

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

08 JULY 2009

THE COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Garry Peltzer Dunn (Chairman), Alford, Allen (Deputy Chairman), Barnett, Hawkes, Janio, Kitcat, Rufus.

Co-opted Members: Robert Brown (LINK), Jack Hazelgrove (Older People's Council).

PART ONE

1. PROCEDURAL BUSINESS

1A Declarations of Substitutes

1.1 Councillor Tony Janio announced that he was attending as substitute for Councillor Steve Harmer-Strange.

1B Declarations of Interest

1.2 There were none.

1C Declarations of Party Whip

1.3 There were none.

1D Exclusion of Press and Public

1.4 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.

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

2. MINUTES OF THE PREVIOUS MEETING

- 2.1 **RESOLVED** – That the minutes of the meeting held on 20 May 2009 be approved and signed by the Chairman.

3. CHAIRMAN'S COMMUNICATIONS

- 3.1 Following recent critical media reports on city breast cancer screening services, the Chairman asked NHS Brighton & Hove and Brighton & Sussex University Hospitals Trust (respectively, the commissioners and the providers of city breast screening services) to address the committee on this issue.
- 3.2 Councillor Sven Rufus had also asked a Councillor Question on this issue (see **Item 6** on this agenda). Cllr Rufus agreed that his questions should be taken together with the Chairman's.
- 3.3 Dr Peter Wilkinson, Deputy Director of Public Health at NHS Brighton & Hove (NHS BH), and Kate Parkin, Director of Screening at Brighton & Sussex University Hospitals Trust (BSUHT), presented a paper and answered members' questions.
- 3.4 Dr Wilkinson told the committee that the key local issue was a shortfall in radiographers. This longstanding problem had been aggravated by the recent move from 'one' to 'two view' screening, which provides an improved screening service, but requires more radiographer input. This issue is being addressed, and improvements have been made, with the new screening centre providing a more attractive environment to recruit staff into, but there are still recruitment problems. It is anticipated that the development of a school of radiography as part of the University medical school will address this problem in the medium term.
- 3.5 In answer to a question as to whether the slippage in the screening regime may have had adverse consequences for any individuals, Dr Wilkinson told members that this was extremely difficult to ascertain, but there was a risk that someone with breast cancer could have been diagnosed later than they should have been due to delays in screening.
- 3.6 The Chairman noted that, although he was partly reassured by the explanation for why breast screening services had been performing poorly and by NHS trust plans to improve matters, he considered it necessary to revisit this issue in several months time in order to make sure that the anticipated improvements had in fact been made.
- 3.7 **RESOLVED** – that the committee should receive an update report on city breast cancer screening in 6 months time.

4. PUBLIC QUESTIONS

- 4.1 A Public Question was asked on behalf of Mr Ken Kirk, and the committee debated the issues raised.
- 4.2 A member argued that requiring Primary Care Trusts to launch a full public consultation exercise every time they put a service out to tender would be disproportionate,

particularly given the fact that corporate involvement in the local health economy was relatively minor and did not appear to be growing.

- 4.3 Another member agreed that full public consultation might not be appropriate in many instances, but argued that the Primary Care Trust could still make some effort to involve the public in these issues, perhaps by allowing people to email their views on particular services. For significant contracts, full public engagement was essential.
- 4.4 The Chief Executive of NHS Brighton & Hove told members that the PCT was committed to public engagement whenever appropriate, but that the technical and/or confidential nature of aspects of tender processes might preclude full public involvement in some instances.
- 4.5 The Chairman noted that one of the major roles of the committee was to ensure that local Primary Care Trusts consulted appropriately. It was the committee's view that NHS Brighton & Hove did generally follow best practice in terms of public involvement in its work, and he was therefore not minded to accede to the questioner's request to write to local Primary Care Trusts urging them to consult more broadly.

5. NOTICES OF MOTION REFERRED FROM COUNCIL

- 5.1 There were none.

6. WRITTEN QUESTIONS FROM COUNCILLORS

- 6.1 The question from Councillor Rufus was considered alongside Item 3 (Chairman's Communications).

