Overview & Scrutiny

| Title: | **Health Overview & Scrutiny Committee** |
|---|---|
| Date: | **22 April 2009** |
| Time: | **4.00pm** |
| Venue | **Council Chamber, Hove Town Hall** |
| Members: | **Councillors:**<br>Mrs Cobb (Chairman), Allen (Deputy Chairman), Alford, Barnett, Harmer-Strange, Kitcat, Rufus, Turton<br><br>**Co-optees:**<br>Jack Hazelgrove (Older People's Council)<br>Robert Brown (Brighton & Hove LINk) |
| Contact: | **Giles Rossington**<br>**Acting Senior Scrutiny Officer**<br>29-1038<br>Giles.rossington@brighton-hove.gov.uk |

| | |
|---|---|
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# AGENDA

**Part One** **Page**

**82. PROCEDURAL BUSINESS** **1 - 2**

(copy attached)

**83. MINUTES OF THE PREVIOUS MEETING** **3 - 8**

Draft minutes of the meeting held on 04 March 2009 (copy attached)

**84. CHAIRMAN'S COMMUNICATIONS**

**85. PUBLIC QUESTIONS**

No public questions have been received.

**86. WRITTEN QUESTIONS AND LETTERS FROM COUNCILLORS** **9 - 10**

A letter has been received from Councillor Jason Kitcat:

Dear Chair of HOSC,

I have recently learnt of a number of small problems in the new Royal Alexandra Children's Hospital. While undoubtedly this new building is a fine
and important addition to the city's health provision, these two issues do raise questions about the design of new NHS buildings.

In particular I have learnt that in patients' rooms the main light cannot be switched on or off, it is always on and there is in fact no switch at all. Nurses have resorted to putting pillow cases over the lights in an attempt to give the children some respite.

I also understand that the windows fitted cannot be opened due to health and
safety concerns. Because the windows would open out fully - even on the highest floors - children could fall out through the windows. It would have been preferable to have a different design of window which would have allowed fresh air to circulate without putting children at risk.

Of course these are small matters in the context of the major facility the new children's hospital represents. However fresh air and a dark room for rest do play an important part in recuperation and healing.

I wonder if you would be so kind as to ask the Chief Executive of Brighton &
Sussex University Hospitals NHS Trust to respond to the issues raised?

Furthermore would the Chair agree that a tour of the existing Royal Sussex

County facilities to examine such issues as these, and signage as previously
discussed at the Committee, would be helpful before the major '3T' redevelopment of the Royal Sussex County Hospital site progresses any further?

Yours sincerely,
Cllr Jason Kitcat

**87. '3T' DEVELOPMENT OF SERVICES AT THE ROYAL SUSSEX COUNTY HOSPITAL** **11 - 36**

Report of the Acting Director of Strategy and Governance. Duane Passman, 3T Programme Director, Brighton & Sussex University Hospitals Trust, will give a presentation on this Item and the relevant slides are included with the papers (copy attached)

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

**88. SECTION 75 ARRANGEMENTS: AN OVERVIEW** **37 - 48**

Report of the Director of Strategy and Governance (copy attached)

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

**89. CHIROPODY SERVICES** **49 - 52**

Information supplied by NHS Brighton & Hove in response to a public question asked by Jack Hazelgrove, Older People’s Council (copy attached).

Mr Hazelgrove’s questions was: “Owing to the limited availability of chiropody services on the NHS, many older people are paying privately (often around £25) for treatment. Could NHS Brighton & Hove outline the current arrangements for provision of this service and any plans to increase the availability of treatment for older people. Could NHS Brighton & Hove also explain the criteria for ‘rationing’ the service and indicate any system of prioritisation for certain ‘at risk’ groups (e.g. diabetics).”

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

(verbal update)

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

(verbal)

**92. HEALTH OVERVIEW & SCRUTINY COMMITTEE (HOSC) WORK PROGRAMME** **53 - 62**

Update on the 2009-2010 Work Programme to include discussion of the NHS Brighton & Hove Annual Operating Plan 2009-2010 (copy attached)

**93. FOR INFORMATION: LETTER SENT TO THE SECRETARY OF STATE FOR HEALTH WITH REGARD TO THE ANNUAL GP SURVEY** **63 - 64**

(copy attached)

**94. 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 meeting

**95. ITEMS TO GO FORWARD TO COUNCIL**

To consider items to be submitted to the 30 April 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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Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

For further details and general enquiries about this meeting contact Giles Rossington, 01273 29-1038, email giles.rossington@brighton-hove.gov.uk) or email scrutiny@brighton-hove.gov.uk

Date of Publication - Tuesday, 14 April 2009

# Agenda Item 82

**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.*

**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH OVERVIEW & SCRUTINY COMMITTEE**

**4.00PM 4 MARCH 2009**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present**: Councillors Mrs Cobb (Chairman); Allen (Deputy Chairman), Alford, Barnett, Harmer-Strange, Kitcat, Rufus and Marsh

**Co-opted Members**: Hazelgrove (Older People's Council), Brown (Brighton & Hove LINk)

**PART ONE**

**70. PROCEDURAL BUSINESS**

**70A Declarations of Substitutes**

70.1 Councillor Mo Marsh announced that she was attending as a substitute for Councillor Craig Turton.

**70B Declarations of Interest**

70.2 Councillor Steve Harmer-Strange declared a personal interest in relation to agenda Item 77 (NHS Dental Services), as he is a regular user of Brighton & Hove specialist children's dental services.

**70C Declarations of Party Whip**

70.3 There were none.

**70D Exclusion of Press and Public**

70.4 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.

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

## 71. MINUTES OF THE PREVIOUS MEETING

71.1 **RESOLVED** – That the minutes of the meeting held on 05 November 2008 be approved and signed by the Chairman.

## 72. CHAIRMAN'S COMMUNICATIONS

72.1 The Chairman congratulated Brighton & Sussex University Hospitals Trust on having been nominated for a national award as the most improved NHS trust in the South East region in terms of infection control.

## 73. PUBLIC QUESTIONS

### 73A Public Question from Mr Ken Kirk

73.1 Mr Kirk asked the following question:

"We already know that the B&H PCT (Primary Care Trust) didn't conduct a proper public consultation over the setting up of a GP Clinic, contravening the Department of Health's PCT Procurement Plan. The PCT has given the contract for it to Care UK who run the SOTC (Sussex Orthopaedic Treatment Centre). It was revealed at the November HOSC that the SOTC selects the cheaper surgical procedures, leaving the BSUHT (Brighton & Sussex University Hospitals Trust) to fund the expensive ones. At the meeting a senior clinician stated the hospital has a £2 - £3 million deficit as a result. On whose behalf does B&H PCT spend our NHS funds? Would the committee investigate the awarding of this contract?"

73.2 Members discussed this question and determined that it would be desirous to set up an ad hoc scrutiny panel to investigate the process by which a contract for the Brighton & Hove GP-Led Health Centre had been awarded.

73.3 Councillors Alford, Allen and Kitcat agreed to sit on the ad hoc panel; Councillor Allen agreeing to sit with the proviso that the panel should take the absolute minimum time required to examine the matter properly.

73.4 Mr Kirk then asked a supplementary question in which he suggested that it might be good practice for NHS Brighton & Hove to conduct a regular audit of the GP-Led Health Centre and adjoining GP practices in order to measure whether the GP-Led Health Centre was having a negative impact upon other surgeries in the area.

73.5 The Chairman told Mr Kirk that this idea would be considered by the ad hoc panel, and thanked Mr Kirk for his question.

73.6 Darren Grayson, Chief Executive of NHS Brighton & Hove, told members that he welcomed a review of the GP-Led Health Centre. Mr Grayson informed the committee that the GP-Led Health Centre initiative was Government policy and that Primary Care Trusts were bound to commission health centres in line with this policy.

73.7 In response to a comment from a member suggesting that there should have been public consultation on the location of the Brighton & Hove health centre, Mr Grayson informed members that NHS Brighton & Hove had consulted on the location and had presented the results of this consultation to a previous Health Overview & Scrutiny Committee (HOSC) meeting. Mr Grayson told the committee that the development of the GP-Led Health Centre should be welcomed as it would provide a valuable addition to the city's primary care facilities.

