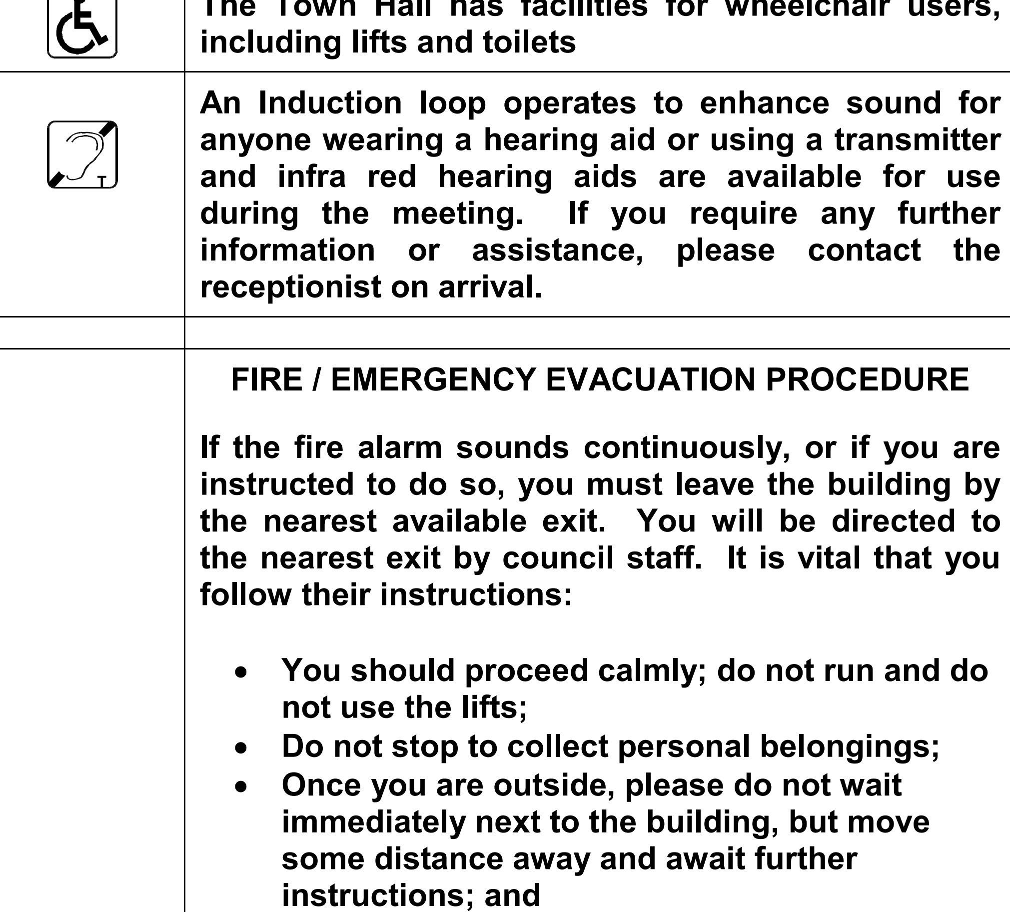
Overview & Scrutiny

Title:	**Health Overview & Scrutiny Committee**
Date:	**21 January 2009**
Time:	**4.00pm**
Venue	**Council Chamber, Hove Town Hall**
Members:	**Councillors:** Mrs Cobb (Chairman) Alford, Allen, Barnett, Harmer-Strange, Hazelgrove, Kitcat, Rufus and Turton **Older People's Council Co-optee:** Jack Hazelgrove **LINk co-optee:** Robert Brown
Contact:	**Giles Rossington** Senior Scrutiny Officer giles.rossington@brighton-hove.gov.uk



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AGENDA

Part One **Page**

56. PROCEDURAL BUSINESS **1 - 2**

(copy attached).

57. MINUTES OF THE PREVIOUS MEETING **3 - 10**

Draft minutes of the meeting held on 05 November 2008 (copy attached).

58. CHAIRMAN'S COMMUNICATIONS

59. PUBLIC QUESTIONS

No public questions have been received.

60. NOTICES OF MOTION REFERRED FROM COUNCIL

No Notices of Motion have been received.

61. WRITTEN QUESTIONS FROM COUNCILLORS

A question has been received from Councillor Juliet McCaffery. The question is:

“What mechanisms are in place for checking that patients and visitors entering our local hospitals (including Princess Royal, Haywards Heath) have used the hand washing facilities in order to reduce the incidence of MRSA?”

62. LETTERS FROM COUNCILLORS

No letters have been received.

63. SOUTH DOWNS HEALTH NHS TRUST: STRATEGIC DIRECTION REVIEW

Presentation by John O’Sullivan, Chief Executive of South Downs NHS Trust on plans for the continuing development of the trust (presentation).

Contact Officer: *Giles Rossington* *Tel: 01273 291038*
Ward Affected: *All Wards*

64. COMMUNITY MATERNITY SERVICES **11 - 34**

Update on the results of the recent Brighton & Hove City Teaching Primary Care Trust (PCT) public consultation on community maternity services for Brighton & Hove residents (copy attached).

Contact Officer: *Giles Rossington* *Tel: 01273 291038*
Ward Affected: *All Wards*

65. HEALTHCARE COMMISSION 'ANNUAL HEALTH CHECK' 2008-2009 **35 - 38**

Report of the Director of Strategy and Governance on potential Health Overview & Scrutiny Committee (HOSC) involvement in the 2008-2009 HealthCare Commission assessment of NHS trusts (copy attached).

Contact Officer: *Giles Rossington* *Tel: 01273 291038*
Ward Affected: *All Wards*

66. HEALTH OVERVIEW & SCRUTINY COMMITTEE (HOSC) WORK PROGRAMME **39 - 44**

Update on the 2008-2009 Work Programme (copy attached).

