Brighton & Hove City Council

Overview & Scrutiny

Title:	**Health Overview & Scrutiny Committee**
Date:	**28 March 2011**
Time:	**4.00pm**
Venue	**Council Chamber, Hove Town Hall**
Members:	**Councillors:** Peltzer Dunn (Chairman), Allen (Deputy Chairman), Barnett, Bennett, Deane, Harmer-Strange, Marsh, Rufus, Brown (Non-Voting Co-Optee) and Hazelgrove (Non-Voting Co-Optee)
Contact:	**Giles Rossington** **Acting Senior Scrutiny Officer** 29-1038 Giles.rossington@brighton-hove.gov.uk

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HEALTH OVERVIEW & SCRUTINY COMMITTEE

AGENDA

Part One **Page**

62. PROCEDURAL BUSINESS **1 - 2**

(copy attached)

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

Draft minutes of the meeting held on 09 February 2011 (copy attached)

64. CHAIRMAN'S COMMUNICATIONS

65. PUBLIC QUESTIONS

No public questions have been received

66. NOTICES OF MOTION REFERRED FROM COUNCIL

No Notices of Motion have been received

67. WRITTEN QUESTIONS FROM COUNCILLORS

No questions have been received

68. DENTAL SERVICES IN BRIGHTON & HOVE **9 - 18**

Information from NHS Brighton & Hove on city dental services. This item will be presented by Ms Anne Foster, NHS Brighton & Hove Strategic Director, Primary Care (copy attached)

69. MENTAL HEALTH: UPDATE ON RE-COMMISSIONING OF CITY ACCESS SERVICES **19 - 38**

Report of the Strategic Director, Resources, on plans to re-commission city mental health access services (copy attached)

70. "SAFE AND SUSTAINABLE: A NEW VISION FOR CHILDREN'S CONGENITAL HEART SERVICES IN ENGLAND" **39 - 44**

Report of the Strategic Director, Resources, on NHS consultation regarding the planned reconfiguration of national paediatric congenital heart services (copy attached)

71. 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

72. ITEMS TO GO FORWARD TO COUNCIL

To consider items to be submitted to the next 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 - Friday, 18 March 2011

Agenda Item 62

To consider the following Procedural Business:

A. Declaration of Substitutes

Where a Member of the Commitee is unable to attend a meeting for whatever reason, a substitute Member (who is not a Cabinet Member) may attend and speak and vote in their place for that meeting. Substitutes are not allowed on Scrutiny Select Committees or Scrutiny Panels.

The substitute Member shall be a Member of the Council drawn from the same political group as the Member who is unable to attend the meeting, and must not already be a Member of the Committee. The substitute Member must declare themselves as a substitute, and be minuted as such, at the beginning of the meeting or as soon as they arrive.

B. Declarations of Interest

(1) To seek declarations of any personal or personal & prejudicial interests under Part 2 of the Code of Conduct for Members in relation to matters on the Agenda. Members who do declare such interests are required to clearly describe the nature of the interest.

(2) A Member of the Overview and Scrutiny Commission, an Overview and Scrutiny Committee or a Select Committee has a prejudicial interest in any business at a meeting of that Committee where –

(a) that business relates to a decision made (whether implemented or not) or action taken by the Executive or another of the Council's committees, sub-committees, joint committees or joint sub-committees; and

(b) at the time the decision was made or action was taken the Member was

(i) a Member of the Executive or that committee, sub-committee, joint committee or joint sub-committee and

(ii) was present when the decision was made or action taken.

(3) If the interest is a prejudicial interest, the Code requires the Member concerned:

(a) to leave the room or chamber where the meeting takes place while the item in respect of which the declaration is made is under consideration. [There are three exceptions to this rule which are set out at paragraph (4) below].

(b) not to exercise executive functions in relation to that business and

(c) not to seek improperly to influence a decision about that business.

(4) The circumstances in which a Member who has declared a prejudicial interest is permitted to remain while the item in respect of which the interest has been declared is under consideration are:

(a) for the purpose of making representations, answering questions or giving evidence relating to the item, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise, BUT the Member must leave immediately after he/she has made the representations, answered the questions, or given the evidence;

(b) if the Member has obtained a dispensation from the Standards Committee; or

(c) if the Member is the Leader or a Cabinet Member and has been required to attend before an Overview and Scrutiny Committee or Sub-Committee to answer questions.

C. Declaration of Party Whip

To seek declarations of the existence and nature of any party whip in relation to any matter on the Agenda as set out at paragraph 8 of the Overview and Scrutiny Ways of Working.

D. Exclusion of Press and Public

To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: Any item appearing in Part 2 of the Agenda states in its heading the category under which the information disclosed in the report is confidential and therefore not available to the public.

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.

Agenda item 63

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00PM 9 FEBRUARY 2011

BANQUETING SUITE, HOVE TOWN HALL

MINUTES

Present: Councillors Peltzer Dunn (Chairman); Allen (Deputy Chairman), Barnett, Bennett, Deane, Harmer-Strange, Marsh and Rufus

Co-opted Members: Hazelgrove (Older People's Council) (Non-Voting Co-Optee)

PART ONE

47. PROCEDURAL BUSINESS

47A Declarations of Substitutes

47.1 There were none.

47B Declarations of Interest

47.2 There were none.

47C Declarations of Party Whip

47.3 There were none.

47D Exclusion of Press and Public

47.4 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.

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

48. MINUTES OF THE PREVIOUS MEETING

48.1 RESOLVED – That the minutes of the meeting held on 08 December 2010 be approved and signed by the Chairman.

49. CHAIRMAN'S COMMUNICATIONS

49.1 There were none.

50. PUBLIC QUESTIONS

50.1 There were none.

51. NOTICES OF MOTION REFERRED FROM COUNCIL

51.1 There were none.

52. WRITTEN QUESTIONS FROM COUNCILLORS

52.1 There were none.

53. PATIENT EXPERIENCE/PATIENT OUTCOMES

53.1 Dr Richard Ford, Executive Director of Strategic Development, and Mr Andy Porter, Deputy Director, Social Exclusion, presented for the Sussex Partnership NHS Foundation Trust.

53.2 In response to a question from Neil Holmes (representing the Brighton & Hove LINk on mental health issues at this meeting) on trust plans to use peer-support specialists to drive patient-influenced service improvements, members were told that, although there were no specific, concrete plans to use the peer support network in this way, the trust was committed to building on the excellent work already undertaken in terms of developing peer support.

53.3 In answer to a query from Neil Holmes on the mental health telephone helpline, the committee was informed that the helpline had proven to be a considerable success in the relatively short time it had been in operation. The trust was currently reviewing a number of issues pertaining to the helpline, including the possibility of moving to a cost-free service. However, the service was already available at the lowest possible phone tariff.

