PART ONE

21. PROCEDURAL BUSINESS

21A. Declarations of Substitutes

21.1 Councillor Melanie Davis declared that she was attending the meeting as Substitute Member for Councillor Craig Turton.

21B. Declarations of Interest

21.2 Cllr Roy declared a personal interest as an employee of The Sussex Partnership NHS Trust.

21C. Exclusion of Press and Public

21.3 The Committee 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 Schedule 12A, Part 5A, Section 100A(4) or 100 1 of the Local Government Act 1972 (as amended).

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

22. **MINUTES**

22.1 **RESOLVED** – That the minutes of the meeting held on 25 July 2007 be approved and signed by the Chairman.

23. **CHAIRMAN’S COMMUNICATIONS**

23.1 There were none.

24. **PUBLIC QUESTIONS**

24.1 There were none.

25. **PATIENT & PUBLIC INVOLVEMENT FORUMS**

25.1 Representatives from the Patient & Public Involvement Forums (PPIFs) reported back on activities since the last meeting.

25.2 Robert Brown of South Downs Health NHS Trust PPIF told the Committee that the PPIF had recently held meetings with Brighton & Hove Children & Young People’s Trust, with regional PPIFs, and with South Downs Trust officers (to discuss the mooted transfer of some Brighton General Hospital activity to Newhaven Downs and the re-provision of rehabilitation services currently provided at Southlands hospital). The PPIF also attended the South Downs Trust Annual General Meeting and submitted a witness statement to the Joint Health Overview & Scrutiny Committee (JHOSC) on Fit For the Future.

25.3 Mary Ann Letten of Brighton & Sussex University Hospitals Trust PPIF told the Committee that the PPIF had been very busy with matters regarding the Fit For the Future consultation, including submitting a witness statement to the JHOSC. The PPIF is unhappy about several aspects of this consultation, particularly threats to the future of the Princess Royal Hospital, the capacity to expand services on the Royal Sussex County hospital site, and the actions to date of both West Sussex and Brighton & Hove Primary Care Trusts.

The PPIF was also unhappy that Brighton & Hove City Council had not yet begun the process of identifying potential host organisations for the Local Involvement Networks (LINks) which are due to replace PPIFs in 2008.
In addition, the PPIF expressed concern about elderly care at the Royal Sussex County Hospital, problems with booking appointments at the hospital and the continuing issues regarding Hospital Acquired Infections.

25.4 Rosemary Phillips of Brighton & Hove Primary Care Trust PPIF was not able to attend the meeting, but Mary Ann Letten read out a statement on her behalf, noting that the PPIF had been much engaged with the Fit For the Future consultation, and had also been involved in discussions with Brighton & Hove Primary Care Trust concerning changes planned to Ear, Nose & throat and glaucoma services and the PPIF/LINks changeover (about which the PPIF has major concerns).

The PPIF also heard presentations from the Primary Care Trust on dental services in the city and on primary care (including a visit to the Preston Road surgery and pharmacy).

25.5 Robin Kemp of the Sussex Partnership Trust PPIF told the Committee that the PPIF had recently recruited new members to represent Brighton & Hove. The PPIF had been involved in examining Trust plans to reconfigure Millview hospital, and had been engaged with Brighton & Sussex University Hospitals Trust in order to try and resolve some problems encountered by people with mental health problems who present for treatment at the Royal Sussex County Hospital A&E department.

The PPIF has attended meetings on LINks, and has been involved in planning for the PPIF/LINks changeover with officers from both West and East Sussex County Councils.

25.6 Maureen Lawrence of the South East Coast Ambulance Trust PPIF told the Committee that the PPIF had been involved in a number of recent events with the Trust. The PPIF had also been involved in scrutinising problems that had occurred at Lewes Ambulance Control Centre; these problems have seemingly now been resolved, but the PPIF will continue to monitor the situation.

The PPIF also expressed concern about the PPIF/LINks changeover process, and about ambulance “turnaround times” (how quickly ambulance crews are able to discharge patients once at hospital and return to active duty).

The PPIF noted that the Trust had recently appointed a Stroke Development Leader, and looked forward to working closely with him.
RESOLVED – That the PPIF members be thanked for their contributions.

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (JHOSC)

The Committee considered a report of the Director of Strategy & Governance which provided an update on the progress of the joint West Sussex and Brighton & Hove PCT ‘Fit for the Future’ proposals to reconfigure acute healthcare services.

The Chairman read out a statement explaining her actions in relation to the JHOSC, particularly in terms of the disagreements between Brighton & Hove members and some other members.

Cllr Allen noted that he was disappointed that the Chairman had decided to publish, as part of the Committee papers, neither his letter to Cllr Peter Griffiths, the JHOSC Chairman, on this subject, nor a similarly themed letter from Alan McCarthy, Chief Executive of Brighton & Hove City Council, to Mark Hammond, Chief Executive of West Sussex County Council.

Other members felt that it was paramount to maintain the independence of Overview & Scrutiny members, whether serving on internal committees or external bodies such as the JHOSC.

RESOLVED – That the report be noted.

FIT FOR THE FUTURE

The Committee considered a briefing paper from Darren Grayson, Chief Executive of Brighton & Hove Primary Care Trust and Amanda Fadero, Director of Quality and Engagement at Brighton & Hove Primary Care Trust giving an update on the progress of the “Fit For the Future” NHS reconfiguration consultation.

In response to a question regarding the distribution of the summary of the Fit For the Future consultation document to city households, the Committee was told that distribution was via an insert in the “Leader” free-paper (with a double page advert inside the paper also). Households not included in the Leader’s distribution area were targeted via other means, including postal drops. It was emphasised that the summary leaflet was only one method of many that the Primary Care Trust had employed in order to publicise Fit For the Future, including adverts in the local print and broadcast media, a series of public meetings and the use of posters around the city.