Contact Officer: *Giles Rossington* *Tel: 01273 291038*
Ward Affected: *All Wards*

67. GP LED HEALTH CENTRE -UPDATE **45 - 46**

Letter from the Chief Executive of Brighton & Hove City Teaching Primary Care Trust providing details of the preferred provider for the GP Led Health Centre contract (copy attached).

68. 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.

69. ITEMS TO GO FORWARD TO COUNCIL

To consider items to be submitted to the 29 January 2009 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.

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

Date of Publication - Tuesday, 13 January 2009

Agenda Item 56

To consider the following Procedural Business:

A. Declaration of Substitutes

Where a Member of the Commitee 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 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

Developing Community Maternity Services

"What do parents want from maternity services?"

Talking to Parents in Brighton and Hove, May-August 2008

A report for Brighton & Hove Primary Care Trust

Report by Una Nicholson

Preface

In March 2008, I was commissioned by Brighton & Hove PCT to talk to women and their partners about their experiences of pregnancy, birth and maternity services and to hear how they would like to see services shaped and improved.

My sincere thanks go to all the women and men who agreed to speak with me and tell me their stories. It was a pleasure to meet them and their babies and I thank them for their openness and willingness to share their experiences and ideas for making maternity services better.

Summary

"The future belongs to our children, with their mothers and fathers as custodians. Nothing can therefore be more important than cherishing and providing the best possible care for all our pregnant mothers, expectant fathers and babies, and equipping new parents with the skills and support they may need to enable every child to have an equal, confident and healthy start to family life."

Maternity Matters, 2007

In "Maternity Matters" (April 2007) the government set out it's new policy for Maternity Services. It guarantees that by the end of 2009 every woman is to have:

- Choice of whether to access maternity care through a GP or to self refer to a local midwifery service.
- Choice of antenatal care from local midwives or a team of midwives and obstetricians based in hospital.
- Choice to give birth either at home, in a local midwife led facility or at a local hospital.
- Choice of postnatal care at home or in the community.

It also promises that "every woman will be supported by a midwife she knows and trusts throughout her pregnancy and afterwards so as to provide continuity of care."

In the light of the new policy and it's commitment to women centred and family centred services the commissioners of this project wanted to know what local parents' priorities were for maternity services. There was also recognition that there were some groups of parents who were rarely heard from. It was therefore agreed that the priority for this work would be primarily for these groups.

In order to "put women and their partners at the centre of their local maternity service provision" (Maternity Matters)[i] to the commissioners wanted to ask them:

- What was their experience of using maternity services in Brighton and Hove?
- Where would they like to go for care and how would it be delivered?
- What is important and what do they need in terms of pregnancy and birthing support?
- About both antenatal and postnatal aspects of maternity services and the possibility of having these services in the community.
- What they thought about a midwife led unit in Brighton and Hove and where they would like it to be. What would its important features be?

There has been extensive work done both nationally (Audit Commission 1998[ii], Healthcare Commission 2007[iii]) and locally (Birth Services in Mid Sussex, NCT

2004[iv]) on women's experiences of services and what women want from maternity services. Both these studies used questionnaires sent by mail as the main or exclusive methodology. We wanted to speak with and interview local parents who were either currently pregnant or had a baby under the age of one. The aim was to build a rich, qualitative picture of parents' experiences and priorities in Brighton and Hove.

As each person or couple had their own unique experience, needs and wishes, 64 interviews with parents from across the city were conducted. Ages ranged from 15 to 44 years and interviewees ranged from young people attending a teenage pregnancy group, families attending children's centres and an NCT group.

Common themes emerged, which were in line with the priorities identified in Maternity Matters. Interviewees wanted:

- Continuity of care and carer. One midwife throughout the process, someone to build a relationship with.
- To be listened to and treated as an individual.
- A safe and comfortable environment to give birth in and access to doctors and medical expertise if necessary.
- Opportunities for antenatal preparation. Both classes and one to one preparation from a known and trusted midwife or expert.
- Involvement and support for partner or fathers.

Interviewees were all acutely aware of how busy the wards were at the Royal Sussex County Hospital (RSCH) and the majority were very happy with the care they had received.

One woman who had spent several weeks on the antenatal ward said:

"I can't fault anyone here. They go the extra mile. They really are fantastic especially when they are so busy and short staffed. They work themselves flat out. They treat everyone with dignity and respect. They're really calm and they are so kind. When I had to go to the labour ward the midwife stayed with me and held my hand. They were really excellent."

Specific developments were highlighted as a priority:

- A Brighton and Hove Midwife Led Unit close to the RSCH.
- Continuity of care and carer from pregnancy through to the post partum period.
- Higher midwife to woman ratios.
- More specialised midwives for the under 25's.
- Extended antenatal preparation to include:
    - Peer support and networking opportunities

    - A positive presentation of labour and birthing including hypnobirthing.
    - Education about the expertise of midwives and birth as a normal, non-medical event.
    - Preparation for caring for a baby and expectations about parenthood.
    - Special classes for 16-25 year olds.
- To make general the involvement of and support for fathers and partners.
- A more flexible visitor’s policy at RSCH for partners.
- A visitor’s lounge on the postnatal ward at RSCH.
- Postnatal trauma counselling available in the postnatal ward.

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4. Observations and things to consider
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Appendix A Methodology

Appendix B References

Introduction:

This project arose from a need to address new policy developments and a need to look at local services. The aim was to talk with parents in Brighton and Hove and to support the development of a local vision for community maternity services. The PCT wanted to hear from as broad a section of the community as possible and particularly from socially vulnerable parents and parents-to–be about what maternity services and what out of hospital services they would like to have access to.

Interviews took place at baby groups in Sure Start Children's Centres, a volunteer run Breast Feeding Group an NCT Homebirth group. There were 10 groups in total and 64 interviews were conducted. 53 were with women, 10 with couples and one was with a father.

45, over two thirds, of the interviews were with first time parents.