**73B Public Question from Mr Jack Hazelgrove (Older People's Council)**

73.8 Mr Hazelgrove asked the following question:

"Owing to the limited availability of chiropody services on the NHS, many older people are paying privately (often around £25) for treatment. Could NHS Brighton & Hove outline the current arrangements for provision of this service and any plans to increase the availability of treatment for older people. Could NHS Brighton & Hove also explain the criteria for 'rationing' the service and indicate any system of prioritisation for certain 'at risk' groups (e.g. diabetics)."

73.9 The Chairman thanked Mr Hazelgrove for his question. As the question sought fairly complex information, the Chairman had decided that she would not seek an answer at this meeting, but rather would ask NHS Brighton & Hove to provide a full written answer for the next scheduled committee meeting.

**74. NOTICES OF MOTION REFERRED FROM COUNCIL**

74.1 There were none.

**75. WRITTEN QUESTIONS FROM COUNCILLORS**

75.1 Councillor Jason Kitcat asked the following question:

"Can the Chief Executive of the Primary Care Trust (NHS Brighton & Hove) detail who will pay for the planning process, building and refurbishment required for opening the city centre GP-led clinic? Will it be Care UK, the PCT or another body?"

75.2 Members were referred to a written answer from NHS Brighton & Hove (re-printed in the papers for this meeting).

75.3 Councillor Kitcat then asked a supplementary question relating to patients' ability to register at the GP-Led Health Centre. Mr Grayson responded by saying that any city resident could register or receive unregistered treatment at the centre. It should also be possible for patients to register at the GP-Led Health Centre and retain registration with their local GP.

75.4 Mr Grayson added that the GP-Led Health Centre was expected to have a list of around 5000 patients when fully operational – in line with the list size for an average GP surgery. At this kind of size, it was not anticipated that the GP-Led Health Centre would have an impact on adjoining GP practices such that it might compromise their viability.

75.5 Mr Grayson was also asked to confirm whether the figures he had recently given the committee for activity at the Sussex Orthopaedic Treatment Centre referred to total activity or activity commissioned for Brighton & Hove residents. Mr Grayson confirmed that these figures represented total activity at the centre.

**76. LETTERS FROM COUNCILLORS**

76.1 There were none.

**77. NHS DENTAL SERVICES: UPDATE ON THE NEW DENTAL CONTRACT**

77.1 This Item was introduced by Claire Quigley, Director of Delivery, and by Cherie Young, Primary Care Commissioner for Dental and Optometry Services, NHS Brighton & Hove.

77.2 Ms Quigley and Ms Young answered members' questions on subjects including: the quality of NHS dentistry Vs that of private dentistry; the cost of the NHS dentistry helpline; the definition of a dental emergency; dental hygiene services; dental operations and the 18 week targets; and charges for anaesthesia.

77.3 Members were informed that at the current time 27 (out of a total of 50) city dental practices were open to new NHS patients. The city dental helpline will direct callers to their nearest dental practice with spaces available. Should people present for treatment at a practice which has no spaces, staff at that practice should be able to advise of locally available alternatives. City GPs should also be able to signpost their patients to a local NHS dentist.

77.4 Members were told that attendances at city dentists had fallen markedly following the introduction of the new dental contract in 2006 (as had attendances nationally), but that attendance figures were now on the rise again. NHS Brighton & Hove is committed to ensuring that people who wish to access city NHS dental services are enabled to do so and to this end the PCT has been running radio adverts and events at Brighton station to publicise local dental services.

77.5 Ms Quigley promised to provide the committee with additional information setting out the range of dental services provided by the NHS. She also agreed to supply a map showing the location of city dental practices, so that members could see how the location of practices mapped against areas of deprivation.

77.6 **RESOLVED** – That members will require an update report on dental services in six months time.

**78. BRIGHTON & HOVE CITY TEACHING PRIMARY CARE TRUST (PCT) 2009-2010 ANNUAL OPERATING PLAN**

78.1 This Item was introduced by Claire Quigley, Director of Delivery, NHS Brighton & Hove.

78.2 In answer to questions relating to health inequalities, members were told that addressing inequalities was a priority for NHS Brighton & Hove.

78.3 Members were told that funding for capital improvements was not included in the Annual Operating Plan as this was generally a matter for NHS provider trusts. NHS Brighton & Hove is directly responsible for relatively little estates and only funds some expansion of primary care practices.

78.4 In response to queries regarding midwifery services, the committee was told that services were being developed via an ongoing consultative process. This is expected to include the development of a local birthing centre and steps (still being finalised) to improve continuity of care. The cost of these changes will largely be met from within the tariff payments for these services (i.e. as a re-allocation of current funding rather than as additional funding).

78.5 **RESOLVED** – That officers supporting the Health Overview & Scrutiny Committee provide members with a digest of the NHS Brighton & Hove 2009-10 Annual Operating Plan, and that this digest be used to inform the committee's future work programme.

**79. THE ANNUAL GP SURVEY REPORT**

79.1 Members considered the Annual GP Survey and agreed that the Chairman should write a letter to the Secretary of State for Health detailing the following concerns.

79.2 The committee recognised that the GP survey is concerned with services provided under the GP contract and not with other services which may be based in practice premises, but which are not GP-provided services (for example, community midwifery). However, members thought that this division between GP-provided and GP practice-based services, whilst sensible from the perspective of NHS contract management, was unlikely to be considered so by members of the public, who would prefer the opportunity to comment on all services provided at GP practices via the GP survey.

79.3 The committee agreed that GP practice opening hours were an important issue, but felt that an opportunity had been missed to comment on the opening hours of prescribing pharmacies. Members argued that there was often little point in being able to access a GP in the evening if it was then impossible to get a prescription filled until the next morning. A question asking respondents how important they considered round-the-clock pharmacy services would have allowed the NHS to assess the level of demand.

79.4 Committee members also thought that the survey did not make adequate provision for respondents who are registered with a GP practice which has restricted working hours. It was felt that the survey was worded in such a way that respondents with poor access to a GP might struggle to convey their access problems adequately, and the survey might consequently give a false impression of satisfaction levels.

79.5 **RESOLVED** – That the Chairman should write a letter to the Secretary of State for Health setting out members' concerns (as outlined in points 79.2, 79.3 and 79.4 above).

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

80.1 Members discussed the committee work plan, noting that items on the Brighton & Hove Local Involvement Network, Section 75 Agreements and Organisations in the Local Health Economy had been postponed until later meetings.

80.2 Items arising from this meeting which will need to be added to the work programme are: dental services review and report on chiropody services.

80.3 Amanda Fadero, Deputy Chief Executive, NHS Brighton & Hove, suggested that the Committee might wish to receive an update on the Community Care strategy alongside the scheduled report on plans to develop tertiary care at the Royal Sussex Hospital site (the '3 Ts' initiative).

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

81.1 there were none.

**82. ITEMS TO GO FORWARD TO COUNCIL**

82.1 There were none.

The meeting concluded at 6pm

Signed Chair

Dated this day of

# Agenda Item 86

**Information from Brighton & Sussex University Hospitals Trust in response to Councillor Kitcat's Written Question**

The lighting systems in the RACH comply with the relevant Health Technical Memorandum, (HTM) which require a level of illumination to be present at all times, to allow staff on duty to physically check patients' condition.

At night this requirement is for a light to remain on in every room and provide a level of up to one Lux of illumination, measured at the bed head in the horizontal plane. I have physically checked this level is provided in all rooms, typically this being 0.8 Lux, which is an extremely low level of light.

The windows in the RACH are designed to be opened for cleaning and maintenance activities only, being physically locked at all other times. The main reason for this is to allow the air conditioning system to function correctly and maintain close temperature control of the environment.

Additionally, the fire strategy in the building requires the windows to be closed to prevent fire spread in the event of an outbreak, this being particularly relevant in the atrium.