53.4 In response to a questions about the trust's successes in terms of patient experience/outcomes, Dr Ford told members that he was beginning to see changes in service undertaken as the result of local user feedback, something which had seldom happened in the past. In addition, the trust was now able to 'dig down' into patient

feedback data and make very localised responses (e.g. responding to complaints about the cleanliness of specific wards etc).

53.5 In answer to a query about how patient-recorded data amassed across Sussex could be made relevant to the population of Brighton & Hove, Mr Porter told members that much of the data collected could be analysed at a county level or broken down into locality-specific information.

53.6 Dr Ford and Mr Porter offered to provide members with additional information on the trust's response to the recent Care Quality Commission user survey of SPFT community mental health services, including its specific responses to a series of questions about the survey posed by the Brighton & Hove LINk.

53.7 The Chairman thanked Dr Ford and Mr Porter for their contributions.

53.8 Ms Karen Hutchison, Group Director, addressed the committee for the Sussex Community Trust.

53.9 In answer to a question from Cllr Allen as to how Brighton & Hove interests were reflected in trust-wide data recording, Ms Hutchison told members that much of the trust's data collection is at a local level and can be used locally. Where there is generic data, locality care group directors meet regularly to discuss the most appropriate ways to use this data to improve services in their localities.

53.10 In response to a query from the Chairman about how the trust planned services given the differing profiles of Brighton & Hove and West Sussex (i.e. in terms of urban Vs rural issues), Ms Hutchison told members that services are designed according to local need and that there is no attempt to impose a 'one size fits all' approach across both West Sussex and Brighton & Hove.

53.11 The Chairman thanked Ms Hutchison for her contribution.

54. GP SERVICES

54.1 This item was introduced by Dr Christa Beesley, a local GP, and by Ms Kathy Felton, NHS Brighton & Hove.

54.2 Dr Beesley detailed the ways in which patient feedback (via the national patient survey, local practice surveys, comments left on the NHS Choices website, practice and condition-based patient groups, and the analysis of patient complaints and comments) is used to improve city GP services.

54.3 Generally, satisfaction with city GPs is very high, but there are some areas for improvement. These include: problems encountered trying to contact GP surgeries by phone, difficulty in getting quick access to GP services; problems in booking planned appointments, and significant variations in GP practice quality across the city.

54.4 In response to a question from the Chairman on plans to develop GP peer appraisal, Dr Beesley told members that she envisaged that the local GP consortium would seek to work with all member GP practices to improve performance. This will presumably

involve close working with the national NHS Commissioning Board, which will be responsible for managing GP contracts, but the details of this are still being determined.

54.5 In answer to a question from Cllr Marsh about satisfaction with GP opening hours, Dr Beesley told members that dissatisfaction generally centred upon the lack of GP services available on Saturday mornings. However, GPs are not contractually obliged to themselves provide weekend services (these are covered by Out of Hours services) and it seems very unlikely that many would choose to do so voluntarily. Ms Felton added that many GP practices do provide extended week-day services, but that the national funding for these services has been ended. NHS Brighton & Hove will therefore have to consider whether it can support these services in the future.

54.6 In response to a question on GP services for people with learning disabilities, Ms Felton told members that only one city GP practice did not provide enhanced services for learning disabled patients.

54.7 The Chairman thanked Dr Beesley and Ms Felton for their contributions.

55. RE-COMMISSIONING OF LOCAL MENTAL HEALTH ACCESS SERVICES

55.1 This item was introduced by Geraldine Hoban, Deputy Director of Commissioning; Margaret Cooney, Lead for Change Management, Mental Health Commissioning (both NHS Brighton & Hove); and by Dr Christa Beesley.

55.2 In answer to a question from Neil Holmes on 3rd sector involvement in delivering mental health 'access' services, members were told that the commissioners valued the 3rd sector and were committed to working with them. The extended timetable for the re-commissioning of access services provides an opportunity for commissioners to work with the local 3rd sector to ensure that the sector is engaged as constructively as possible in planning and delivering the future configuration of services.

55.3 In response to a question from Cllr Allen on the implications of the re-commissioning plans, Dr Beesley told members that the new system would not necessarily be experimental: significant elements of the plans (including linking community mental health practitioners to GP surgeries) represented a return to tried and tested community mental health structures. The current system was not poor in terms of clinical quality, but there were issues around speed of access and around the 'medicalisation' of care.

55.4 In answer to a question on mental health services for people in contact with the criminal justice system, Dr Beesley told members that there were significant problems in terms of the lack of record sharing between forensic services and primary and secondary care. This is likely to pose a problem in the future also given that prison care will be commissioned by the NHS Commissioning Board rather than by local clinicians.

55.5 The Chairman thanked Dr Beesley, Ms Hoban and Ms Cooney for their contributions.

56. BRIGHTON & SUSSEX UNIVERSITY HOSPITALS TRUST (BSUHT): FOUNDATION TRUST APPLICATION

56.1 This item was introduced by Duncan Selbie, Chief Executive; Julian Lee, Chair; Alex Sienkiewicz, Director of Corporate Affairs; and Dr Jonathon Andrews, Chief Operating Officer, Brighton & Sussex University Hospitals Trust (BSUHT).

56.2 In answer to a question from Cllr Harmer-Strange concerning the size of the planned board of governors, members were told that the proposed structure was large but manageable. It was necessary to have this number of governors to reflect the scope of the trust's services, although Brighton & Hove residents did form the trust's core constituency.

56.3 In response to a question from Cllr Allen regarding representation from the community local to the Royal Sussex County Hospital (i.e. East Brighton), Mr Sienkiewicz told the committee that the trust anticipated that local residents would be active in the trust's membership, as they will have an obvious interest in the trust's affairs.

56.4 In answer to a question from Cllr Harmer-Strange concerning involving children in running the trust, members were told that Monitor sets the minimum age for Foundation Trust governors at 16. It is therefore not possible to have under-16 governors, but the trust is committed to involving children in its decision making, perhaps via the existing arrangements for the Children and Young People's Trust.

56.5 The representatives of BSUHT were thanked for their contributions and their plans for Foundation Trust governance were noted.

57. HEALTH AND SOCIAL CARE BILL 2011

57.1 Members considered an update on the government's legislative proposals for healthcare.

57.2 RESOLVED – That members note the report and that the report be circulated to all Councillors for information.

58. LETTER FROM THE CHIEF EXECUTIVE, NHS BRIGHTON & HOVE

58.1 Members discussed a letter from the Chief Executive of NHS Brighton & Hove which explained plans to 'cluster' Sussex Primary Care Trusts.