At each group, there was an explanation about the project and people were invited to take part in an interview. Each interview was approximately 20-30 minutes long. The majority of interviews were one-to-one conversations and at three of the groups there was a discussion between several people at the end.

Each person had their own unique story and yet there were distinct themes.

The first part of this report is a description of parent's experiences from antenatal appointments through to the postnatal period.

Section 3 has more detail about the developments they would like, Section 4 is observations and things to consider when reading this report and then the conclusion is in Section 5. The methodology is described in the appendix.

2 Parents' Experiences of Services

Broadly speaking parents were happy with the care they received. Almost all spoke of how stretched they perceived the services to be.

Women spoke particularly highly of the care they received from midwives whilst in labour or if their child was in the Trevor Mann Special Care Baby Unit. Women reported excellent care at times of great need or acute emergency and that care postnatally and antenatally was less consistently good.

A good proportion felt services could be improved. Many women wanted to be listened to and have more time in their antenatal appointments and be given more time and attention postnatally from a midwife they knew.

Sometimes the care was perceived as impersonal. One woman said *"I changed midwife because we didn't feel we had the support we needed. Her eyes were always on the computer screen."*

2.1 Antenatal Care

Continuity of Midwife

About two thirds of women had seen the same midwife for the majority of their appointments during their pregnancy. Most women wanted to have continuity of midwife that went through pregnancy, birth and afterwards. Occasionally a woman said that she had enjoyed meeting different midwifes but most and especially those with a difficult pregnancy or who were young or vulnerable wanted to build a relationship of trust where they felt comfortable to ask questions.

"a midwife from start to finish, that would be great." One woman had employed an independent midwife because *"I really, really wanted to get to know somebody."*

A young father: *"We never got to know a midwife. Never had someone to make a bond with – someone to know and trust. She could never talk to anyone 'cos she didn't know them. It was our first baby and we were quite scared." "I taught myself by reading. I read loads of books."*

Women who were vulnerable, young or who had complications or health issues during the pregnancy appeared to have most need of a continuous relationship with a midwife.

"I had lots of different midwives. I was anxious. It would have been better if I'd just seen one person."

"Every time I came back I was really upset. She didn't explain options. It didn't come naturally to me and I needed more help."

Many people were happy with the antenatal care they received from midwifes in Children's Centres or at GP surgeries. They spoke particularly highly of care they received at Children's Centres such as Tarner, Hollingdean and Whitehawk. The midwives at Stanford Medical Practice and Carden Avenue were also highly praised.

"I felt really happy, really supported. She was available to help."

"I knew she was interested".

When asked where they would like to have antenatal appointments those with uncomplicated pregnancies said at Children's Centres, with a few saying they'd like them at home. Those I asked also said they would also be happy to go to a local Midwife Led Birthing Centre for antenatal appointments.

Inductions:

Two women complained that their midwife had booked an induction long before they had reached their due date.

"She booked it for ten days after the due date"

"The midwife was going on holiday so she booked the induction while she was away. It made it really stressful for me"

"They tell you all the risks of going over but they don't tell you about the risks of an induction."

Antenatal classes

Parents spoke about the importance of good preparation both for birth and for parenthood. Many said there weren't NHS classes available and those who did go to them said they weren't useful.

"No breathing was taught, I had to learn from the midwife when I was in labour."

"The 1st session was 'you must breastfeed' and second one very biological. They don't prepare you in any way for labour and birth."

"You get a very negative slant from NHS. It's fear based. It's all about pain relief, the epidural replacing emotional support. I would have been so frightened if I hadn't done the hypnobirthing, it is so intense."

One young pregnant teenager said she was afraid she would *"split if I don't learn how to do the breathing."*

Young mothers[v] were more likely to say that they were not aware that they had a choice about where to give birth and seemed considerably less informed about their pregnancy and birth generally. They felt awkward going to NCT or NHS classes without a partner or because other mums were much older. They said they wanted more special midwives for teenage mums and classes especially for under 25's.

Younger and older women also wanted to use antenatal classes as a way of meeting and linking up with others. One mother in her 20's said she went on the Bounty website as a way of connecting with others. Classes could be a way of meeting other parents, which was especially important for vulnerable or isolated parents.

Some women also wanted to extend not only how labour and birth were prepared for but also the subjects covered to include expectations of parenthood and how to care for a baby. Many women reported that when the baby arrived they felt they lacked basic know-how such as changing nappies.

"I was up every night googling things from temperature to poo! There must be others like me."

"What I know about labour and birth I've read in magazines. I don't know anything about pain relief or water."

2.2 Choice of Birth Place:

The majority of people had chosen to give birth in the RSCH. Safety and access to care from doctors and because the hospital *"is set up for it"* were the main reasons people chose the hospital for the birth.

Many had been interested in the Birth Centre at Crowborough but felt it was either too far away, inaccessible because they didn't have a car or were put off by hearing that, if a transfer was necessary, women went to hospital in Tunbridge Wells.

About a quarter of the women had wanted to give birth at home[vi]. Some wanted as natural a birth as possible and to be at home in their own surroundings.

Others were frightened of hospitals and wanted a birth without interventions and thought that interventions were more likely in hospital.

"once you're in you're a patient. It's hard to go against what the doctors are saying."

"I know that if I had been in hospital I would have had an epidural and I didn't want interventions to be so readily available. Birth isn't a hospital thing. Hospitals are for illness. I didn't want to bring my baby into that."

Many others felt that *"the hospital is safe. Just in case of emergency, or if there maybe risks and if something is wrong with the baby. Everything is there, is set up for it. Doctors have more experience than midwives."*

"I feel more secure if I know the doctors are there." "I like the safety of knowing there are doctors there if I need them."