Regards

Barry Kearton

PFI Estates Manager
AIEMA, MBIFM, Dip NEBOSH, Tech IOSH
Brighton and Sussex University Hospitals
Capital and Estates Department
The Royal Sussex County Hospital

| HEALTH OVERVIEW AND SCRUTINY COMMITTEE | Agenda Item 87<br>Brighton & Hove City Council |
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|---|---|---|---|---|
| **Subject:** | | **The '3T' Development of the Royal Sussex County Hospital** | | |
| **Date of Meeting:** | | **22 April 2009** | | |
| **Report of:** | | **The Acting 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 This report provides background information on the '3T' initiative to develop the Royal Sussex County Hospital site in Eastern Road, Brighton.

## 2. RECOMMENDATIONS:

2.1 That members note the report and the additional information supplied by Brighton & Sussex University Hospitals Trust.

## 3. BACKGROUND INFORMATION

3.1 The Royal Sussex County Hospital (RSCH) is owned and managed by Brighton & Sussex University Hospitals Trust (BSUHT). BSUHT is also responsible for the Sussex Eye Hospital, the New Royal Alexandria Children's Hospital (both of which share a site with the RSCH), and the Princess Royal Hospital (PRH) in Hayward's Heath. RSCH and PRH are increasingly considered by the trust to be a single hospital operating across two sites, rather than two distinct hospitals offering discrete services.

3.2 The RSCH is a teaching hospital, working in partnership with Brighton and Sussex Universities to offer undergraduate medical degrees and postgraduate training. The RSCH is the only teaching hospital in the South East region (excluding London facilities).

3.3 The RSCH is designated as a critical care centre: a large hospital which offers a range of specialist (tertiary) services for a regional population as well as providing standard acute services for local people. Standard RSCH acute services are accessed by significant numbers of patients from East and West Sussex as well as by Brighton & Hove residents. (In terms of Health Overview & Scrutiny Committee involvement in the development of the RSCH, this may mean that BSUHT is required to consult with East and West Sussex HOSCs in addition to Brighton & Hove HOSC, since HOSCs are responsible for scrutinising the healthcare of their residents irrespective of where those residents actually receive their treatments.)

3.4 In 2004 the local NHS consulted (under the rubric of 'Best Care Best Place') on the principle of developing tertiary services (including a trauma centre) at the RSCH, on the principle of re-providing some acute services in community settings, and on specific plans to 'split' certain acute services between the RSCH and PRH sites (e.g. a 'hot/cold' split with most emergency work taking place at RSCH and elective work at PRH).

3.5 In recent years, there have been moves to expand tertiary services on the RSCH site. Some of this expansion has been facilitated by better use of existing facilities, some by new building on the site (notably the recently constructed children's hospital), some by re-locating acute services – either to other city facilities or to the PRH.

3.6 The '3T' initiative (the 'T's' are 'teaching', 'trauma' and 'tertiary care') seeks to build on the developments of the past few years, significantly upgrading RSCH specialist facilities and cementing its position as a major regional tertiary care centre. This will mean that city residents will increasingly be able to access specialist services locally rather than travelling out of Sussex for treatment.

3.7 3T will also look to build on the success of the Medical School, further developing teaching facilities at the RSCH. There are significant advantages to having a successful Medical School: both for the city economy in terms of encouraging expansion of the universities; and for citywide medical care, in terms of attracting the best qualified clinicians to work in city hospitals.

3.8 In addition, 3T will seek to create a regional trauma centre on the RSCH site. This will involve relocating the Hurstwood Park neurosciences unit from PRH. Currently, a full range of trauma services is available across the PRH and RSCH sites, but not in a single location, which means that patients with serious head *and* body injuries have to be airlifted to suitable facilities – generally in London.

3.9 The 3T programme will entail major redevelopment of the RSCH site at a cost of approximately £400 million. BSUHT considers that this initiative offers a significant opportunity to upgrade much of the existing RSCH estate, some of which is almost 200 years old and is manifestly ill-suited to the requirements of modern healthcare.

3.10 In addition to this building programme, 3T is predicated upon the relocation of some services currently provided at RSCH to other healthcare settings, mainly settings in the primary/community sector.

3.11 This relocation of services from an acute to a community setting is very much in line with current NHS thinking, which emphasises the need to "localise where possible and centralise where necessary" – i.e. to locate services in primary/community settings whenever their relocation can be justified on clinical grounds, and to centralise them only when there is a overriding clinical case to do so. Services likely to be re-commissioned in a primary/community setting include some diagnostics, some minor operations, and a range of outpatient appointments.

3.12 As well as freeing up capacity on the RSCH site for more specialist services, this shift of activity is intended to reduce the 'footfall' on the Eastern Road site, thus ensuring that the development of the RSCH does not lead to a worsening of local parking and congestion problems.

3.13 The general issue of re-commissioning acute services in the community has been previously considered by HOSC and will be examined again at the May 2009 committee meeting. This is essentially an issue for NHS Brighton & Hove as commissioner rather than for BSUHT as a provider trust.

## 4. CONSULTATION

4.1 NHS trusts are generally required to consult with their local HOSCs when planning to make "substantial variations" or "developments" in service (under provision introduced by the Health and Social Care Act [2001] and its subsequent regulations [2002]).

4.2 There is no absolute statutory definition of what constitutes a substantial variation or development of a service, but there is a general presumption that NHS trusts should keep local HOSCs informed about major service changes.

4.3 The Best Care Best Place initiative (which Sussex HOSCs were involved in via a Joint Health Overview & Scrutiny Committee - JHOSC) incorporated consultation on several of the principles

underlying the 3T initiative, including the relocation of Hurstwood Park, splitting services between RSCH and PRH and the re-commissioning of certain acute services in the primary/community sector.

4.4 The expansion of RSCH has also been much discussed as part of the ongoing 'Fit For the Future' JHOSC which is examining plans to reconfigure acute healthcare across West Sussex and Brighton & Hove. (However, 3T is not formally part of the Brighton & Hove Fit For the Future plans which went out to public consultation in 2008.)

4.5 The 3T principles have also been discussed on a number of occasions at HOSC. The committee has heard presentations by both the current and previous Chief Executives of BSUHT on their plans to develop the RSCH site.

4.6 3T is an integral part of the South East Coast Strategic Health Authority (SHA) plans for the development of the regional health economy – "Healthier People, Excellent Care." Consultation on Healthier People, Excellent Care is currently taking place, and HOSC recently received a presentation on the initiative.

4.7 BSUHT may be required to consult with local residents and stakeholders as part of the process of gaining planning approval for elements of the 3T development. However, these are planning issues rather than matters which fall within the remit of Health Scrutiny.

4.8 In the opinion of BSUHT there is therefore no formal requirement to further consult with HOSC (or with HOSCs in West and East Sussex) on the 3T programme as all the necessary consultation has already been undertaken.

4.9 However, the trust is eager to continue engaging with local HOSCs in addition to its statutory responsibilities, and has requested the opportunity to present its 3T Outline Business Case to HOSC and to our neighbours in East and West Sussex County Councils.

## 5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 There is no decision to be made by HOSC at this juncture, and therefore no financial implications to be considered

Legal Implications:

5.2 There is no decision to be made by HOSC at this juncture, and therefore no legal implications to be considered

Equalities Implications:

5.3 None to this report.

Sustainability Implications:

5.4 None to this report.

Crime & Disorder Implications:

5.5 None to this report.

Risk and Opportunity Management Implications:

5.6 None to this report.

Corporate / Citywide Implications:

5.7 None to this report.

**SUPPORTING DOCUMENTATION**

**Appendices:**

1. Information provided by Brighton & Sussex University Hospitals Trust (BSUHT) – slides of the presentation to HOSC members

**Documents in Members' Rooms:**

None

**Background Documents:**

1. The Health and Social Care Act (2001)

2. The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002

# Regional Centre for Teaching, Trauma & Tertiary Care
# ‘The 3T Programme’



## 22 April 2009

**Duane Passman**
**Trust Programme Director**

# Overview

- The Trust Vision;
- Strategic Context;
- Overview of Trust sites;
- Summary of 3T Proposals:
  - Local services;
  - Tertiary/specialist;
  - Trauma.
- Timescales;
- Conclusion and Discussion.

