

**BRIGHTON & HOVE CITY COUNCIL**  
**HEALTH OVERVIEW & SCRUTINY COMMITTEE**

**4.00PM 22 APRIL 2009**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillors Mrs Cobb (Chairman); Allen (Deputy Chairman), Alford, Barnett, Kitcat, Rufus, Turton and Smart

**Co-opted Members:** Hazelgrove (Older People's Council)

**PART ONE**

**83. PROCEDURAL BUSINESS**

**83A Declarations of Substitutes**

83.1 Apologies were received from Councillor Steve Harmer-Strange and from Julian Lee, Chair of NHS Brighton & Hove.

83.2 Councillor David Smart announced that he was attending as substitute for Councillor Steve Harmer-Strange.

**83B Declarations of Interest**

83.3 There were none.

**83C Declarations of Party Whip**

83.4 There were none.

**83D Exclusion of Press and Public**

83.5 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.

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

**84. MINUTES OF THE PREVIOUS MEETING**

- 84.1 **RESOLVED** – That the minutes of the meeting held on 04 March 2009 be approved and signed by the Chairman.

**85. CHAIRMAN'S COMMUNICATIONS**

- 85.1 The Chairman informed members that a new Chief Executive for South Downs Health NHS Trust had been chosen. Simon Turpitt, Chair of the trust, told the committee that the new Chief Executive was Andy Paiton. Mr Turpitt thanked John O'Sullivan, the current Chief Executive, for all the excellent work he had done in the post.
- 85.2 The Chairman also informed members that the hoped for integration of South Downs Health and West Sussex Primary Care Trust community services had been confirmed. John O'Sullivan, Chief Executive of South Downs Health, told the committee that he was delighted that the integration was going ahead. Mr O'Sullivan offered to attend a Health Overview & Scrutiny Committee (HOSC) meeting prior to the formal integration with West Sussex (scheduled for July 2009) in order to discuss governance arrangements for the new organisation, particularly in terms of ensuring that a strong focus on the needs of Brighton & Hove residents was retained.

**86. PUBLIC QUESTIONS**

- 86.1 No public questions had been submitted to this meeting. However, the Chairman chose to take the scheduled item on chiropody services here, as it had originated with a public question asked at the previous HOSC meeting.
- 86.2 Darren Grayson, Chief Executive of NHS Brighton & Hove (the Primary Care Trust – PCT), and Wendy Young, who commissions foot care services for the PCT, answered members' questions on this subject.
- 86.3 Jack Hazelgrove, of the Older People's Council, noted that there was a considerable disparity between the importance of general, preventative foot care services and the actual reach of city services, with many older people paying for private treatment rather than using publicly funded services.
- 86.4 Members were informed that basic foot care services are not officially categorised as healthcare and the local NHS is therefore not liable to provide them free at the point of delivery. However, NHS Brighton & Hove (NHSBH) recognises the importance of preventative foot care and consequently commissions Age Concern to provide some preventative care. The council's Adult Social Care (ASC) department also funds some general foot care services (ASC and NHSBH neither jointly commission nor fund this provision).
- 86.5 In answer to a question about providing foot care services from GP surgeries, members were told that services are currently available in two city GP practices (in Portslade and East Brighton). However, GP practices charge for the use of their facilities, which may mean that more widespread provision is not practicable. Age Concern does currently offer domiciliary visits for patients unable to travel to access foot care services.

86.6 The Chairman noted that this was an important subject and one the committee should revisit at a later date.

## **87. WRITTEN QUESTIONS AND LETTERS FROM COUNCILLORS**

87.1 Councillor Kitcat followed up his written question (see agenda) with supplementary questions concerning research on the impact of light and ventilation on patient recovery and the arrangements in place for monitoring carbon dioxide levels at the Royal Alexandria Children's Hospital. Duane Passman, 3T Programme Director at Brighton & Sussex University Hospitals Trust (BSUHT), promised to provide a detailed written response to these queries.

87.2 The Chairman suggested that Councillor Kitcat might wish to arrange to visit the Children's Hospital to check conditions personally, and requested that, if he did so, he might also take the time to check signage in the Royal Sussex County Hospital (as members had previously commented on the hospital being difficult to navigate).

## **88. '3T' DEVELOPMENT OF SERVICES AT THE ROYAL SUSSEX COUNTY HOSPITAL**

88.1 Duane Passman, 3T Programme Director at Brighton & Sussex University Hospitals Trust (BSUHT), gave a presentation and answered members' questions on the proposed '3T' development of the Royal Sussex County Hospital (RSCH) site. Glyn Jones, Chair of BSUHT, John O'Sullivan, Chief Executive of South Downs Health NHS Trust, and Darren Grayson, Chief Executive of NHS Brighton & Hove, also responded to questions on this topic.

88.2 In reply to a question about stroke rehabilitation services, members were told that some post acute rehab would be available on the RSCH site, but longer term rehab would be based at Princess Royal Hospital in Hayward's Heath. This is in line with best practice for rehabilitation services – i.e. it is widely considered that major tertiary hospitals do not generally provide an ideal environment for long term rehabilitation.