58.2 Members congratulated Ms Amanda Fadero on her appointment as Chief Executive of the new pan-Sussex PCT.

59. 2009/2010 HOSC WORK PROGRAMME

59.1 This was noted.

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

60.1 There were none.

61. ITEMS TO GO FORWARD TO COUNCIL

61.1 There were none.

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of

Agenda Item 68

NHS Dentistry Update
Report to the HOSC – March 2011

1. Background & Purpose

The PCT last provided an NHS Dentistry update report to the HOSC in December 2009. This report provides an update on the following key developments since the last report:

- New investment in NHS dentistry
- Communications plans to improve access to NHS dentistry
- Development of a local Emergency Dental Service
- Review of the special care dental service
- Oral Health Promotion developments
- Development of a Balanced Scorecard for NHS Dentistry

2. PCT Commissioning Plan for Dentistry

In early 2010 as part of the "Primary and Community Care Strategy" the PCT developed a commissioning plan for dentistry. The aim of the plan is:

To improve oral health by providing access to high quality NHS dentistry that meets the needs of the local population in the most convenient, appropriate and cost effective way.

A range of specific initiatives were agreed as part of this plan and over the last year the PCT has been progressing these. An update on key initiatives follows:

2.1 New Investment in NHS Dentistry

The PCT holds 60 contracts for the provision of NHS Dental Services and currently 58% of our local population access an NHS dentist. This is higher than the England figure of 56% but within Brighton and Hove access to NHS dentistry does vary geographically. This in part is related to the fact that dental surgeries are not distributed evenly across the City. The map in Appendix 1 shows the concentration of NHS dental services in Central Brighton and Hove.

In early 2010 the PCT undertook some research in the geographical areas where access rates were the lowest to identify barriers to dental access. We found that patients did want to access a service local to them but also that putting a face to the individual dentist that would be treating them was also important in terms of influencing access to services

The PCT's investment plan aimed to address the geographical inequity in service provision and focused on developing increased dental provision

outside the City centre. Four priority geographical areas were identified for increased investment and the PCT tendered contracts for the four areas:

- East Brighton
- Hollingbury and Stanmer
- Moulescoomb and Bevendean
- Portslade

We had patient representatives involved throughout the tendering process including evaluation of bids and the decision making process in terms of final contract awards. The outcome was that contracts were awarded for two of the four areas – Portslade and East Brighton. Both these new contracts started on 1 September 2010:

- in Portslade additional services are available from the two NHS Dental Practices in Portslade – Portslade & Old Village Dental Centres; and
- in East Brighton - a new NHS dental surgery was established at the Wellsbourne Centre. To date over 400 patients have accessed services this new service.

Unfortunately contracts could not be awarded for either Hollingbury & Stanmer or Moulescoomb and Bevendean. A review of the tendering process identified two key barriers that inhibited the award of these contracts:

- the contracts were of insufficient size to cover the investment in premises; and
- there was difficulty in finding premises within the tender timescales**.**

As a result of the lessons learnt from the tendering process the PCT is intending to re-tender the contracts in 2011 with an option of consolidating the contracts into a single contract to attract potential bidders. We are also aware that since the tender process was undertaken that a new dental facility has opened in Moulsecoomb which potentially has the capacity to serve NHS patients.

This new investment should enable more patients to access NHS dentistry if they chose to. The latest figures we have at December 2010 shows 58% of the local population access NHS dentistry and this figure has remained relatively static since March 2009. It is too early to assess the impact of this new investment in terms of patient numbers. However we expect over 60% of the population to be able to access NHS dentistry by the time all 4 contracts are awarded. More detailed information about historical access rates is detailed in appendix 2.

2.2 Communications Plans

Feedback from patient surveys and consultation events demonstrates there is a public perception is that “you can’t get an NHS dentist” despite this not being the case in Brighton and Hove. Over 20 of the 60 contracts are open to new NHS patients. A dedicated Dental Helpline is available for advice and to direct local residents to NHS Dental Services but we are aware that not

everyone knows about this. During 2010 we developed a Dental Communications Plan. Examples of work we have undertaken/is planned:

- The new dental facility at the Wellsbourne has run a range of local proactive publicity. This has included an open day where residents can put a "face" to the dentist and some door to door mailing
- A poster has been developed and trialled encouraging people to prioritise their dental appointments and this will be widely distributed as part of national smile month in May/June 2011
- We will be developing media editorials ready for National Smile Month which may include for example, interviews with dental staff to try to demystify their work.
- Dental and oral health messages have been added to the PCT website as part of the new year's resolutions page, Facebook page and Twitter and these sites continue to promote the dental helpline to increase access.

2.3 Emergency Dental Service

The current out of hours emergency dental service is based in Lewes which is not always convenient for patients to access. During 2010 the PCT undertook a tender process and awarded a contract for an out of hours emergency dental service to be based within the City boundaries. The new locally based service will start on 1 April 2011 and will be based in one of the current NHS dental surgeries in central Brighton.

2.4 Review of Special Care Dental Service

The PCT commission a "special care" dental service for residents who are unable to access the general NHS dental service because of their particular needs, for example people who have a learning disability or children with challenging behaviour.

In 2010 we reviewed the special care dental service and the key principle underpinning this work was that wherever possible all patients that chose to access NHS dentistry should have their needs met in the general dental service. The special care dental service is more expensive than the general dental service and to ensure best value for the PCT has a duty to ensure that more specialist services are preserved for those that need to access them. The outcome of the review is that we identified 3 groups of patients that had historically accessed the special care dental service whose needs could be met by the general dental service. These were:

1) Residents who require dentures
2) Children under 8 with tooth decay in 3 or more teeth.
3) The siblings of children with special needs

The referral criteria to the special care service has been updated and patients were supported in the transfer to the most convenient local dentist. This has enabled the special care dental service to focus on improving the oral health of individuals who need more specialist services.

2.5 Oral Health Promotion

2.5.1 Oral Health Promotion Service

The PCT commission an oral health promotion services from Sussex Community Trust. The oral health promotion team deliver and support oral health promotion across the City. This service has been reviewed too and the outcome is that it has been re-focused to:

- Further develop the oral health knowledge of front line workers such as health visitors and care workers in residential homes.
- Target areas of deprivation, such as supporting toothbrushing in breakfast clubs
- Target oral health promotion advice to specific “at risk” groups, for example homeless, substance misusers, travellers and people with learning disabilities.

2.5.2 Oral Health Champions Programme

In 2010 the PCT developed a new Oral Health Champions Programme for General Dental Practices. It aimed to develop the dental workforce to take a greater role in delivering oral health promotion. Examples of work include:

- training for dental nurses to apply topical fluoride to children’s teeth
- encouraging dental teams to refer to other health promotion services, e.g. stop smoking.

2.6 Balanced Scorecard

During 2010 the PCT developed a “Balanced Scorecard” for each NHS dental practice. The scorecard brings together a range of quality and performance indicators about each practice including patient satisfaction with services. The performance of each practice was scored using an A, B and C categorisation. One of the key aims of the scorecard is to support NHS dentists in identifying areas of improvement in order to increase the quality of their services. The PCT met with each NHS practice to discuss their individual scorecard and improvements that could be made. The PCT is currently in the process of developing a more user friendly public version of the scorecard which we intend to publish to support local residents in their choice of NHS dental services.