# The Vision

- **Leading UK Teaching Hospital** on two acute campuses, in partnership with BSMS, Deanery & Universities;
- Continue to provide **excellent secondary care** to local populations of Brighton & Hove and Mid Sussex;
- Reputation for excellence in **specialist / tertiary care - hub of clinical networks** across Sussex and beyond;
- All work underpinned by our **core values;**
- Vision supported by **Sussex PCTs.**

# Strategic Context

- *Central Sussex Partnership Programme (2001)*
  - Merged Brighton Healthcare NHS Trust with acute services of Mid Sussex NHS Trust ➔ BSUH;
  - Commitment to maintain PRH A&E and maternity for at least 3-5 years.
- *Best Care, Best Place (2004)*
  - Confirmed previous consultations on transfer of Regional Centre for Neurosciences (Hurstwood Park) to RSCH campus;
  - Commitment to maintain A&E at PRH and RSCH.
- *Fit for the Future (2007)*
  - RSCH as Critical Care Hospital for SE Coast;
  - Maintain A&E and acute medical admissions at PRH.
- *Healthier People, Excellent Care (2008)*
  - NHS South East Coast strategic commitment to RSCH as Trauma Centre.
- *Developing a county-wide Tertiary Services Commissioning Strategy for Sussex (2008)*
  - Encompassing cardiac, cancer, paediatrics and neonatology, neurology and neurosurgery, trauma, renal and plastics.

# Royal Sussex County Hospital Campus

## Proposed Redevelopment Area (red boundary)

# Summary of the 3Ts Programme

- Secondary / 'DGH' Services
  - Replacing ageing RSCH wards (Barry, Jubilee) and other facilities;
  - Brain Injury Centre;
  - Vascular & Interventional Radiology;
  - Heart Attack Centre (already in development through Sussex Heart Network).
- Tertiary / Specialist Services
  - Relocation & expansion of Regional Centre for Neurosciences;
  - Expansion of Sussex Cancer Centre (non-surgical services);
  - Enhanced care for patients with trauma / severe injury - designation as Level One Trauma Centre.
- Strengthening Academic Links
  - University Teaching Hospital 'campus';
  - BSMS Clinical Research Facility proposal;
  - Academic Health Sciences Centre proposal (allied to FT application);
  - Strengthen pre-/post-registration education;
  - Propagate research across range of Trust's clinical activities.

# 2° Care: Replacing Inpatient Accommodation

- Historical Context
  - Barry building (1828), Jubilee building (1887);
  - Florence Nightingale entered nursing in 1845.

- Rationale for Replacement
  - Compromises patient privacy and dignity;
  - 1 WC per 9/10 patients – currently standards 1 WC per
  - Daily challenge to achieve appropriate cleanliness, managing infection control;
  - Insufficient single and negatively-pressured isolation rooms;
  - Does not meet the preferred standard for bed spacing;
  - Diverts resources into backlog maintenance;
  - Includes inefficiently-sized wards;
  - Significantly constrains the Trust's ability to develop novel therapies;
  - Deleterious impact on staff morale, recruitment & retention, and on patients' and visitors' confidence in services provided from this accommodation.

# 2° Care: Emergency & Hi-Tech Interventions

- Imaging
  - Integrated service: general & neuro-radiology, Nuclear Medicine;
  - Service redesign to minimise patient journeys and maximise staff efficiency;
  - State of the art technology to support 24/7 Critical Care Hospital / Trauma Centre: CT, MRI, Ultrasound, digital X-Ray, fluoroscopy, Interventional Radiology suites, endovascular theatre.

- Brain Attack Centre
  - 2° Stroke Unit for local population (24/7);
  - 3° service for wider population, eg. severe head injury, 24/7 stroke thrombolysis, 24/7 MRI, angiography for subarachnoid haemorrhage, carotid Doppler, in clinical partnership with neighbouring Trusts;
  - Telemedicine links with DGHs.

# 3° Care: Regional Centre for Neurosciences

- Context
  - *Best Care, Best Place* (2004) confirmed commissioners' intentions to relocate the Regional Centre from PRH to RSCH;
  - Ageing (1938), cramped accommodation;
  - Surgical bed occupancy ≥ 99%;
  - Significant increase in referrals:
    - Neurosurgery: 31% increase 06/07 to 07/08, 33% increase 07/08 to 08/09;
    - Neurology: 15% increase 06/07 to 07/08, 13% increase 07/08 to 08/09.

- Rationale
  - Expansion in capacity enables repatriation of activity from London;
  - Focusing a greater proportion of the Regional Centre's resources on acute / emergency care, eg. NICE guidance, NCEPOD recommendation re severe head injuries;
  - Embedding the Regional Centre with related specialist services;
  - Expansion will enable further sub-specialisation, in line with *Safe Neurosurgery 2000.*

# 3° Care: Non-Surgical Cancer Services (1/2)

- Background
  - Sussex Cancer Centre at RSCH is the hub of the Sussex Cancer Network (SCN);
  - Provides comprehensive cancer treatment service, including radiotherapy and complex chemotherapy;
  - Only childhood cancers and exceptionally rare tumours are referred to other centres.



- History
  - SOC updates the Cancer Services SOC for non-surgical oncology services approved in 2004;
  - Proposal developed through the SCN, approved at the Network Executive Board and has the full support of commissioners;
  - Proposals respond to, *inter alia*, *NHS Cancer Plan,* national *Cancer Reform Strategy*, national *Manual for Cancer Services* and SCN's *Strategic Plan 2005-2010*, *Service Delivery Plan 2007/08 to 2009/10* and *Cancer Operating Plan*.

# 3° Care: Non-Surgical Cancer Services (2/2)

All elements developed in response to national and local standards for access times, treatment pathways and protocols:

- Radiotherapy
  - 2007 National Radiotherapy Advisory Group (NRAG) report;
  - Associated SCN commissioning needs assessment.

- Haematology/Oncology Inpatients Care
  - National Institute for Clinical Excellence IOG for Haematological Cancers;
  - Associated cancer services standards and Peer Review.

- Chemotherapy / Haematology Day Unit
  - Cancer access standards.

# 3° Care: Major Trauma Centre (1/3)

- Background
  - *Better Care for the Severely Injured* (2000), *Trauma: Who Cares?* (2007)
  - *Healthcare for London* - major trauma project;
  - *Healthier People, Excellent Care*: ‘By 2010 all appropriate… major trauma patients will receive their care from 24/7 specialist units… The SEC area currently does not have a regionally based designated trauma centre that meets the criteria set out in the NCEPOD report. NHS SEC is forming plans to develop such a centre for our region.’



- Proposal
  - RSCH as hub of designated trauma network for Sussex and the wider region;
  - Service modelled on Royal London Hospital’s: trauma ward, three half-time trauma Consultants, helipad;
  - TARN database: 350-400 major trauma cases (ie. ISS $\geq$ 16) across Sussex *per annum;*
  - NCEPOD *Trauma: Who Cares?* – helipad essential (but < 12% patients i.e 40 cases per annum arrived via air ambulance), and likely to extend catchment for appropriate cases.

# Major Trauma Centre – *HfL* Criteria (2/3)

- Designating Authority
  - Designation is via SHA;
  - *High Quality Care for All* (2008): 'Each region is therefore pushing forward with the development of specialised centres for their populations with access to 24/7 brain imaging and thrombolysis delivered by expert teams, e.g. by 2010, NHS SEC intends that all strokes, heart attacks and major injuries will be treated in such specialist centres... Once implemented, these plans will save lives.'
- Essential services, must be available 24/7:
  - A&E, designated consultant-led major trauma team;
  - General surgery, vascular surgery, neurosurgery, orthopaedic surgery
  - ITU and anaesthesia;
  - 24/7 access to ultrasound (in A&E), CT, interventional radiology, emergency operating theatres, laboratory and blood bank facilities;
- Essential services, must be available within 30 minutes:
  - Plastic surgery;
  - Cardiothoracic surgery;
  - Urology;
  - Maxillofacial surgery and ENT;
  - Ophthalmology.