88.3 In response to questions concerning the relocation of Hurstwood Park neuroscience unit and the creation of a regional trauma centre on the RSCH site, the committee was informed that the 3T plans would guarantee that these services were locally available. This presented a considerable achievement for the local health economy, as there had been a very real chance of this provision being lost to Sussex, with local residents forced to travel to London hospitals to access these key specialist services.

88.4 In answer to a question about commercial partners for the 3T development, members were told that Laing O'Rourke had been appointed following the appropriate NHS procurement process.

88.5 In response to a query regarding parking and traffic congestion, the committee was informed that a traffic impact assessment would be undertaken as part of the preparations for 3T, and appropriate actions taken in response to this. As tertiary services at the RSCH are expanded, there will be a parallel relocation of RSCH secondary services into local community and primary healthcare settings which should mean that the overall 'footfall' on the RSCH site is reduced rather than increased. Mr

Passman offered to come back to the committee when the details of the traffic impact assessment were available.

- 88.6 In response to queries about helicopter access to the RSCH site, members were informed that the hospital helipad would be operational during daylight hours only.
- 88.7 In answer to a question about the details of the RSCH re-build, members were told that the re-build would be in stages, ensuring that no service would require more than one decant. Whenever possible, services would move directly from their current location into new accommodation (e.g. patients in the older people's wards currently located in the Barry building would be moved directly into newly built accommodation on the RSCH site, rather than being decanted into temporary accommodation while the Barry building was demolished and its replacement constructed).
- 88.8 Councillor Craig Turton stated that the local community should be proud of having this important regional health resource in Brighton & Hove. Councillor Turton also noted that the Local Authority, working in conjunction with its health partners and the local bus company, had a key role to play in managing public transport access to the RSCH site. To date, the hospital trust had engaged fully with local residents, and Councillor Turton trusted that this positive attitude would be maintained throughout the 3T project. Mr Passman assured members that it would be, as the trust was wholly committed to working with the local community on this issue.
- 88.9 **RESOLVED** – that the report be noted and Mr Passman be thanked for his presentation.

## 89. SECTION 75 ARRANGEMENTS: AN OVERVIEW

- 89.1 Darren Grayson, Chief Executive of NHS Brighton & Hove, and Denise D'Souza, Director of Community Care, Brighton & Hove City Council, answered members' questions on this topic.
- 89.2 In response to a query on how pooled budgets are negotiated, members were told that service solutions are co-designed and jointly commissioned, but paid for on an eligibility basis, with reference to national frameworks (e.g. the Local Authority and the PCT will generally each fund a budget in accordance with their statutory liabilities for a particular service).
- 89.3 Councillor Kevin Allen pointed out that elements of this report were of relevance to other Overview & Scrutiny committees, and that the report should therefore be forwarded to them.
- 89.4 **RESOLVED** – That the Section 75 report should be referred for information to the Adult Social Care and Housing and the Children and Young People's Overview & Scrutiny Committees.

## 90. CHIROPODY SERVICES

This Item was discussed at an earlier stage of the meeting (at Item 86).

**91. BRIGHTON & HOVE LOCAL INVOLVEMENT NETWORK (LINK)- SIX MONTHLY UPDATE**

- 91.1 Robert Brown, of the Brighton & Hove Local Involvement Network (LINK) gave members a presentation on the progress in establishing a Brighton & Hove LINK.
- 91.2 Mr Richard Scott, a member of the public, voiced his concern about this item being a verbal presentation, pointing out that this provided no opportunity for local residents to determine whether there were areas of concern and communicate with their ward Councillors in advance of the meeting. This point was acknowledged by the Chairman, who promised that the next report to the H OSC on this subject would include a written report.

**92. UPDATE ON PROGRESS OF THE AD HOC PANEL EXAMINING THE BRIGHTON & HOVE GP LED HEALTH CENTRE**

- 92.1 Councillor Trevor Alford updated members on the ad hoc panel, noting that panel members had held a scoping meeting at which it had been resolved to elect Councillor Alford as Chairman and to arrange to meet with officers of NHS Brighton & Hove in May to examine documents relating to the tendering of the Brighton & Hove GP led health centre contract.

**93. HEALTH OVERVIEW & SCRUTINY COMMITTEE (HOSC) WORK PROGRAMME**

- 93.1 Members discussed the committee work programme, deciding to invite the Sussex Partnership NHS Foundation Trust to contribute to the May HOSC meeting, to invite South Downs Health NHS Trust to contribute in advance of their integration with West Sussex community services, and to postpone the planned item on non-NHS providers at work in the local health economy until the July committee meeting.

**94. FOR INFORMATION: LETTER SENT TO THE SECRETARY OF STATE FOR HEALTH WITH REGARD TO THE ANNUAL GP SURVEY**

- 94.1 The Chairman informed members that she had written to the Secretary of State in line with the committee's resolution at the March 04 HOSC meeting.

**95. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING**

- 95.1 There were none.

**96. ITEMS TO GO FORWARD TO COUNCIL**

- 96.1 There were none.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of