grayson promised to provide a written answer on this matter. **GR**
- 48.7 In response to a question as to why the SOTC was not identified as an independent sector treatment centre via the Choose and Book process, Mr Grayson told the Committee that local GPs were encouraged to discuss treatment options with their patients and could explain the nature of the SOTC at this stage.
- 48.8 In response to questions regarding recent HealthCare Commission reports on the SOTC, Care UK officers told the Committee that various remedial actions had been undertaken in response. These included a greater focus on training (and particularly on having systems in place to enable Care UK to provide assurance that training had in fact been carried out). The only outstanding issue was a Quality Report which was due to be completed by the end of November 2008. Members requested a copy of this report when available. **GR**
- 48.9 In answer to questions concerning the impact of the SOTC on BSUH finances, Phil Thomas, Clinical Director, BSUHT, told members that there was an impact on BSUH, as the current split of elective orthopaedic work between SOTC and BSUH was not necessarily reflected in national tariff payments which tended to over-compensate providers for relatively simple procedures and under-compensate for very complex work. Since complex orthopaedic procedures were generally dealt with by BSUHT (both in terms of very complex orthopaedic work and in terms of patients with significant co-morbidities), this effectively meant that BSUHT lost income due to the split. It was difficult to estimate how much income was actually lost, but the figure might well be £2 million to £3 million per annum.
- 48.10 Responding to a member request that the PCT should release figures for the annual cost of the SOTC, Mr Grayson indicated that he would be happy to do this.
- 48.11 **RESOLVED –**
- (1) That the report and additional information be noted;
 - (2) That members would consider the additional information requested (48.2; 48.10) before determining whether further monitoring is required.

49. BRIGHTON & HOVE LOCAL INVOLVEMENT NETWORK (LINK) – Report of the Director of Strategy and Governance on progress in establishing a Brighton & Hove Link.

49.1 Members considered a report on the Link. Officers from Brighton & Hove City Council and from the Link Host then answered questions.

49.2 In answer to a question concerning the tender process, members were told that there were six initial bidders for the LINK contract. This was subsequently reduced to a shortlist of three. One bidder then withdrew, and the remaining bidders decided to combine their tender. This tender was not initially accepted by the LINK Steering Group, as there was felt to be some ambiguity concerning which tendering organisation would actually be assuming responsibility for the LINK. However, a revised tender was accepted, with Community Voluntary Sector Forum (CVSF) winning the Host contract.

49.3 Members were also informed that elections to the LINK Steering Group had recently taken place and that a Steering Group had now been established.

49.4 Other questions were asked concerning elements of the LINK budget. Officers could not provide answers on the spot, but agreed to submit written answers in due course.

GR

49.5 RESOLVED –

(1) That the report be noted;

(2) That a further monitoring report be received in three months' time.

50. HEALTH OVERVIEW & SCRUTINY COMMITTEE (HOSC) AD HOC PANEL: Update on progress in establishing a HOSC ad hoc panel to explore aspects of the public health agenda.

50.1 Members were informed that work had not yet commenced on establishing an ad hoc panel, but that, in the near future, prospective panel members would be consulted on whether a panel should be established at this time and, if so, what its Terms of Reference should be.

50.2 **RESOLVED –** That the update be noted.

51. HOSC WORK PROGRAMME: Update on progress of the 2008-2009 HOSC Work Programme.

51.1 The HOSC Deputy Chairman explained that some amendments and additions had been made to the HOSC Work Programme (as detailed in the update – see Minute Book).

51.2 **RESOLVED –** That the amendments to the work programme be accepted.

**52. THE SUSSEX REHABILITATION CENTRE AT SHOREHAM (SRCS)
– Report of the Director of Strategy and Governance on the
implementation of plans to relocate the SRCS.**

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

**53. OLDER PEOPLE’S MENTAL HEALTH SERVICES COMMISSIONING
STRATEGY: Update on plans to revamp the commissioning
strategy for older people’s mental health services.**

53.1 **RESOLVED** – That the update be noted.

**54 ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT
CABINET MEMBER MEETING**

54.1 There were none.

55 ITEMS TO GO FORWARD TO COUNCIL

55 There were none.

The meeting concluded at 6 pm

Signed

Chairman

Dated this

day of

2008