# Major Trauma Centre – Next Steps (3/3)

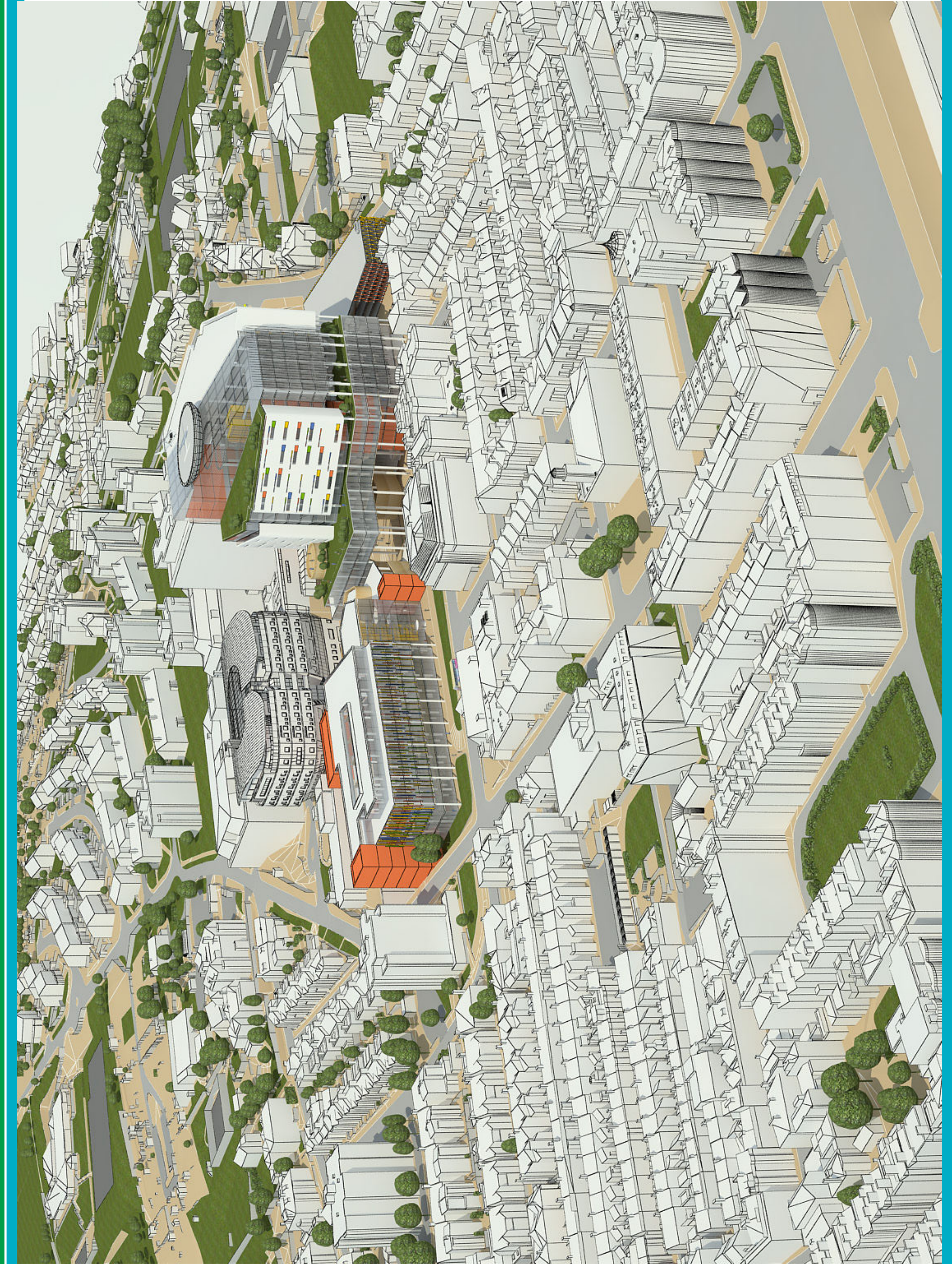
- Assessment Against Criteria
  - **Once the Regional Centre for Neurosciences moves to the RSCH campus, BSUH will meet all the clinical requirements for a Major Trauma Centre;**
  - Clinical partnership agreement with Queen Victoria NHS Foundation Trust will address plastic surgery (and burns);
  - QVHFT ‘fully committed’ to the vision.

- Interim Steps
  - BSUH assessing whether some neurosurgical capability could be provided at RSCH in advance of the full move;
  - Agreement in principle with Air Ambulance Trust and Deanery for BSUH to provide medics and clinical governance to the air ambulance from 2009;
  - Agreement to appoint a Chief of Trauma a.s.a.p: out to advert;
  - Agreement with neighbouring Trusts to establish a Sussex-wide Trauma Network;
  - Partnership working with SECAmb and SECSCG to improve pre-hospital care and agree pathways.

# Proposed Timescale

| Milestone | Date |
|---|---|
| NHS South East Coast approves SOC | July 2008 |
| BSUH appoints ProCure21 Principal Supply Chain Partner | August 2008 |
| NHS South East Coast and DH approve OBC (assumed date) | July 2009 |
| Decant programme and enabling works commences (subject to OBC approval) | Late 2009 |
| NHS South East Coast SHA and DH approve FBC (assumed date) | Spring 2010 |
| Main build programme commences | Late Spring 2010 |
| Stage 1 (Medical & elderly wards,plus neurosciences transfer)<br>Stage 2 (Cancer services) | 2010 to 2013<br>2013 to 2015 |

*Assumes Exchequer-funded procurement programme. PFI procurement route would add 2+ years to timescale. Must be tested against Public Sector Comparator at OBC stage.*



# Conclusion

- Whole health community resource – therefore whole health community project;
- Compelling vision to benefit population of Brighton & Hove, Sussex and beyond:
  - Improved secondary services;
  - Improves specialist / tertiary care services;
  - University Teaching Hospital campus;
  - Strengthens BSUH two-site strategy;
  - Opportunity to strengthen clinical networks;
  - Premises fit for the next 50+ years.

# Discussion

| HEALTH OVERVIEW AND SCRUTINY COMMITTEE | Agenda Item 88<br>Brighton & Hove City Council |
|---|---|

| | | | | |
|---|---|---|---|---|
| **Subject:** | | **'Section 75' Arrangements: an Overview** | | |
| **Date of Meeting:** | | **22 April 2009** | | |
| **Report of:** | | **The Acting 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 This report aims to provide:

(a) a general explanation of 'section 75' arrangements which enable local authorities and NHS trusts to jointly fund, commission and/or provide certain health services;

and,

(b) a summary of the specific section 75 arrangements involving the city council.

## 2. RECOMMENDATIONS:

2.1 That members consider this report and determine whether they require more information on the subject.

## 3. BACKGROUND INFORMATION

3.1 Section 75 of the National Health Service Act (2006) contains provision for the formal integration of certain local authority services with NHS services. (This provision was formerly referred to as 'section 31', in reference to section 31 of the Health Act (1999) which initially introduced these powers.)

3.2 Section 75 arrangements allow for three types of integrated working:

(a) Pooled Budgets – where local authority and local NHS (Primary Care Trust) budgets for a particular service are combined;

(b) Joint Commissioning – where a local authority and a Primary Care Trust (PCT) agree to share responsibility for commissioning the entirety of a service for their area (i.e. in situations where the PCT and the local authority have separate responsibility for commissioning elements of a service). In such instances, one organisation may be designated lead commissioner, or commissioning responsibilities can be shared;

(c) Integrated Provision – where a local authority and NHS provider trusts create a formally integrated team to deliver a specific service. This will typically involve the secondment of staff from one organisation to another in order to make the day-to-day management of the service as efficient as possible.

3.3 Section 75 legislation is intended to address and ameliorate problems inherent in local authorities and NHS trusts providing closely related health and social care services. Such risks may include:

(a) The duplication of services. NHS trusts and local authorities may each be obliged to provide services with parallel or overlapping aims - for example, the provision of care to clients in their own homes. In such situations, it may make little sense to supply a local authority care worker providing social care support *and* an NHS worker providing health support, particularly in instances where the types of care provided are very similar or overlapping.

(b) ‘Gaps’ in service. In situations where two or more providers are responsible for delivering services to a client, there is the potential for ‘gaps’ to appear: i.e. for someone to fail to receive a service because each provider assumes the other agency is responsible for its delivery.