A woman was concerned about "the mess" when she thought about giving birth at home. *"Hospital is set up for and prepared for birthing. Would our house be clean enough? It's too dusty."*

The majority seemed happy to decide the place of birth early in the pregnancy but some wanted to be able to choose the place of birth much later in pregnancy or during labour. One woman wanted to be able to book a caesarean during the third trimester. This was also reflected in the results of the survey carried out Mid Sussex[vii].

One couple who wanted a home birth after a caesarean said they had received a lot of support and encouragement from their community midwife but felt pressured by the hospital into having their baby there.

"We want to feel like we're listened to and not railroaded into following hospital policy by senior medical staff. We never had any discussion about what the options were. We were just [told] you've got to do this. We want to be in control and feel that our wishes are respected."

2.3 Births in hospital:

Women spoke really highly of the care they received from midwives during labour.

"The midwife was a kind presence like a mum" the *"midwife's were really sensitive, reassuring,"* and *"really nice, helpful and friendly", "brilliant."*

They also said that the hospital was so busy that they midwives were hard pressed to care for them.

"It was like a factory, really busy and pushed for beds."

A woman who had been on bed rest in the antenatal ward for eight weeks said that midwives going to a homebirth left the labour ward short staffed and put "*unfair pressures on the midwives. It's not fair. For one woman's choice others are put at risk."*

"I had to wait 45 minutes in triage. All the rooms were full. Once they did see me they were superb."

"We were left on our own a lot of the time and it took 90 minutes to get an anaesthetist."

"I didn't ask and no one came."

Women also complained that the midwives tried to stop them from coming into the hospital and often sent them away if they did come in.

"As we're not busy you can stay."

Other women said they felt that assumptions were made about the progress of labour based on how they sounded on the phone or whether it was a first baby. Several women said that because they were managing well and were 'quiet' they didn't think they were established in labour and were asked to stay at home.

"They didn't listen to me. I had to beg them to let me come in. They should listen more, take each individual and not do it like a text book."

"They assumed as it was a first baby it would be another 5 hours. She really wasn't listening. I could feel [the baby] moving down and I had to tell her that the baby had arrived. I had a 3rd degree tear that needed surgery, an epidural after the birth and antibiotics. They didn't support me through it. They didn't ask me what stage I thought I was at."

Continuity of midwife during labour

Continuity of care was an issue for labouring women too. Women with long labours frequently had three changes of midwife.

"It was not good, I felt very sensitive to who's there when I was in labour."

"One of the changes came right at transition. It really threw me and I think it slowed things down so she was born by ventouse 2 hours later. If there hadn't been a change I think she would have been born really quite quickly.

One woman who had three changes was really grateful to a midwife who had stayed with her past the end of her shift for the birth.

Home Births:

Many of the women had wanted home births but had gone to hospital because there wasn't a midwife available to come to them or because there was concern for the health of the baby or mother.

One woman stayed at home until there was a change of shift and a midwife became available. Another woman's doula[viii] made the phone call and insisted a midwife was sent whilst another two women had their babies at home before the midwife could get there[ix].

One, whose husband had assisted her described it as a

"peaceful experience, really nurturing."

"I was blissed out, rolling with it."

"The midwife was saying 'you're doing so fantastically, you can do it, you are doing it!' I had support to do the birth I wanted. It felt like the midwife also got something from it. I'd like more people to be aware of what a positive experience it can be".

2.4 Postnatal care in hospital:

Similar to the findings of the Healthcare Commission in 2007[x] and the Mid Sussex Survey women in the interviews had most issues and complaints about postnatal care.

"I could have done with more help at the start."

Parents talked about how busy and overstretched they felt the midwives were. This was especially spoken of with regard to the postnatal ward. Several women described how they were left alone for sometimes hours after the birth before anyone came to clean up or bring them tea.

They said there was a shortage of beds on the postnatal ward. One woman stayed the night in the labour ward and went home directly from there.

"There is a pressure to get it together and get out."

"The postnatal ward was full so I went home. I didn't know what to do. I hadn't asked what to do. They made sure he latched on but they were so short staffed they have to fob people off."

"I really didn't feel ready to leave. I could have done with an extra day. I wasn't given a choice. I didn't feel well at all. I felt physically very weak. It was quite tough. It was stressful on the ward, there was a lady crying. There wasn't a bed available after my caesarean. The actual staff were lovely but I was left in a corridor because there were no beds. And then I was moved 4 times in two days. I'd have liked a place to settle and make my own."

Many others felt they didn't receive help because they didn't ask.

I was quiet so probably not a priority." Others said *"Next time I'll ask more for what I need." "I should've asked for more help in the beginning"* and *"Maybe I didn't ask enough."*

There was a good proportion, however, who spoke very highly of the care they received.

"The support was amazing. I was in for 5 days. Breastfeeding was hard to get going. Labour and postnatal staff were wonderful. They spent literally hours helping the baby get breastfeeding."

"The RSCH has beaten my expectations. You hear so much in the media but there is much more of a personalised service."

"They were all as brilliant as they could be under the circumstances."

Even though the menu and quality of food was often thought to be below the standards they would have liked the staff were praised.

The *"girls in kitchen are fantastic. They made me special sandwiches if I didn't like what was on the menu."*

"The catering staff are really good. Cleaners are great too."

Debriefing and Post natal trauma counselling

One woman suggested it would be good to have a trauma counsellor available on the postnatal ward. A counsellor could be available for a couple of hours a day to help debrief what had happened at the birth with a mother or couple.

A counsellor could be a *"reassuring presence, a caring voice"* and give women phone numbers for more help if it was needed.

One couple who were expecting their second baby had used the RSCH's "Birth Stories" service to help them understand what had happened at the birth of their first child. They said it was *"fantastic"* and that the process of talking about and understanding what had happened had really helped them prepare and feel positive for the birth of the new baby.

Visiting Hours

The postnatal ward's visiting hours was a frequently mentioned subject. Sometimes the father had been asked to leave as little as an hour or two after the birth of the baby.

"I was terrified suddenly left on my own. I didn't know how to pick her up or anything."