3. Summary and Future Plans

The PCT has made progress on a number of key initiatives during 2010 in particular the development of increased dental services in Portslade; new dental services in Whitehawk and a local emergency out of hours dental

service. We still need to do more to address the geographical inequity in service provision and over the next year we plan to make further investment in dentistry in particular focused on the Moulescoomb/ and Hollingbury and Stanmer areas. Much of our work, for example promoting oral health and raising awareness of dental services will continue into 2011. In addition to this, two specific new pieces of work we are planning includes:

- Reviewing sedation services and exploring the option of developing some alternative services such as Cognitive Behavioural Therapy (CBT)[1]
- Developing a local specialist dental service for complex restorative work. Currently this is a gap in terms of local services and many patients currently travel to London to access this service.

Appendices

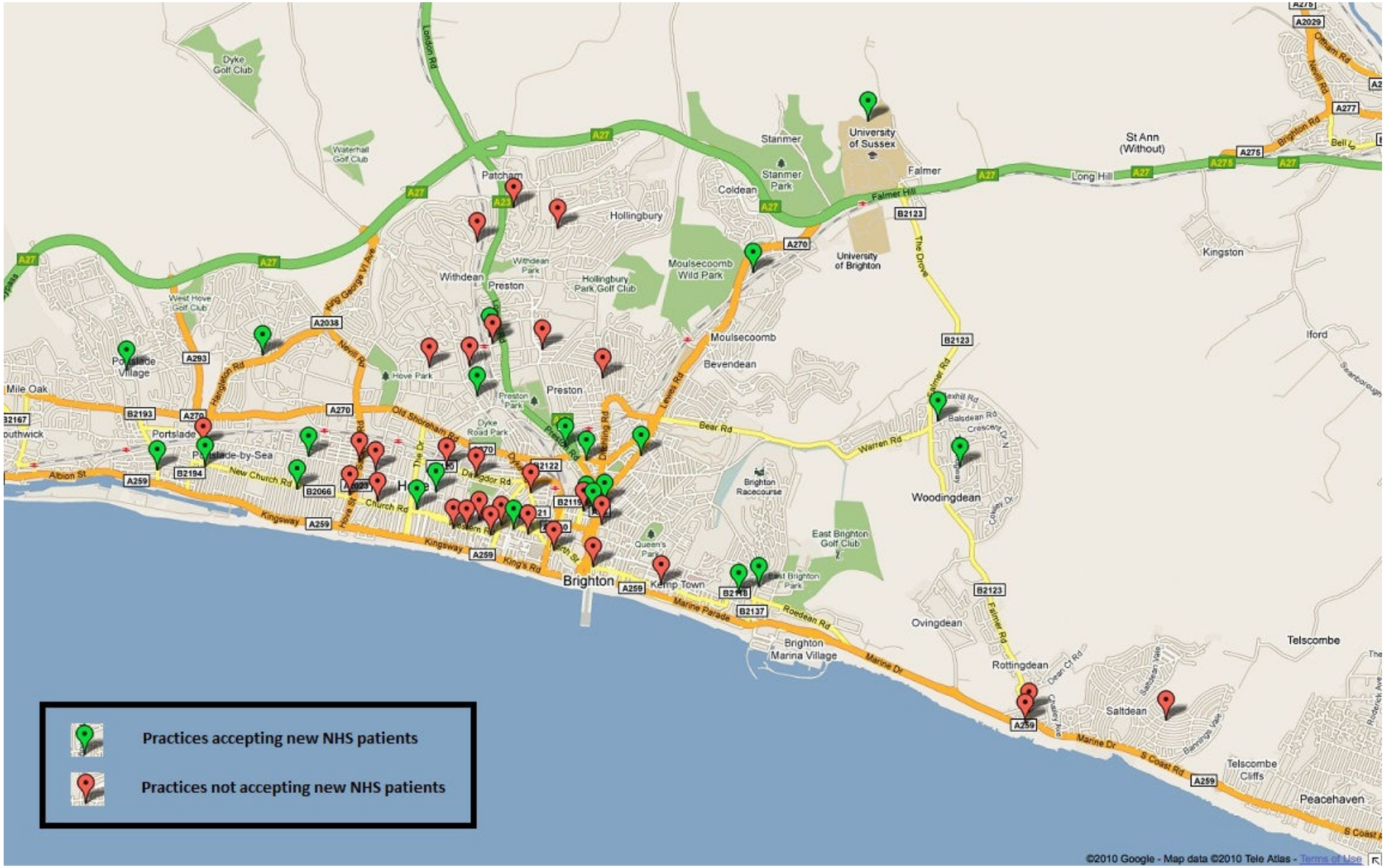
Appendix 1 **Map of Dental Surgeries**

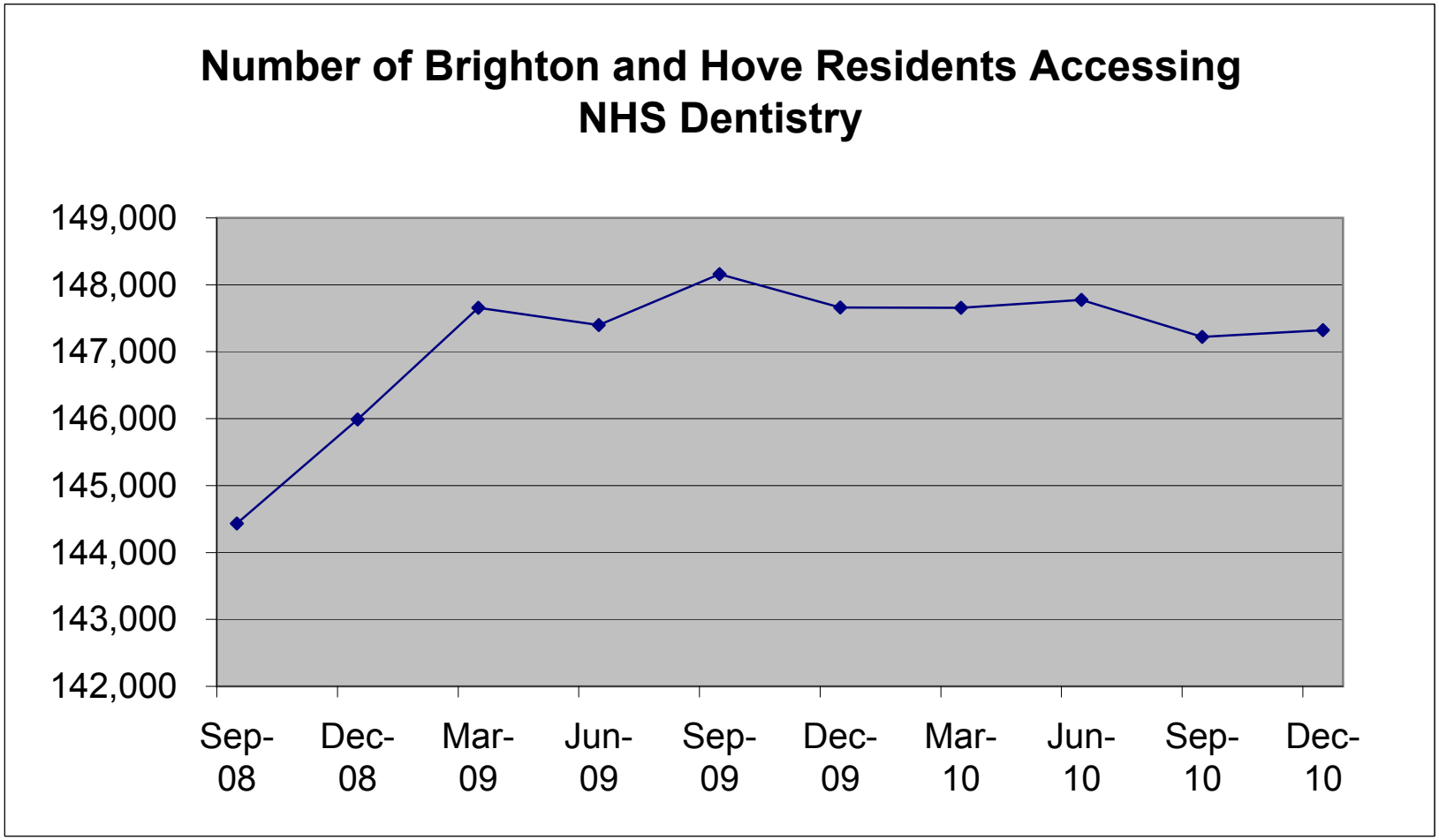
Appendix 2 **Access to NHS Dentistry: Historical Rates**