In response to a query about how primary care providers had been utilised in order to publicise Fit For the Future, the
Committee was told that leaflets and posters had been distributed to all city GP surgeries, although as GPs are independent contractors, the Primary Care Trust was unable to oblige them to display such materials.

27.4 In answer to a question concerning the establishment of the Options Appraisal Panel, the Committee was informed that such panels were a standard feature of major consultations such as Fit For the Future.

27.5 In response to a query as to whether the Options Appraisal Panel had received any new options for consideration, the Committee was told that the Panel had not yet received detailed new options, but that the Primary Care Trust was aware that options were being prepared, by local clinicians amongst others.

27.6 In answer to a question regarding the implementation of the final Fit For the Future decisions, the Committee was informed that the Primary Care Trust would not attempt to implement any plan that the Trust considered either undeliverable or unsustainable.

27.7 In response to questions regarding issues such as transport, parking and congestion problems within Brighton & Hove, the Committee was assured that the Primary Care Trust recognised how important these issues were to city residents and would ensure that they were given priority in terms of the Trust’s strategic planning.

27.8 In answer to a query as to why the Brighton & Hove Fit For the Future consultation documents sought to elicit views on proposed changes to West Sussex acute services, the Committee was reminded that the Fit For the Future consultation was a joint West Sussex and Brighton & Hove process and that city residents’ views on the impact of the reconfiguration of West Sussex hospitals would, quite properly, inform the West Sussex PCTs’ final decisions.

27.9 **RESOLVED** – That the report from Brighton & Hove Primary Care Trust be noted.

28. **MATERNITY SERVICES IN BRIGHTON & HOVE**

28.1 A presentation was given by Amanda Fadero, Director of Quality and Engagement at Brighton & Hove Primary Care Trust, and by Des Holden, Divisional Clinical Director, Specialist Services, at Brighton & Sussex University Hospitals Trust, on the future of city maternity services.

28.2 In response to a question as to whether the assumptions made in the Primary Care Trust’s modelling of patient flows into Brighton &
Hove maternity services were reasonable, the Committee was told that the predicted flows were based on analysis of travel times. There was no guarantee that service users would choose the nearest hospital, but in general, the Primary Care Trust was confident that its modelling was robust.

28.3 In answer to a query concerning increased ambulance travel as a result of having fewer consultant-led maternity units across Sussex (should the anticipated changes currently being consulted in the East Sussex and the West Sussex and Brighton & Hove Fit For the Future exercises eventually be enacted), the Committee was told that the Primary Care Trust was in regular contact with the South East Coast Ambulance Trust and had discussed this issue. However, it was not thought that ambulance travel time was as key a factor in maternity as in some other areas. (This was born out by analysis of ambulance travel between the Crowborough birthing unit and consultant-led maternity services, in which longer patient-journeys generally did not correlate with worse outcomes).

28.4 In response to a query regarding future arrangements for busy periods at the Royal Sussex County maternity (should it no longer be possible to divert patients to Hayward’s Heath or Worthing), the Committee was informed that account would be taken of a situation in which the Royal Sussex County maternity was the only such unit on the local area, and that extra capacity would be built in order to avoid the need to divert at busy periods. However, the current situation was largely one in which procedures were diverted to rather than from the Royal Sussex County Hospital, so the problem was not as major as might be assumed.

28.5 In answer to a question concerning potential problems with very large maternity units, the Committee was told that large units could experience problems with regard to providing impersonal care and also in terms of managing risk. These problems were not an inevitable corollary of increasing unit size, and, with sufficient staff effort and resource, could be avoided.

28.6 In response to a query regarding the detailed planning that had been undertaken to ensure that the Royal Sussex County maternity site was suitable for enlargement, the Committee was informed that a good deal of planning had been done during the Best Care Best Place consultation (when it was thought that the Royal Sussex County maternity unit might be expanded to take up to 5,500 births per annum). In terms of Fit For the Future, nothing would happen until it was absolutely clear that the Royal Sussex site was suitable for any planned expansion of services.
28.7 In answer to a question regarding the feasibility of relocating the entire maternity unit to a purpose built site with better access and parking than the Royal Sussex County Hospital, the Committee was told that such a relocation had been considered in the past, but that maternity (even if it was co-sited with obstetrics and paediatrics) was not discrete enough from other aspects of acute medicine to make such a move workable.

28.8 **RESOLVED** – That the presentation from Brighton and Hove Primary Care Trust and Brighton & Sussex University Hospitals Trust be noted.

29. **LOCAL INVOLVEMENT NETWORKS**

29.1 The Committee considered a report of the Director of Strategy & Governance which provided an update on the development of Local Involvement Networks (LINks) in Brighton & Hove.

29.2 Some Committee members expressed a concern that Brighton & Hove City Council had not moved swiftly enough in beginning the negotiations necessary to decide how a “host” organisation for a Brighton & Hove LINk should be identified.

29.3 Jane Simmons, of Brighton & Hove Primary Care Trust, informed the Committee that, in the past few days, work had in fact started on this process.

29.4 Members nonetheless felt that the Committee’s concerns on this issue should be communicated to the Brighton & Hove City Council’s Policy Team, and also requested that a representative of the Policy team should be invited to the next Committee meeting to give a further progress report and answer members’ questions.

29.5 **RESOLVED**

(i) That the report be noted;

(ii) That the Chairman should write to the Council’s Head of Policy, bringing to his attention members’ concerns about the process of identifying host organisations for LINks.

30. **ITEMS TO GO FORWARD TO COUNCIL**

30.1 **RESOLVED** – There were none.
The meeting concluded at XXXpm

Signed Chairman

Dated this day of 2007