(c) Problems with co-working. Local authorities and NHS trusts do, of course, work together to try and ensure that their services are as effectively aligned as possible. However, different organisational structures, working cultures, performance targets, software systems etc. can make effective co-working very difficult in situations where there is no formal integration of services.

3.4 The formal integration of budgets, provision and/or commissioning, via section 75 arrangements, seeks to address some or all of the above issues.

3.5 Section 75 legislation permits a good deal of latitude in terms of the types of integrated services created at a local level. In some instances, section 75 is used principally to assign effective responsibility for particular services to one of the local commissioning bodies or to a single provider – e.g. a PCT is empowered to commission services both for itself and for the local authority, or vice versa. In such instances, partner organisations will typically seek to maintain an oversight of the service, but will not engage with day-to-day management or budgeting issues.

3.6 In other instances, section 75 may be used to create new organisations which are much more active partnerships between NHS Trusts and local authorities. Brighton & Hove Children & Young People's Trust (CYPT) is an example of this type of integrated service.

3.7 Section 75 arrangements are not a panacea. Formal integration of services may not always be more effective than parallel working, and even when it is considered desirable to integrate services, much work may be needed to ensure the effective coalition of different working cultures, software systems etc. However, it is evident that, used appropriately, section 75 is an important tool in facilitating better partnership working between local authorities and NHS trusts.

3.8 The council has established a number of section 75 arrangements. These include agreements with NHS Brighton & Hove (i.e. Brighton & Hove City Teaching PCT) to pool budgets and commissioning responsibilities.

3.9 Current agreements for adult services are with NHS Brighton & Hove in relation to commissioning, with the Sussex Partnership Foundation Trust in relation to Mental Health and Substance Misuse services, and with South Downs Health NHS Trust in relation to Intermediate Care, the Integrated Community Equipment Store (ICES), and HIV/AIDS services. The local authority hosts Learning Disability services (utilising seconded Sussex Partnership Trust staff). A more detailed description of these Section 75 arrangements is provided in **appendix 1** to this report.

3.10 Current arrangements for children's services are with NHS Brighton & Hove in relation to commissioning and South Downs Health NHS Trust in relation to provision. A more detailed description of these Section 75 arrangements is provided in **appendix 2** to this report.

## 4. CONSULTATION

4.1 This report has been compiled in consultation with officers from the Children and Young People's Trust, Adult Social Care, and NHS Brighton & Hove.

## 5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 There are no direct financial implications to this report for information.

Legal Implications:

5.2 *"Broad legal implications are contained in the body of the report and it is not considered that there are any other legal implications which need to be drawn to the attention of Members."*

*Lawyer Consulted: Anna MacKenzie; Date: 19.02.09*

Equalities Implications:

5.3 None directly, although services provided via section 75 arrangements typically seek to address the needs of some of the most vulnerable and disadvantaged people in the city. Ensuring that such services are as effective as possible is key to reducing a range of inequalities.

Sustainability Implications:

5.4 None directly, although there may be opportunities, via effective integration of local authority and NHS services, to create services which are more financially and environmentally sustainable.

Crime & Disorder Implications:

5.5 None directly, although local services forming part of section 75 agreements may link to these issues (e.g. substance misuse services).

Risk and Opportunity Management Implications:

5.6 None identified.

Corporate / Citywide Implications:

5.7 Effective partnership working with local NHS Trusts is key to delivering many of the council's corporate priorities, particularly in terms of the pledge to: "Reduce inequality by increasing opportunity".

## SUPPORTING DOCUMENTATION

**Appendices:**

1. Details of the council’s section 75 agreements with local NHS Trusts (adult services).

2. Details of the council’s section 75 agreements with local NHS Trusts (children’s services).

**Documents in Members’ Rooms:**

None

**Background Documents:**

1. The National Health Service Act (2006)

# Appendix 1

**Adult Services: Section 75 (S75) Agreements – additional information**

**1. Introduction**

**1.1** In 2002 elements of Brighton & Hove City Council Social Care services and local NHS trust commissioning and provider services were combined under the auspices of Section 31 of the 1999 Health Act (latterly known as Section 75 of the 2006 National Health Service Act).

**1.2** These arrangements cover the pooling of budgets, joint commissioning and integrated service provision, and involve the local authority working in partnership with NHS Brighton & Hove: NHSBH (formerly Brighton & Hove City Teaching Primary Care Trust) in relation to commissioning, and with South Downs Health NHS Trust (SDH) and Sussex Partnership NHS Foundation Trust (SPT) in relation to service provision.

**1.3** These S75 arrangements are a good deal more complex than those for the Children and Young People's Trust in the sense that a single organisation is not designated as the lead commissioner or provider for all services. For some services NHSBH is lead commissioner, for others BHCC, and in some instances the organisations share responsibility for commissioning. Similarly, some services are provided by a single organisation, others by two or more organisations working together, and others via one organisation 'hosting' service provision (i.e. with workers from other organisations seconded to the host). These S75 arrangements are detailed below.

**2. Details of services**

**2.1** **Working Age Mental Health.** NHSBH is lead commissioner for this service, commissioning from a pooled PCT/council budget. Services are hosted by SPT (with input from BHCC staff and from third sector organisations).

**2.2** **Substance Misuse.** NHSBH is lead commissioner for this service, commissioning from a pooled PCT/council budget. Services are provided by SPT and by the third sector.

**2.3** **Learning Disability.** BHCC is lead commissioner, commissioning from a pooled PCT/BHCC budget. Services are hosted by BHCC (with some services provided by SPT staff).

**2.4** **HIV/Aids.** NHSBH is lead commissioner for this service, commissioning from a pooled PCT/council budget. Services are hosted by BHCC (with some services provided by SPT staff).

**2.5** **Older People's Services/ Older People's Mental Health.** NHSBH is lead commissioner for this service, but PCT/BHCC budgets are not pooled. Services are jointly provided by BHCC and SPT, but neither organisation hosts all provision

**2.6** **Physical Disabilities.** NHSBH and BHCC commission services jointly, but without pooled budgets. Services are jointly provided by SDH and BHCC, but neither organisation hosts services.

**2.7** **Integrated Community Equipment Store (ICES).** This service is jointly commissioned by NHSBH and BHCC and is provided by SDH.

**3. Other partnership arrangements**

**3.1** In addition to the S75 agreements detailed above, the council and NHSBH also engage in less formal joint working, particularly in relation to the implementation of Deprivation Of Liberty Safeguards (DOLS) and to co-ordinating support for Carers.

**4. Management of S75 arrangements**

**4.1** These S75 agreements are overseen by the Joint Commissioning Board (JCB) which includes members from all the partner organisations. Decisions which do not involve all partners (e.g. commissioning decisions) are determined only by those bodies directly involved.

**4.2** Where there is pooling of budgets, there will be specific agreements in place to address potential overspends and underspends. (In general, partners are responsible for overspends in ratio to their commitments to a particular pooled budget. Thus, if the council was responsible for 60% of a particular budget, it would typically be liable for 60% of any overspend. Similar arrangements exist for any underspending.) Where budgets are not pooled, the relevant partners will generally themselves be liable for any overspends in their budgets.

**4.3** S75 agreements are intended to be used only for 'health related' services and only in instances where there is shared or overlapping local authority and NHS trust responsibility for commissioning and/or providing these services. S75 does not apply to any other services.

# Appendix 2

**Children's Services: Section 75 (S75) Agreements – additional information**

## 1. Introduction

**1.1** In 2006 elements of Brighton & Hove City Council Children's services and local NHS trust commissioning and provider services were combined under the auspices of S75 (then Section 31 of the 1999 Health Act). This allowed for the creation of the Children and Young People's Trust (CYPT).

**1.2** The CYPT structure includes S75 agreements relating to the pooling of budgets, joint commissioning and integrated service provision.

**1.3** S75 agreements involve the council working in partnership with NHS Brighton & Hove: NHSBH (formerly Brighton 7 Hove City Teaching PCT) in relation to commissioning, and with South Downs Health NHS Trust (SDH) in relation to service provision.