7. RE-PROVISION OF HEALTHCARE SERVICES IN COMMUNITY SETTINGS

- 7.1 This Item was introduced by Darren Grayson, Chief Executive of NHS Brighton & Hove.
- 7.2 In response to a question about plans to provide anti-coagulation clinics in community rather than acute hospital settings, Mr Grayson told members that non-specialist services would eventually be moved out of the Royal Sussex County Hospital. Mr Grayson could not confirm whether services would continue to be provided at Hove Polyclinic, but promised to pass this information on to the committee.

8. REVISION OF THE CITY WORKING AGE MENTAL HEALTH COMMISSIONING STRATEGY

- 8.1 This Item was introduced by Simon Scott, Strategic Commissioner for Mental Health for NHS Brighton & Hove and Brighton & Hove City Council.
- 8.2 Mr Scott told members that Brighton & Hove had high levels of suicide, drugs and alcohol related deaths, severe anxiety and depression, and people drinking at dangerous levels. Local spending on these areas is considerably higher than national averages, but more can be done to further improve city services: hence the need to revise the Working Age Mental Health Commissioning Strategy.

8.3 **RESOLVED** – that the committee approves the proposed process for the development of the Working Age Mental Health Commissioning Strategy.

9. **AD HOC SCRUTINY PANEL REVIEW OF THE BRIGHTON & HOVE GP-LED HEALTH CENTRE**

9.1 The report of the ad hoc panel on NHS Brighton & Hove's procurement of a GP-Led Health Centre was introduced by Cllr Trevor Alford, the panel Chairman. Cllr Alford praised NHS Brighton & Hove for the open and transparent way they had worked with the panel on this issue. Another panel member, Cllr Kevin Allen agreed with this, stating that NHS Brighton & Hove had established robust procedures for this procurement and had adhered to these procedures throughout the tender process.

9.2 Cllr Jason Kitcat, who also sat on the panel, agreed that NHS Brighton & Hove had properly followed procurement procedure, but was critical of national policy in this instance, believing that it unfairly discriminated against smaller providers.

9.3 Terry Needle, Director of Quality and Assurance at NHS Brighton & Hove, told members that the GP-Led Health Centre was now operational, although uptake had been quite slow.

9.4 The Chairman asked for a verbal update from NHS Brighton & Hove on the performance of the GP-Led Health Centre for the next committee meeting (September 30 2009). The Chairman also requested that a visit to the facilities be arranged for HOSC members.

9.5 **RESOLVED –**

(1) That the ad hoc panel report be endorsed and passed on to NHS Brighton & Hove for comment and action and to Full Council for information;

(2) That there should be a verbal update on the GP-Led Health Centre at the next (30.09.09) Committee meeting.

10. **PROVIDERS IN THE LOCAL HEALTH ECONOMY**

10.1 **RESOLVED** – As key information was missing from the report presented at this meeting (08.07.09) it was agreed to bring an amended version of the report back to a later committee meeting.

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

11.1 The Chairman informed members that he intended to schedule an item on the 30.09.09 committee agenda which would enable the HOSC to agree a 2009-2010 work programme.

11.2 HOSC members would be asked to contribute their work programme ideas in advance of the September meeting, as would all other Brighton & Hove Councillors, partner organisations (e.g. the Brighton & Hove Local Involvement Network and the Older People's Council) and local NHS trusts.

12. CARE QUALITY COMMISSION: REPORT FOR INFORMATION ON CHANGES TO THE QUALITY ASSURANCE REGIME FOR HEALTH AND SOCIAL CARE

12.1 This item was introduced by Terry Needle, Director of Quality and Assurance at NHS Brighton & Hove.

12.2 In response to a question concerning HOSC involvement in the work of the Care Quality Commission (CQC), members were told that there was an opportunity to respond to the current consultation on the CQC. Once the CQC has been established there will also be the facility for third parties (including HOSCs) to feed information to the CQC on an ongoing basis (e.g. whenever they have concerns or informed comments to make about the performance of local healthcare providers).

13. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING

13.1 There were none.

14. ITEMS TO GO FORWARD TO COUNCIL

14.1 There were none.

The meeting concluded at 5:30pm

Signed

Chair

Dated this

day of