[1] CBT is a form of psychotherapy that emphasizes the importance of finding new ways of thinking and behaving to deal with current problems, such as phobia

NHS Brighton & Hove Dental Practices Location Map
April 2010

NHS
Brighton and Hove




Number of Brighton and Hove Residents Accessing NHS Dentistry
149,000
148,000
147,000
146,000
145,000
144,000
143,000
142,000
Sep-08
Dec-08
Mar-09
Jun-09
Sep-09
Dec-09
Mar-10
Jun-10
Sep-10
Dec-10

HEALTH OVERVIEW AND SCRUTINY COMMITTEE	**Agenda Item 69** Brighton & Hove City Council

Subject:		**Mental Health: plans to re-commission 'access' services**		
Date of Meeting:		**March 28 2011**		
Report of:		**The Strategic Director, Resources**		
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 City commissioners are currently considering how best to re-commission significant elements of local mental health services, specifically 'access' services for people using mental health services for the first time and/or people with mild to moderate mental health problems.

1.2 Additional information, in the form of a report which went to the recent NHS Brighton & Hove Board meeting is included as **Appendix 1** to this report.

2. RECOMMENDATIONS:

2.1 That members:

(1) Note the contents of this report and its appendices

3. BACKGROUND INFORMATION

3.1 'Access' mental health services typically provide diagnosis, support and treatment for people coming into the mental health system and longer term support for people with mild to moderate mental health problems.

3.2 Currently, the bulk of access services in Brighton & Hove are provided by the Sussex Partnership NHS Foundation Trust. However, city commissioners for mental health have recently announced their intention of significantly changing the way in which these services are commissioned - providing more specialist mental health support in GP surgeries, focusing more on community care and moving away from a 'medicalised' model of care. There will be a tender process to identify providers for these newly designed services.

3.3 Detailed information on these plans is included in **Appendix 1** to this report (in the form of a recent report to the Board of NHS Brighton & Hove).

4. CONSULTATION

4.1 None has been undertaken in compiling this report

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None to this report for information

Legal Implications:

5.2 None to this report for information

Equalities Implications:

5.3 None to this report for information

Sustainability Implications:

5.4 None to this report for information

Crime & Disorder Implications:

5.5 None to this report for information

Risk and Opportunity Management Implications:

5.6 None to this report for information

Corporate / Citywide Implications:

5.7 None to this report for information

SUPPORTING DOCUMENTATION

Appendices:

1. Information provided by NHS Brighton & Hove

Documents in Members' Rooms:

None

Background Documents:

None

Meeting:	**NHS Brighton and Hove** **Board Meeting**
Item no:	**032/11**
Date:	**22 March 2011**
Board Sponsor:	**Claire Quigley, Director of Delivery**
Paper Author:	**Margaret Cooney, Mental Health Commissioner**
Subject:	**Market testing the primary care mental health service for adults in Brighton and Hove**

1 Summary and context

1.1 In response to evidence and feedback about the quality and level of mental health services in primary care, the decision was made to redesign a primary care GP-led mental health service.

1.2 The service description in Appendix 1 has been reviewed and approved by clinicians, including the emerging transitional GP consortium. The model has been developed with all key stakeholders and includes consultation with users and carers, the public, the local authority and clinicians, including staff in secondary care.

1.3 The plan for tender the service was discussed and agreed by the PCT Procurement Governance Committee in September 2010. The service will be tendered in four separate elements. Bidders will be invited to bid for individual elements of the service, including all elements or any combination of the service elements. The service is due to be market tested/tendered between April and September 2011.

2 Recommendations

The PCT Board is asked to support and approve the market testing/ tendering process for the new service model.

3 Relevant background information

3.1 Commissioning a new primary care mental health service was made a priority for NHS Brighton and Hove commissioners in 2009. To enable this, a redesign phase took place between March 2010 and March 2011. The consultation phase has been ongoing since 2009; however more detailed consultation on the shape and detail of new services was undertaken between September 2010 and January 2011.

3.2 The service consists of four distinct service elements and reflects national policy and guidance including IAPT, NICE and the 'No Health

Without Mental Health' strategy. The four services are:

1. **Primary Care Mental Health Practitioners** – qualified health professionals providing comprehensive mental health assessments and time limited case management
2. **Primary Care Mental Health Support Workers** – providing low intensity psychological interventions and practical support to clients
3. **Talking Therapies service** – providing high intensity psychological interventions and specialist groups for long term conditions
4. **Talking Therapies Referral Management Hub** – providing a Choose and Book service, quality assurance and knowledge management for the Talking Therapies service.

3.3 The redesign has been driven by clinicians and users and supported by the NHS, the Health Overview and Scrutiny Committee (HOSC) and the Adult Social Care and Health Joint Commissioning Board.

3.4 Performance management of the new services will rest with the PCT/GP consortium. The GP locality bi-monthly meetings will review their referral and capacity which will allow GPs at the locality level to make local commissioning decisions.