A young father: "*I had to leave. I felt like I'd been robbed. I wanted to bond with the baby and they wouldn't let me in until 10 in the morning. I was there at nine but they wouldn't let me in."*

As one woman emphatically put it *"they're not visitors, they're fathers"*

In the Birth Services in Mid Sussex report women asked for a family lounge so that partners or visitors could stay beyond the usual hours without disturbing others on the ward.[xi]

"I had to be told 3 times to go home. But I stayed as long as possible. I think it's really important to have somewhere for partners. It's hugely overlooked. A place for fathers to rest. A higher back for the chair or a bigger chair would be good too".

The Trevor Mann Special Care Baby Unit

The Trevor Mann Unit was described as *"excellent"* and *"brilliant."* A father expecting his first baby had heard that the unit was *"absolutely fantastic."* Everyone whose baby had been cared for was extremely happy with the care they and their baby received.

2.5 Postnatal care at home

Women were generally satisfied with the care from midwives they received at home following the birth.

Getting enough support to establish breastfeeding seemed to be a fairly frequent problem. One woman telephoned me because she wanted to take part in the

research. She had given birth at home and the midwives saw that the baby had latched on but left before she was confident about breastfeeding. A midwife came back the next day but she said that 15-20 minute visits were too short especially if the baby was sleeping or not hungry and visits were too infrequent to give her enough support to learn how to breastfeed.

A health visitor expressed concern about the large number of mothers who had intended to breastfeed but weren't successful. She thought they might need more visits and more support in the first week at home.

Continuity of care was significant with mothers who were visited by different midwives and often ones they hadn't met before.

"They asked me how I was in myself but I'd never met her before. I also got different advice from different people which was confusing."

"They were very good when they came to our house. I would have liked the same person though".

3 Recommendations for Developments and Improvements

A Brighton and Hove Midwife Led Unit

Women and men thought a midwife led unit in Brighton and Hove was a good idea although the majority weren't aware of what a midwife led unit was or how one would differ from the hospital unit. A number said they would always prefer to go to hospital but generally women thought that a midwife led unit should be available. Many wanted to be looked after by experienced midwives in a comfortable and less clinical environment. They would prefer it to be either in a hospital or close to one, accessible without a car and to have

- Comfortable, homely rooms with space to move around.
- Room for partners to stay and family centred facilities.
- Higher ratio of midwives per woman.
- Birthing pools.
- An outdoor space.

One woman aged 16 said she would like to be able to give birth somewhere where there were *"just midwives."*

As one father said *"it makes a lot of sense"*

Continuity of care

Being able to develop a relationship of trust with a midwife over the course of pregnancy to birth and afterwards was the clearest wish of the interviewees.

"Many women have fears that impinge on their pregnancy. Many women fear the birth process itself or have worries about the baby. Women should have the opportunity to talk through their anxieties with someone who is sympathetic and understanding as well as confident in the birth process."[xii]

Many spoke of the anxiety and difficulties arising from seeing several different midwives antenatally and from several changes of midwife during labour.

Four of the sixty-three women were supported during the birth by a midwife they had seen antenatally. Two of them had independent midwives. All four talked about how happy they were and what a difference it had made to have the support of a midwife they knew at the birth of their baby.

A recent book by Homer, Brodie and Leap (2008)[xiii] says that continuity of care can be:

- cost effective.

- reduce the rate of caesarean section
- bring increased satisfaction to women
- part of creating more confident parents
- can bring greater satisfaction to midwives who wish to practice in that way

Women consistently said that knowing the midwife that supported them was important to them and would make the journey from pregnancy to parenthood easier.

Partners and Fathers

Many people spoke of the importance of how involved the father was.

A teenage father said he felt ignored by the midwives although he attended every appointment.

"My husband couldn't stay. He had to go home. Nobody includes the fathers. Midwives throughout didn't bother with the father. He came to all of my appointments and they ignored him. Didn't speak to him during the labour or consult him about the antenatal tests. Fathers should be just as important as the mothers. They weren't interested in what he had to say".

"The best staff listen to me as much as to my wife. Sometimes felt like I was just there to held the door open. I had questions and things I needed reassuring about."

Young people, vulnerable people and those with special needs

Several people who were vulnerable because they are young, disabled, economically disadvantaged or having a baby alone without family or friends living nearby took part in the project.

They were a diverse group of people but many said they needed and wanted to be asked *"What do you need?"* They found asking for help difficult especially if they did not know the person offering a service.

They needed full and careful explanations and without them would sometimes hold strong unexpressed fears that may have been easily allayed. For example, one young woman didn't understand why her baby's head was swollen, misshapen and covered in blood at birth and rejected it for the first hours. Another was convinced that the baby was dead because the ultrasound technician had not told her otherwise.

4. Observations and things to consider

Women were impressed and generally accepting about the services they received and how low in many cases their expectations were.

Women were more likely to brush over a painful or sometimes life threatening event saying
"well, after a week everything was okay, it was fine" than to expand on it.

Lack of high expectations might be the result of several factors:

- Research has shown that women's expectations are shaped by what is available and what they might realistically expect to receive.[xiv]

- Nearly half the study were first time mothers. They may have nothing to compare their experiences with or aren't able to identify or put into words what they'd like. Newburn (2006) writes that "Sometimes women who have had different models of care are better able to identify what they value and explain why things matter to them." Those without other experiences may find it more difficult to articulate what they would like.

- They may also be loyal to a service they have been through and that they know. (Allen et al 1997) [xv]

- The 'halo effect' of having come through the birth and having a healthy new baby can make women minimise any trauma or dissatisfaction. Also the demands of a new baby can necessitate a state of focusing on today and getting on however tough circumstances are or have been.