**1.4** Under the CYPT arrangements, the council takes the lead or is the host for *all* shared and integrated services. Thus, the council is lead commissioner for jointly commissioned services and hosts seconded NHS trust workers in its provider services.

**1.5** The S75 agreements are overseen by the CYPT board which includes members from all the partner organisations. Decisions which do not involve all of the partners are taken only by those partners actively involved (e.g. commissioning decisions are taken by the council and NHSBH, but not by SDH).

**1.6** Where there is pooling of budgets, there will be specific agreements in place to address potential overspends and underspends. (In general, partners are responsible for overspends in ratio to their commitments to a particular pooled budget. Thus, if the council was responsible for 60% of a particular budget, it would typically be liable for 60% of any overspend. Similar arrangements exist for any underspending.) Where budgets are not pooled, the relevant partners will generally themselves be liable for any overspends in their budgets.

## 2. Details of S75 arrangements

**2.1** The children's and young people's services covered by S75 agreements are:

### A Health Services

- Developmental Child Health
- Community Paediatrics
- Social Child Health
- Speech and Language Therapy
- School Nursing
- Health Visiting
- Audiology
- Child Records/Registrar

### B Local Authority Services

- Fostering and Adoption
- Child Placements
- SEN and Pupil Support
- Clermont
- School Admissions and Transport
- School Capital Programme
- Youth and Connexions
- Children's Social Care
- Education Welfare
- Education Psychology
- Community Mental Health
- Learning Support
- Early Years and Childcare
- Play
- Youth Offending
- R U OK
- Healthy Schools
- Teenage Pregnancy and Substance Misuse
- Schools Advisory Service
- Adult Schools and Learning
- Workforce Development
- Music and Arts

**2.2** S75 arrangements are *only* intended for health related services and *only* in instances where there is shared local authority and NHS trust responsibility for commissioning and/or provision. Therefore, S75 does not apply to non-health related local authority children's services, such as most educational commitments. Neither does it apply to children's health services (such as the bulk of acute/hospital services, emergency ambulance transport etc.) where there is no direct local authority interest.

# Agenda Item 89

**Chiropody Services within Brighton and Hove**

## 1. Purpose

The purpose of this paper is to describe current provision for chiropody services in Brighton and Hove.

## 2. National policy

The Secretary of State for Health, Alan Johnson, recently called for footcare services, in particular toenail cutting, to be "*made more accessible to older people, and delivered in an integrated way across all providers of such services*".

His view is also informed by the Age Concern[1] report that states that "*lack of even the most basic foot care puts the elderly at risk of complications that lead to dangerous falls, severe restrictions on mobility and social isolation*".

## 3. Current Service Provision

Podiatry care within Brighton and Hove is delivered via two services:

- South Downs Health NHS Trust is commissioned to provide specialist foot care for patients with complex health needs resulting in foot problems.
- Age Concern provides nail cutting services for patients with low level podiatry needs who do not require specialist care.

### 3.1. Foot Health Service

The Foot Health Service is provided by South Downs Health NHS Trust for patients registered with a Brighton and Hove GP.

The service provides specialist foot care for patients with complex health needs resulting in foot problems.

Referrals are made by any health or social care professional although the vast majority are made by GPs.  Self referrals are accepted from the parents or guardians of children and from persons aged 75 years and over.

Referrals are triaged (process for prioritising patients) by the lead podiatrists and given a degree of urgency to ensure timely access to care. The patients are also signposted to a specialist clinic (e.g. Musculoskeletal , nail surgery assessment etc) if appropriate.

At the first appointment, access to Foot Health services is determined by both medical and clinical need. A scoring system is used to ensure an objective approach. This assesses medical and clinical podiatric status and also includes a symptom (pain) assessment.

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[1] Primary Concerns, Age Concern, September 2008

A combination of these elements provides an overall score which is checked against a threshold. If the threshold is reached the patient is offered treatment which will focus on podiatric intervention and enabling the patient to contribute to their own foot care where appropriate and safe to do so.

A curative approach is taken to encourage a person's independence and to decrease their need for interventional podiatry where possible.

The Foot Health Service is a multi disciplinary team consisting of podiatrists, podiatry assistants, an appliance technician and administrative office staff. The service operates Monday to Friday from 08.30 until 17.00. With three evening clinics for working age people every Tuesday until 8 pm.

If a person's specialist needs prevents them attending a clinic site, hospital transport (with an escort if required) can be arranged. Domiciliary visits are available for persons who are housebound. If an existing patient's status changes the podiatrist can authorise subsequent home visits as appropriate without recourse to the original referrer or GP.

If communication difficulties exist appropriate interpreters are booked via the Sussex Interpreting Services.

Urgent appointments are offered within 2 working days and urgent (nail surgery) appointments are offered within 10 working days. Children are offered appointments as soon as possible following referral. All other patients are placed on an appropriate waiting list. The average wait for an assessment appointment is approx. 3-4 weeks for routine podiatry and 6 weeks for musculoskeletal podiatry. Where appropriate, assessment and treatment is given at the first appointment.

The total cost of the service is £1.2m.

### 3.2. Age Concern Nail Cutting Service

Age Concern provides non complex nail cutting to low risk patients. It is not able to the meet the needs of diabetic patients or those on medications.

The service supports an average of 50 service users per week and is provided at Portslade Health Centre, Whitehawk Health Centre, Age Concern and in individual's homes.

There are various routes of access to the service. Service users can be referred to Age Concern by their GP, the current South Downs Health Specialist Podiatry service following completion of initial care or by other health and social care professionals such as Intermediate Care. There is also the option to self refer.

NHS Brighton and Hove contributes £17k per annum towards the cost of the service. Service users are charged however where they are unable to afford the full cost of the service, Age Concern subsidises the cost.

Regular contract review meetings are held between commissioners and providers. The contract is managed via the Local Authority Contracts Unit.

The two services work very closely together with the Foot Health service focussing on more complex podiatric conditions and Age Concern managing the low risks cases. Podiatrists from the Foot Health service participate in contract review meetings with Age Concern to identify areas where the service can work together more effectively and support each other.

The current service model which supports both complex and non complex patients enables the PCT to provide comprehensive, timely podiatry provision across the city in line with national policy and ensuring appropriate use of specialist resources.

**4. Future developments**

The Foot Health Service was reviewed in 2008 as part of a wider review of community services provided by South Downs Health and was deemed to be good in terms of strategic fit and quality. Actions from that review include the development of a detailed service specification and the implementation of patient outcome measures.

The Society of Chiropodists and Podiatrists have participated in a review with the Department of Health to find models of practice that may enhance access to foot health services. Our local model which links NHS funded foot health services with Age Concern has been described as part of that process.

The Age Concern Nail Cutting service will be reviewed during 2009/2010 as part of a wider programme at NHS Brighton and Hove to review independent sector contracts for older people. Current national policy around prevention programmes for older people and the importance of basic foot care in helping older people to retain their independence will inform the outputs of that review.

Wendy Young

Strategic Commissioner for Adults and Older People

# Agenda Item 92

**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 at a future date |
| 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<br><br>**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 | HOSC officers to prepare third party submissions for approval of HOSC Chair and Deputy |

| 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 | Debated at March meeting |
| South Downs Health Trust: Strategic Direction Review | 21 January | SD | Update on SD strategic direction | | Debated at January meeting |
| Maternity: report back on PCT community maternity consultation | 21 January | PCT | Analyse consultation feed-back (to possibly inform more detailed work by HOSC) | | Debated at January meeting |
| 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 | | Ad hoc panel set up at March meeting |
| Crohns and Colitis | | OPC | To be determined | Referred to ECSOSC | |
| Scrutiny of Section 75 arrangements | 22 April | | Briefing paper on S75 and the extent of BHCC S75 commitments | Postponed to April 09 | |
| ‘3T’ development of RSCH | 22 April | BSUHT | HOSC to comment on 3Ts re-development of RSCH site | | |

| Issue | Date to be considered | Referred By? | Overview & Scrutiny Activity | Progress and Date | Outcomes and Monitoring |
|---|---|---|---|---|---|
| Other providers in Local Health Economy | May 2009 | | Information paper/presentation on the role of non-NHS providers in the LHE | Postponed from April meeting as officers had not completed report | |
| Mental Health Act | TBC | SPT | Implications of new Mental Health Act | | Considered at 23.07.08 meeting |
| Community Care | May 2009 | | Develop ways of dealing with services moving from acute to community sector | Postponed from April at request of NHS Brighton & Hove | |
| GP Patient Survey | 04 March | | Consider making comments to DH on annual GP patient survey | Letter sent to SoS April 09 | Letter to be sent to Secretary of State |
| PCT annual operating plan 09/10 | 04 March | | To consider the PCT's draft 09/10 operating plan | Report April 22 | Report to April 09 meeting |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | setting out ways to incorporate this into HOSC work plan |
| Chiropody Services | 22 April | | PCT report following public Q from OPC | | |
| Sussex Partnership NHS Foundation Trust: update | May 2009 | | Update on SPT services, including development of Mill View and establishment of Foundation Trust | | |
| Dual Diagnosis | May 2009 | | Report of the scrutiny panel investigating Dual Diagnosis (of mental health and substance misuse) – for information | | |
| | | | | | |