3.5 The financial envelope for the commissioning is being finalised and agreed with Sussex Partnership NHS Foundation Trust and it is anticipated that the cost of the new service will be within the financial context of the 2011/12 Annual Operating Plan.

3.6 In addition, a second phase is being proposed to redesign a community mental health support services through recommissioning a number of voluntary sector contracts in the future. This proposal has support from the Joint Commissioning Board. Recommissioning these services is considered important by GPs, however there is recognition that further agreement is required on how this investment can be used to complement primary and secondary care mental health services. It is proposed that a more detailed plan will be agreed by Brighton and Hove City Council and NHS and represented to the Joint Commissioning Board and the Board of NHS Brighton and Hove.

4 Link to strategic objectives

The redesign links with the objectives in the commissioning intentions in the mental health strategy

4.1 Be the leading advocate for health and healthcare in the city

The delivery of this new service will increase capacity and level of service in the city for people with a mental health problem and meet PCT strategic objectives

4.2 Improve health and reduce health inequalities

The model is based on meeting local need and improving mental health and well being in the city.

4.3 Increase service quality and choice

For the Talking Therapies services, the Hub will be responsible for increasing a choice of where and when services are available. All new contracts will be required to have evening and weekend appointments available.

4.4 Increase people's confidence in, and engagement with, the NHS

Based on three years of consultation and engagement, failing to redesign mental health primary care services is a risk to the reputation of the PCT.

4.5 Manage resources effectively

All new contracts will be based on offering improved throughput for clients, reduced use of secondary care services and improved outcomes for patients. The new service will be managed within the agreed financial envelope.

5 Link to corporate considerations

Redesign of primary care supports GP led commissioning.

5.1 Governance and legal

Governance arrangements for all new contracts will be in line with NHS requirements and will be influenced by new arrangements being developed through the new shadow GP consortium.

5.2 Equalities

The Equalities Impact Assessment has been carried out. Key groups were identified that traditionally either need support to access their GP for mental health problems and those high risk communities in the city. Improving access to services via the GP will lead to increase in access to services.

5.3 Consultation

Consultation on the new model took place between September 2010 and February 2011. Prior to this there was a number of events to review and plan new services. These took place with the public, users and carers, providers and clinicians.

5.4 Risk management

This tendering processes highlighted as a risk on the PCT's Corporate risk register.

6 Appendices

Appendix 1. Primary Care Mental Health Services Brighton and Hove
The Service Description

Appendix 1

Primary Care Mental Health Services – Brighton and Hove

The Service Description

Primary Care Mental Health Services – Brighton and Hove

1. Purpose of the Service

The Brighton and Hove Commissioning Mental Health Plan[1] identified key outcomes, which include:

- Provision of services based on need;
- Provision of effective treatment pathways including access to all levels of psychological therapy;
- More primary care and community care support.

The vision is to:

- commission services to meet [mental health] needs at an early stage, effectively and, if possible, in a community setting.

Commissioners have worked closely with GP leads in the city to develop a model for primary care services that would improve access to services and allow for a range of skills and support services to be available outside of secondary care. The model consists of four distinct service areas that can be either bid for separately, in combination, or as a whole.

The four elements are:

1. **Primary Care Mental Health Practitioners**

   To provide specialist support from experienced mental health professionals, completing comprehensive mental health assessments (including complex needs), assessment for Talking Therapies, advice to GPs on treatment options, time limited case management, referral to secondary care secondary mental health services according to clinical need and community support services where needed.

2. **Primary Care Mental Health Support Workers (based on IAPT steps 1 and 2)**

   To provide psychological interventions for low to moderate anxiety and depression. Provides both on a one-to-one basis and in groups; provides case management and one-to-one practical support to patients who need help with other aspects of their life, e.g. housing, vocational support.

[1] Transforming Mental Health: Commissioning Mental Health Services for adults in Brighton and Hove 2010 –2013

Provides an assessment for Talking Therapies, including for individuals not accessing Talking Therapies directly via their GP.

3. A Talking Therapy Service (based on IAPT step 3) including CBT groups for physical health conditions

To provide high intensity psychological interventions including CBT and counselling for anxiety and depression disorders. The service will provide one-to-one therapies and CBT groups for individuals with moderate to severe depression and who have long term physical health conditions and/or medically unexplained symptoms.

4. A Referral Management Hub for accessing the Talking Therapy Services

To provide a referral management system for the Talking Therapies service. It will provide GP practices and the GP consortium with referral data and service outcomes of the Talking Therapies service, and ensure governance requirements of the service are being met.

2. The local needs

Brighton and Hove has a high need for mental health services with a large number of people at risk of mental health problems. Based on national survey data, it is estimated that up to 28,177 people in the city aged between 18 and 64 years have a common mental health disorder, most commonly anxiety and depression (JSNA[2]). Based on national estimations, up to 1 in 6 people have anxiety and depression and this equates to 42,666 people. We also have two specific populations that we know have high risk of common mental health problems and these are the LGBT community and our older people. The Primary Care Mental Health service provider/s will need to demonstrate that they have the skills and knowledge to work with both these populations on an outreach basis as well as prioritise early intervention services.

The Brighton and Hove Mental Health needs assessment has indentified a growing demand for psychological therapies. More people are expressing a preference for talking therapies over medication and nationally there is increasing recognition of the evidence of effectiveness of psychological therapies. This is reflected in recent NICE guidance for treating mild to moderate needs. Within this context, a key focus on this redesign is to increase the capacity in the talking therapy service as well as provide a wider range of skills across all teams.

[2] Brighton and Hove City Wide Needs Assessment Health and Wellbeing JSNA Summary 2011

3. Developing the model

Over the past year, Commissioners and Sussex Partnership NHS Foundation Trust worked on improvements in access to services and on access to talking therapies, however it was clear for GP's that they wanted primary care mental health services that were delivered closer to their practice and provided service that help them to manage people outside of secondary care whilst ensuring timely access to secondary care when needed.

Commissioners have consulted with services users and carers, clinicians, the public and with GP's. The list of consultations is in appendix 1. Through these discussions the new model was developed and was divided into the following four areas. It is thought that these four areas would open the market and invite new innovative ways of delivering a primary care service. GP's and commissioners are clear that all services, irrespective of the provider, must be provided along an integrated pathway and be answerable to the Commissioners.