Raising women's expectations of the care they receive be worthy of further thought and exploration. This could be part of the Maternity Matters' aim to "empower midwives to promote normal birth" [xvi]

5. Conclusion

In depth interviews were conducted with a large number of parents from varied backgrounds and ages. This report demonstrates that the needs and priorities of parents in Brighton and Hove are very much in line with previous studies and the direction of government policy.

It reflects the Department of Health's Maternity Services Survey (2005) that 80% of women were pleased with the care they received but also highlights some fundamental problems:

- resource and capacity pressures
- areas for improvements such as continuity of care and
- the involvement of partners.

Parents in Brighton and Hove want continuity of care, family centred services, choice and opportunities to become informed and form networks of support and information.

Women are very happy having their antenatal appointments at Children's Centres, would like more midwives available for home birth and for accompanying women in labour in hospital and some would like more time with the midwife both antenatally and postnatally.

The Audit Commission's countrywide study in 1998 of women's experiences of services during pregnancy, birth and early postnatal period concluded that

> *"Although women's needs and wishes vary a lot, there are some things we can generalise about. Women want care that is technically good and well organised, where caregivers communicate well… They want to be treated with kindness and respect, and when they are in pain and frightened they want support and help"*
> (Garcia et al)[xvii]

In Brighton and Hove women said they received that kindness, care and support. In particular women praised their individual midwifes, doctors, kitchen staff and cleaners for their care and professionalism. As one woman said:

"They were all as brilliant as they could be under the circumstances."

Appendix A

Methodology

The ten groups were selected by Jane Simmons and Deborah Holden, Associate Director of Midwifery at BSUH.

Five were groups run by health visitors at Children's Centres, one was a parent led group at a Children's Centre, two were (the breastfeeding and NCT groups) were parent run and a made two visits to the Royal Sussex Hospital maternity services.

As it wasn't possible to do interviews at a regular NCT group a special group was convened for people to input into the research. At all the other groups the participants didn't know I was coming and were therefore were not self selecting in the same way.

The groups were:

21 May, Portslade Children's Centre "Just Babies"
29 May, Tarner Children's Centre Health visitors " Baby Group"
20 June, Tarner Children's Centre Choices. Group for young parents under the age of 20.
23 June, RSCH Antenatal Clinic
30 June, RSCH Postnatal Ward
1 July, Hollingbury Baby group
15 July, Hanover Breastfeeding group
22 July, "PROUD" Parent Run Organisation Understanding Difficulties for Parents having difficulty getting out and about.
7 July, Brighton NCT Homebirth Group
31 July, Whitehawk Children's Centre "Healthy matters" for non-walking babies

The interviews

On arriving at the group the project was described and women were invited to give interviews. At six groups I did consecutive one to one interviews. At three of the groups I spoke one to one for the majority of the time and a more general conversation between three or four women emerged at the end. At the NCT HomeBirth group we spent the entire group listening and speaking as a group.

I either wrote notes or recorded the conversations on mp3.

I began each interview by explaining the purpose of the project and then asked them to tell me about their experiences beginning with antenatal appointments and continue through to the first days after the birth. I then asked them what

improvements they would like to see. In almost every interview I raised the question of the midwife led unit otherwise they answered the questions below without me directly asking them.

1. How was your experience of receiving care for having your baby?
2. Is there any service or care that you would have liked that wasn't offered?
3. Where would you prefer to have your antenatal appointments?
4. Where would you like to have your baby?
5. If you'd prefer a midwife led unit, where would it be and what would it's important features be?
6. If at home, what support would you need?
7. After the birth, what services would you need and where would you like to receive them?

At the end I asked them to summarise by saying what was most important to them in terms of maternity services.

I did my best to listen as well and fully as I could. Birth experiences can be powerful, life changing and emotive. Predominantly the conversations were very light and informal. People seemed to enjoy being asked and having an opportunity to share their experiences.

Data analysis

After each group I typed up my notes and when I had completed all the visits I read both the written notes and the typed ones and made new notes as a process of distilling the themes. I then did some research on work done on maternity services and what women want from the services.

Make up of the interviewees by age and ethnicity.

64 interviews. 53 were with women, 10 were with couples and one was with a father.

Eight had come to live in Brighton from abroad. 3 were from the Europe Union, 3 were black, 2 oriental and 1 Indian.

44, nearly two thirds, of the interviews were with first time parents.

Approximately 50 % were aged between 30 and 40, 30% between 20 and 30, 10% 15-20 and 10% 40-45.

Appendix B

References

[i] Maternity Matters, 2007, p32.
[ii] First Class Delivery, The Audit Commission, Garcia et al 1998
[iii] Healthcare Commission 2007 "Women's Experiences of maternity care in the NHS in England"
[iv] Birth Services in Mid Sussex, NCT 2004
[v] By young parents I mean parents under the age of 20.
[vi] This high percentage is partly a reflection that I went to an NCT HomeBirth group and conducted 10 interviews there. Thus 10 of the 53 interviews were with those committed to homebirth. Of the remaining 53 interviews approximately 6 wanted homebirths.
[vii] Birth Services in Mid Sussex, NCT 2004
[viii] A non-medical assistant employed by the parents who provides physical and emotional support in the childbirth process.
[ix] For both it was a second birth and a very fast labour. One had a doula that was able to assist her and the other an independent midwife who arrived for the third stage.
[x] Healthcare Commission 2007, 2007 "Women's Experiences of maternity care in the NHS in England"
[xi] Birth Services in Mid Sussex, NCT 2004
[xii] NCT Birth Policy 2002, Principle 11.
[xiii] Homer P, Brodie P, Leap N, "Midwifery Continuity of Care, A Practical Guide." 2008
[xiv] van Teijlingen ER et al "Maternity Satisfaction Studies and their limitations: What is, must still be best" Birth 2002; 30(2) 75-82 quoted in Birth Services in Mid Sussex, NCT 2002.
[xv] Allen et al 1997 quoted in Newburn "What Women Want from care around the time of Birth" in The New Midwifery 2006, p10
[xvi] Maternity Matters, 2007, Appendix B p36.
[xvii] First Class Delivery, The Audit Commission, Garcia et al 1998 quoted in Newburn "What Women Want from care around the time of Birth" in The New Midwifery 2006, p10.