# NHS Brighton & Hove (NHSBH) Annual Operating Plan 2009/10

## A Introduction

Primary Care Trusts (PCTs) are required to commission healthcare services on behalf of their populations. This commissioning is influenced by a number of considerations, including formal national targets for aspects of healthcare (18 week wait for treatment, 4 hour wait for A&E etc); the current high-level NHS strategy (embodied in the NHS Annual Operating Plan); national and regional NHS initiatives (World Class Commissioning; "Healthier People, Excellent Care" etc); national guidance on the treatment of specific conditions (NICE guidance, National Service Frameworks, advice from the Royal Colleges etc); performance analysis (e.g. via the Healthcare Commission Annual Health Check); partnership with regional PCTs (for Specialist Commissioning) and compacts with local partners (e.g. via the Local Area Agreement, Local Strategic Partnership etc).

PCTs are required to embody their commissioning plans in two types of document: medium-term 'high-level' intentions via a 5 year Strategic Commissioning Plan, and short-term intentions via a series of Annual Operating Plans.

## B Strategic Goals

As identified in its Strategic Commissioning Plan, NHSBH has five key strategic/high-level goals (my explanations in brackets):

1. **Adding years to life**
   (improving life expectancy and reducing the gap in life expectancy between the most and least deprived communities)

2. **Maximising life chances for children and families**
   (improving services for children)

3. **Developing a healthy young city**
   (improving services for working age adults)

4. **Promoting Independence**
   (improving services for older people and those with long term conditions)

5. **Commissioning nationally recognised best practice**
   (becoming better at commissioning)

At first sight these seem fairly generic goals, which might just as well be the priorities of neighbouring health economies. However, you could argue that the demographics of Brighton & Hove mean that goals 1 and 3 are more significant for us than for much of the SE region.

## C Local Priorities

In terms of its mid-level strategy, NHSBH has identified ten local priorities which will enable it to achieve its strategic goals. These are:

01 **Improve the overall Index of Multiple Deprivation score for the city and reduce the scores in areas where there is a higher than average score for the city**
(reduce deprivation and health inequalities)

02 **Reduce by at least 10% the gap between the fifth of the local authority areas with the lowest life expectancy at birth**
(reduce health inequalities)

03 **Exceed best practice by reducing teenage conceptions by 45% to meet the Local Area Agreement target and through improving options for over 100 teenagers**
(reduce teenage pregnancies)

04 **Increase the recording of hypertension in general practice by more than 3% to reach a level of best practice and improving screening for over 8000 people over the age of 35**
(improve hypertension/stroke care)

05 **Increase to 80% the rate of breast cancer screening for women aged 53 to 64**
(improve breast cancer screening)

06 **Significantly reduce the number of days delay in leaving hospital putting us within reach of excellent practice**
(reduce delayed transfers of care)

07 **Reduce the prevalence of MRSA in the local acute hospital to exceed best practice**
(reduce Healthcare Associated Infections)

08 **Reduce the rate of admissions for alcohol related harm by 9.3%, exceeding the Local Area Agreement target and impacting on over 400 admissions**
(reduce alcohol arm)

09 **Increase the choice of where to die including coordinating services to enable people to die at home and exceeding good practice levels nationally**
(improve end of life care)

010 **Halt the growth of childhood obesity through maintaining the level of obesity at no more than 16% at age 11**

(reduce childhood obesity)

## D Commissioning initiatives

At a more practical level, NHSBH has identified a number of commissioning initiatives which will enable the PCT to achieve its local priorities and strategic goals. The bulk of the Annual Operating Plan consists of a relatively detailed explanation of each initiative cross-referenced against the relevant local priorities/strategic goals. It isn't really possible to present a digest of these as they are effectively already in this format within the Annual Operating Plan.

## E Other Information

The remainder of the Annual Operating Plan consists of a series of statements describing NHSBH's plans in terms of partnerships, estates, Practice Based Commissioning, workforce etc. None of these statements are particularly detailed and members wishing to explore these areas would need to consider the relevant plans and strategies in addition to the Annual Operating Plan (e.g. the Citywide Estates Strategy for plans relating to NHS buildings).

## F Risk

NHSBH has calculated the cost of all of these initiatives and the risk to the PCT of failing to achieve them. Risks include the possibility of the acute trust 'over-performing' (i.e. doing more work than contracted), of NHSBH being unable to meet its own savings targets, and of failures in the initiative to shift activity from the acute to the community sector.

## G Suggested Actions

**A** The Annual Operating Plan presents an opportunity to co-ordinate the HOSC work programme with Local Health Economy commissioning priorities for the coming year. This could either be in terms of identifying one or more of the mid-level Local Priorities as a basis for a range of HOSC work items, or in terms of choosing to focus in detail on some of the specific commissioning initiatives.

**B** Some elements of the Annual Operating Plan refer to dedicated children's services and are therefore not matters for the HOSC (Local Priority 03: teenage pregnancy and Local Priority 010: childhood obesity). These topics should be referred to CYPOSC.

The Right Honourable Alan Johnston MP
Secretary of State for Health
The Department of Health
Richmond House
79 Whitehall
London
SW1A 2NS

**Date:** 06 April 2009

Dear Mr Johnston

Members of Brighton & Hove Health Overview & Scrutiny Committee (HOSC) recently took the opportunity to discuss the 2009 Annual GP Survey.

In general, HOSC members welcomed the survey, and were encouraged that the Department of Health was conducting such a major piece of work aimed at gauging patients' experience of healthcare services.

However, some concerns about elements of the survey were voiced, and I have been asked to convey these concerns to you.

- Firstly, it was felt that an opportunity had been missed by limiting the scope of the survey to services provided *by* GP practices rather than all services available *at* GP practices. Thus, although services such as community midwifery are often accessed via the local GP surgery, they do not feature in the Annual GP Survey. HOSC members appreciate that it may make sense in terms of NHS financial and management structures to separate services provided by GP practices from services hosted by GP surgeries, but do not feel that this distinction is likely to be made by the average member of the public, for whom a GP service would most logically be any service accessed at a local GP surgery. A questionnaire which allowed respondents to comment on all services provided at their local GP practice would be more likely to involve and engage people than the current Annual GP Survey.

- Secondly, members thought that, whilst it was clearly important that the survey focused on GP practice opening times, there was a risk in considering this statistic in isolation. It would have been better to allow respondents to comment on GP practice opening times *and* the opening times of local prescribing pharmacies, as, without an accessible prescribing service, there was a limited value in having extended surgery openings.

- Thirdly, members considered that the survey was not designed to address adequately the issue of people who are registered with a GP practice which offers restricted appointment booking services and/or opening hours. Members who had experience of such a service did not feel that they could properly complete the survey and thought that future surveys should acknowledge that many patients were unable to access even standard GP services.

Yours sincerely

Councillor Mrs Denise Cobb
Chairman
Brighton & Hove Health Overview & Scrutiny Committee

c.c.
Darren Grayson, Chief Executive, NHS Brighton & Hove,
Councillor Ken Norman, Brighton & Hove City Council Cabinet Member, Health and Adult Social Care