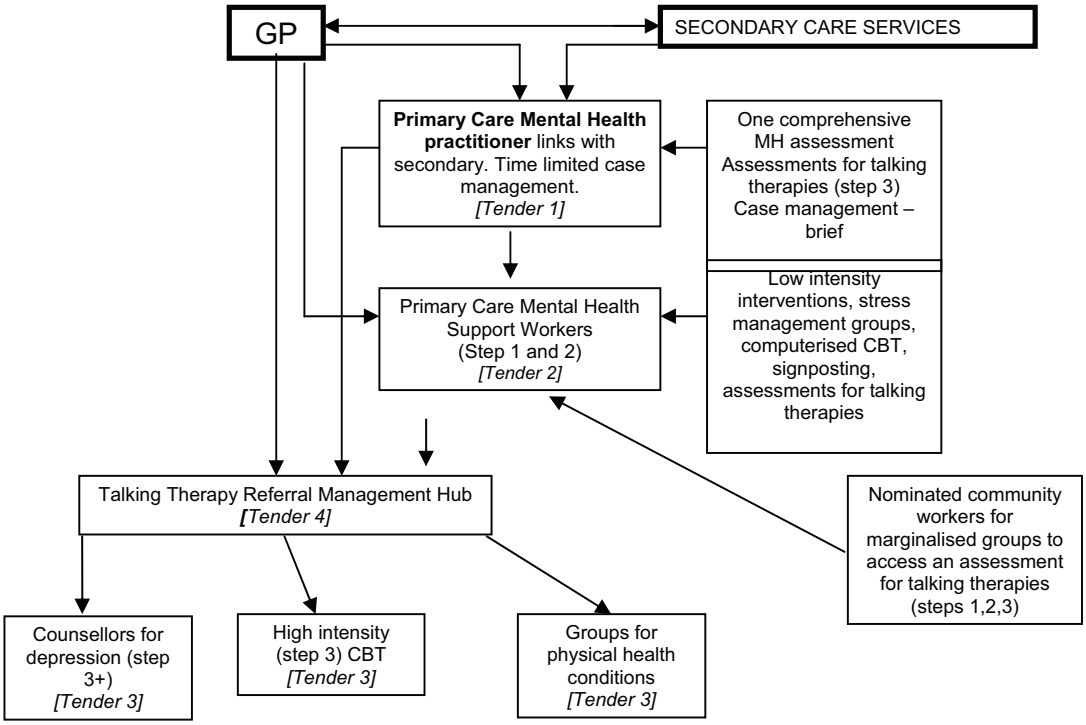
This redesign has been driven by GP's and users and there are clear statements from both. GPs want to be able to manage the range of services available in the city for their patients with mild to moderate mental health needs and to be clearer about what is available and what areas need development. Users want a service that is based on what their GP want, one that they do not have to wait to long for and to have more information and knowledge about what is available and when and where they can go to get it.

4. The model

As explained above we want a range of options in primary care that meet needs earlier and prevents people from being referred to secondary care services unless necessary.

The diagram below shows the pathways in primary care. There are four main areas:

1. The Primary Care Mental Health Practitioners
2. The Primary Care Mental Health Support Workers
3. The Talking Therapy Service
4. The Referral Management hub for Talking Therapy Services



The model focuses on increasing the range of skills and services in primary care so we can:

- Identify needs earlier
- Provide a service earlier
- Reduce the referrals to secondary and specialist care
- Reduce a culture of over assessing people and
- Increasing the use of a holistic approach to addressing mental healthy needs

This is supported by the national mental health strategy launched in 2011 called No Health without Mental Health [3] which supports the need for early intervention and managing physical and mental health needs together.

The four elements need to work as an integrated pathway with links with secondary care services. Each service will need to work across the pathway and this will be agreed in the contracts.

Individual service specifications will set the outcomes for patients and the role of staff as well, as the capacity required.

[3] Mental Health Strategy: No health without mental health : A cross – government mental health outcomes strategy for people of all ages. HM Government February 2011

Capacity will need to be realistic. The demand has been based on the needs assessment, local referral rates and on GP intelligence regarding the needs of their patients. A key success factor will be increasing the referrals for individual surgeries to the Talking Therapy service.

All services will need to work with secondary care and in particular the new assessment and treatment Hubs being designed in Sussex Partnership Foundation NHS Trust. Key to the success for primary care services will be agreeing the formal links between clinicians, especially the GPs, the Primary Care Mental Health Practitioners and the secondary care clinicians and in particular the psychiatrists. Informal links will be encouraged.

The NICE guidelines for depression in adults support the "stepped care model" which rates psychosocial interventions into "low intensity" for subthreshold and mild depression, and "high intensity" for moderate to severe depression. . A change in this new model is the separation of the **community support worker role (step 2 interventions**) and the **one to one therapists. (step 3 therapy)**Talking Therapy Service. This separation was based on comments from clinicians that they wanted the community support role to be working more closely with the mental health practitioner and to be outward focused on working with local communities. Local referral data showed a poor level of referral from GPs and it is through this redesign that we are wishing to boost this role and to make it a highly attractive part of the system for GP's and others to refer into.

The **Talking Therapy service** will provide one to one interventions including CBT and counselling as required in NICE guidelines. Assessments will be made by GP's and the primary care teams. The referral pathway will be via a Talking therapy referral management Hub which will be used to review demand and access to this service. The Hub will be accountable to the GP's at the locality and consortium level and will provide real time data solutions for access to this service.

A new service being included is a **CBT service for people who have a physical health conditions** and anxiety and depression. This is a service that GPs were keen to include and will use the first year as a pilot. It will be provided in collaboration with the local acute provider and the community health services. Key areas will be agreed by GPs however it is likely that there will be groups for diabetes, COPD and post natal depression.

This redesign fits with the new plans for Talking Therapies launched with the new mental health strategy. The Talking Therapies: *A Four Plan of Action* [4] outlines new areas to be included by 2015: Firstly opening access to older people both for low intensity and high intensity services, which Brighton and Hove will be including from 2011/12; including a stand alone children and young peoples

[4] Talking Therapies – A four-year plan of action. DH February 2011

talking therapy service which could be included in this model as the guidelines emerge; including referrals for people with physical health conditions, long term conditions and medically unexplained symptoms(MUS), which will be included in this new model but through which we are including a new service for targeted group CBT courses for people where there is a physical health condition and NICE have approved this in their guidelines.

The following table outlines the services that will be provided across the low (step 2) and high intensity (step 3) services.

Tender 2 Step 2 interventions (NICE approved)

NICE guidelines on pyschosocial interventions for people with depression		
Intervention level	**Without physical illness**	**With physical illness**
STEP 2	**Individual guided self-help**	
	Computerised CBT - supported by a trained practitioner	
	Structured group physical activity programme - 3 sessions per week over 10-14 weeks.	**Structured group physical activity programme** - with modification for different abilities according to physical health problem.
	Group based CBT *(for those declining other interventions)*	**Group-based peer support (self-help) programme**, amongst people with a shared chronic physical health problem.
NICE guidelines on pyschosocial interventions for people with anxiety		
STEP 2	**Individual non-facilitated self-help** Written or electronic materials, based on CBT. Minimal therapist contact (<5 minute telephone call).	
	Individual guided self help As for non-facilitated help, but via 5-7 weekly/fortnightly sessions (face-to-face or telephone), lasting 20-30 minutes.	
	Psychoeducational groups Based on CBT principles, conducted by trained practitioners.	