HEALTH OVERVIEW AND SCRUTINY COMMITTEE	**Agenda Item 67** Brighton & Hove City Council

Subject:		**The Healthcare Commission 'Annual Health Check' of NHS Trusts (2008-2009)**	
Date of Meeting:		**21 January 2009**	
Report of:		**The Director of Strategy and Governance**	
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 The Healthcare Commission is responsible for assessing the performance and financial management of NHS Trusts across England.

1.2 Part of the assessment process involves the Healthcare Commission eliciting comments from key local stakeholders: Health Overview & Scrutiny Committees (HOSCs), Strategic Health Authorities (SHAs) and Local Involvement Networks (LINks).

1.3 HOSC members will need to determine what (if any) comment they wish to make in relation to the performance of any local NHS Trust(s) in 2008-2009. HOSC is not required to contribute to this process, but submissions are encouraged by the Healthcare Commission and by NHS Trusts themselves.

2. RECOMMENDATIONS:

2.1 That members:

(1) agree that general comments on local NHS Trusts be compiled by Committee support officers (for approval by the Chairman and Deputy Chairman of the Committee prior to their submission to the HealthCare Commission);

(2) determine whether to undertake any in-depth piece of work (such as an ad hoc panel) which would enable the Committee to

make an evidenced submission to the Healthcare Commission on some aspect of local NHS Trust performance in 2008-2009

3. BACKGROUND INFORMATION

3.1 The Healthcare Commission's 'annual health check' is the primary mechanism for assessing the performance of NHS Trusts across England.

3.2 The annual health check is conducted via an extensive self-assessment exercise which all NHS Trusts are required to complete. Trusts must assess their compliance with a number of standards which seek to measure clinical, administrative, managerial and financial performance.

3.3 In addition to this self-evaluation exercise, the HealthCare Commission visits selected Trusts to conduct its own audits. Trusts may be selected at random for such visits, or visits may be in response to perceived 'risk': problems identified with aspects of a Trust's performance (e.g. where there is historical under-performance).

3.4 These assessments are published in full by the HealthCare Commission. The Commission also makes a general assessment of NHS Trusts' performance and financial management and publishes annual 'scores' for each Trust (Trusts are ranked from 'excellent' to 'weak' on both finances and performance).

3.5 The Healthcare Commission also takes into account 'third party submissions': evidence from key stakeholders including the relevant Strategic Health Authority (SHA), local HOSCs and local LINks. These submissions are of particular relevance if they contradict a Trust's self-assessment (i.e. a Trust has declared compliance against a standard, but local stakeholders submit evidence to the contrary).

3.6 Third party submissions typically consist of two types of information: (a) general comments about the Trust in question and its relations with the stakeholder organisation – e.g. whether the Trust has responded positively to requests for information etc. over the past year; and, (b) detailed, evidenced comments about specific aspects of the Trust's performance.

3.7 NHS Trusts are assessed on their ability to build good relations with stakeholders, so it is important that HOSC comments (either favourably or adversely) on its relations with city NHS organisations. In 2007-2008, HOSC made this kind of general comment for all local NHS Trusts. Comments were drafted by officers, but approved by the Chairman and Deputy Chairman of HOSC before being submitted to the Healthcare Commission. A similar procedure has been suggested for 2008-2009.

3.8 It is important to note that third party submissions which concentrate on specific aspects of a Trust's performance must be closely evidenced in order to be effective. Thus, a HOSC which had conducted detailed work on infection control in the Local Health Economy might be in a position to include such material in its submissions; a HOSC which had not done this work could still convey its general concerns, but could not realistically anticipate action in response.

3.9 Therefore, aside from making fairly general comments on each local NHS Trust, HOSC may effectively be restricted to making more substantial comments only on issues which the Committee has investigated in some depth. Since HOSC has not undertaken an in-depth review of any specific local NHS services in the past year (e.g. via an ad hoc panel or Select Committee), there may be limited opportunities to make this kind of comment.

3.10 However, if HOSC members wished to explore any particular aspects of the performance of local NHS Trusts with a view to making detailed third party submissions as part of the 2008-2009 annual health check, they could determine to set up a sub-group (or ad hoc panel) to undertake this work and report back prior to the submission deadline (April 2009).

4. CONSULTATION

4.1 No formal consultation was undertaken in preparing this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 There are no financial implications for the council.

Legal Implications:

5.2 none identified

Equalities Implications:

5.3 None directly, although equalities-related standards feature in the HealthCare Commission annual health check.

Sustainability Implications:

5.4 None directly, although sustainability-related standards feature in the HealthCare Commission annual health check.

Crime & Disorder Implications:

5.5 None.

Risk and Opportunity Management Implications:

5.6 None identified.

Corporate / Citywide Implications:

5.7 None identified.

SUPPORTING DOCUMENTATION

None

HOSC Work Programme 2008/2009

Issue	Date to be considered	Referred By?	Overview & Scrutiny Activity	Progress and Date	Outcomes and Monitoring
Sussex Partnership Trust: changes to B&H services (inc. reconfiguration of Mill View hospital)	23 July 2008	SPT	Monitor progress of changes/determine whether planned changes constitute "significant variations in service"	Report: 28.11.07 23.07.08	Debated at 23.07.08 HOSC. Regular updates agreed with SPT
Sussex Partnership Trust: increased access to "talking therapies"	23 July 2008		Overview		See above
Mental Health: personalisation of care agenda	23 July 2008	Director of ASC and Housing	Overview (possibility of more HOSC involvement throughout the year)		See above
Sussex Partnership Trust: Foundation Trust application	23 July 2008	SPT	Monitor progress of FT application	Reports: 25.07.07 28.11.07 23.07.08	See above
Eye Testing for over 60s	17 September	OPC (public question)	Update on free eye testing for over 60s	17.09.08	Debated at 17.09.08 HOSC

Issue	**Date to be considered**	**Referred By?**	**Overview & Scrutiny Activity**	**Progress and Date**	**Outcomes and Monitoring**
"Healthier people, Excellent care" (Darzi Review)	17 September	SHA	Overview of SE aspects of national review of NHS services (Darzi review)	17.09.08	No further action
Public Health	17 September		Overview of B&H public health (to inform more detailed work throughout the year).	17.09.08	Ad hoc panel on an aspect of public health to be established
Sussex Orthopaedic Treatment Centre (SOTC)	05 November		Monitoring performance of SOTC	Report: 29.11.06	Debated at 05.11.08 HOSC Possible follow-up at a later date
LINk: 6 monthly review of progress in establishing a B&H LINk	05 November		Monitor progress of LINk contract.	Report 05.11.08	Debated at 05.11.08 HOSC **Further report requested March 2009**
HCC 07/08 Annual Health Check audit results	05 November		Briefing on results of performance audit of local NHS Trusts (07/08)		Debated at 05.11.08 HOSC
Sussex Rehabilitation Centre at Shoreham (SRCS)	05 November	PCT	Update on relocation of B&H SRCS services		Debated at 05.11.08 HOSC

Older People's Mental Health (OPMH) Strategy	05 November	PCT	Update on plans to refresh commissioning strategy for OPMH		Debated at 05.11.08 HOSC
PCT Communication Strategy	Removed from work programme	PCT	Removed after consultation with PCT as PCT communications strategy has been adequately explored in the context of other items.		
Healthcare Commission (HCC) Annual Health Check (audit of NHS Trust performance)	21 January		Overview compliance of local NHS Trusts with HCC standards	Annual issue	

Issue	Date to be considered	Referred By?	Overview & Scrutiny Activity	Progress and Date	Outcomes and Monitoring
Dentistry: performance of B&H dental contract	21 January - postponed	Local Dental Committee	Monitor B&H performance in year 2 of new national dental contract	Postponed until March 2009	
South Downs Health Trust: Strategic Direction Review	21 January	SD	Update on SD strategic direction		
Maternity: report back on PCT community maternity consultation	21 January	PCT	Analyse consultation feed-back (to possibly inform more detailed work by HOSC)		
GP-Led Health Centre	21 January	PCT	Letter for information from CE of PCT identifying the preferred bidder for the GP-led health centre contract		
Crohns and Colitis		OPC	To be determined	Referred to ECSOSC	
Scrutiny of Section 75 arrangements	04 March		Briefing paper on S75 and the extent of BHCC S75 commitments		
"3Ts" development of RSCH	22 April	BSUHT	HOSC to comment on 3Ts re-development of RSCH site (esp. on consultation plans)		

Issue	Date to be considered	Referred By?	Overview & Scrutiny Activity	Progress and Date	Outcomes and Monitoring
Other providers in Local Health Economy	04 March		Information paper/presentation on the role of non-NHS providers in the LHE		
Mental Health Act	TBC	SPT	Implications of new Mental Health Act		Considered at 23.07.08 meeting
Community Care	22 April		Develop ways of dealing with services moving from acute to community sector		
Report back from ad hoc panel on public health	04 March (probable)		Recommendations of ad hoc panel for HOSC to discuss/endorse		

Brighton and Hove City NHS
Teaching Primary Care Trust

8th January 2009

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Councillor Denise Cobb
Chairman
Health Overview Scrutiny Committee
Brighton and Hove City Council
Kings House
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Dear Denise

GP Led Health Centre

I wrote to you in July to update you on progress we were making on the GP led Health Centre and I said I would be in touch at the end of the year with a further update.

As you know the interim report *Our NHS, Our Future* by Lord Darzi made a commitment to providing more access to primary care services. This commitment included additional GP Practices in under doctored areas around the country and for every PCT to procure a GP Led Health Centre. Brighton and Hove is not considered to be under-doctored. As with all other PCTs in England, we were required to procure a GP Led Health Centre based on an open and transparent tender process by the end of December 2008.

The PCT completed the tender in November and we chose Care UK as our preferred provider in December. The evaluation was rigorous and in line with best practise, the law and the agreed evaluation plan. Care UK was selected as the preferred bidder on the basis of the quality of the service they plan to provide, the cost of the service and the value for taxpayers' money this offers. The quality of the service the PCT requires was set out in the invitation to tender and enshrined in the contract.

Care UK is now working to mobilise the service, as required by the PCT, by July 2009. They will be submitting planning applications for two central Brighton properties and are beginning to make contact with the various stakeholders in the city to ensure the service meets the needs of the city.

People will be able to remain with their local GP practice and see a GP or nurse and health promotion services at the health centre. There will be a mix of booked appointments and walk-in services, and the centre will be open from 8am to 8pm, seven days a week – a service not currently offered in the city.

The health centre will increase choice for local people and provide a much needed service to our city's many visitors who often end up being seen inappropriately in Accident and Emergency. We expect that the service will grow steadily over a number of years reaching around 6,000 registered patients; we anticipate that the walk-in services will be popular with patients and will be heavily used.

However, this is just one among many developments in primary care – others include increasing the number of other practices providing extended opening hours (around 75% of local people are registered with practices that have increased their opening times – some including Saturday mornings) and new or re-developed facilities in Whitehawk, Saltdean and Lewes Rd – this a significant improvement in the accessibility and responsiveness of GP services.

I will continue to keep you and your colleagues on the Health Overview Scrutiny Committee informed as we near opening in July. Should you require any further information of course please do not hesitate to contact me.

Yours sincerely,

Darren Grayson
Chief Executive

cc Giles Rossington
Julian Lee
Jane Simmons