Tender 3 – step 3/3+ interventions (NICE approved)

Intervention level	**Without physical illness**	**With physical illness**
STEP 3	**Behavioural Couples Therapy** - 15-20 session over 5-6 months	
	Individual CBT 6-8 weeks or 16-20 sessions over 3-4 months.	**Individual CBT** - over a longer time period (usu 6-8 weeks)
	IPT - 16-20 sessions over 3-4 months.	**Group-based CBT** - in groups with a shared chronic physical health problem.

	Behavioural activation - 16-20 sessions over 3-4 months.	
NICE guidelines on pyschosocial interventions for people with anxiety		
STEP 3	**CBT** 12-15 weekly sessions of 1 hour duration, delivered by trained practitioners.	
	Applied Relaxation *As above, based on clinical trails of applied relaxation for GAD.*	

5. Integrated pathways

All four elements are designed to support access to appropriate level of services for people with mild to moderate and non complex needs. Services will be required in their contracts to work in conjunction with all levels and also with secondary care services.

To ensure that the quality and clinical role is managed between services, there will be a requirement for GPs, secondary care services leads and primary care leads to meet to discuss quality issues around referral and case management. Within the Taking Therapies services there will be a need to have access psychologists in the treatment and assessment teams for advice on referrals for step 4 and 5 treatments as outlined in the stepped model of care.

All services need to be viewed as part of the wider mental health services that include secondary care assessment and treatment teams and the acute and emergency psychiatric services. Community support services will also be key including those provided by other statutory services and the voluntary sector.

6. Governance across the primary care service

The overall governance and contract management of individual services will be the responsibility of the PCT/consortium.
This may include a:

- Risk Management Board – chaired by the GP commissioning lead
- Performance Board – chaired by the GP commissioning lead

Membership to include the following:

- GP lead commissioners
- Service leads from each service area
- Locality linked consultant psychiatrist in secondary care assessments and treatment teams
- Talking Therapies Hub performance analyst lead
-

Every two months (or as agreed) locality based

- Performance updates
- Quality and Risk management across the system updates

Attendees to include:

- GP locality leads
- GP Commissioners
- Leads from each service area
- Locality linked consultant psychiatrist in secondary care assessments and treatment teams
- Talking Therapies Hub performance analyst lead

Within each service area the governance and clinical accountability will rest with the employing agency that will be contractually accountable to the PCT/Consortium performance and governance arrangements. All organisation/s will be responsible for the employment conditions, training, continual professional development, supervision and professional leadership for their service area.

7.Workforce requirements

The number of staff in each service will be determined using the activity required in specifications. It is required that every surgery will have assigned to it a named Primary Care Mental Health Practitioner, a Primary Care Mental Health Support Worker and a Talking Therapist. The number of surgeries that practitioners work with will be determined by the size of each practice population and its associated psychiatric morbidity.

During years one and two of this contract, there will be evolving roles and responsibilities which still need to be exercised within the overall capacity of primary care mental health workers as apportioned to practices.

With the exception of the medical staff and some of the senior psychologists under the provisions of TUPE legislation, it might be expected that some or this entire current access services workforce may be eligible to transfer to any new provider organisation selected for the future provision of these services, and some or all may therefore choose to transfer under these provisions.

8. Eligibility for services

These services are for adults aged 18 and over and are based on need and not on age.

The primary care service is aimed at people with mild to moderate needs and long term needs when not complex. Following discussion with clinicians in primary and secondary care, it has been agreed that the level of need will be clinically assessed and the standards for eligibility will be required to be flexible. The Primary Care Mental Health Practitioners will work with secondary care services and will manage people with higher needs than the Primary Care Mental Health Support Workers.

In order to address the unmet need and that some people with mild to moderate needs will visit a GP additional outreach via the Primary Care Mental Health Support Workers will be required. Key groups that have been identified include the LBGT community and older people. Self referrals will be welcomed to the Primary Care Mental Health Support Workers who will be working with community groups to increase aware of mental health and accessing the Talking Therapy services.

9. Location and Hours of Operation

All new services will be flexible and to provide out of hours sessions in agreed locations with GP and in community settings where possible.

Services will be expected to be coordinated from city wide or locally based offices for administrative purposes but to be working with nominated GP surgeries. Remote non office based working would be welcomed.

Primary Care Mental Health Practitioners and Support Workers will be expected to work in a buddying system in their own service in order to cover extended working hours and maintain continuity with GPs during periods of annual leave or leave due to sickness or other legitimate reasons such as for training.

10. Clinical Standards

Along with the requirement to comply with all of the provisions of the Contract, all provision will be required to ensure they meet expected standards as well as the following specific areas:

- Safeguarding children and adults in vulnerable circumstances
- Complaints
- Professional Accreditation
- Training and Development
- Serious Untoward Incidents
- Clinical Audit and Governance
- Service Users, Carer and Staff Experience Surveys
- Equalities Act

11. Managing the outcomes

There will be a range of outcomes set in the specifications.

Performance management will be on a quarterly at the localities level and quarterly at the PCT/Consortium level. GPs will need to be able to monitor in real time their referral numbers into all services against the allocation to their surgery.

The Talking Therapies Hub will be responsible for reporting referral and patient outcomes information to GP's at the locality and Consortium level.

12. Financial Envelope

Bidders will be expected to provide budgets to meet the minimum demand as outlined in each specification. The total investment will not exceed the current financial envelope. The current contractual costs are being finalised with Sussex Partnership NHS Foundation Trust. It is acknowledged that this service needs to be able to take a higher number of referrals than possible in the current service.

13. Transition Plans

It is considered that the period of time between the award of the contract in September 2011 and the commencement of the services agreed with the Commissioner with a start date for not later than April 2012.

Appendix 1: Consultation and engagement events influencing the new models.

	Users & Carers*	Public consultations	GPs*	Staff in current services*	Voluntary sector partners*
To January 2010	During 2009, all these groups were engaged in agreeing the content of the strategy				
February 2010					
March 2010	LIVE User and Carer meeting		Practice Based Commissioning (PBC) meetings		CVCS network meeting
April 2010					
May 2010			PBC meetings		CVCS reps meeting
June 2010	LIVE User and Carer meeting				
July 2010			PBC meetings	Workshop with voluntary sector and SPFT community staff on shared pathways	CVCS reps meeting Workshop with SPFT
August 2010	Redesign User reference group		Online survey	Workshop with voluntary sector and SPFT community staff on shared pathways	CVCS reps meeting Workshop with SPFT
September 2010	LIVE User and Carer meeting		Local Medical Council Meeting PBC meetings Clinical Exec Meeting		
October 2010					
November 2010	Redesign User Reference group		Online survey PBC meetings Local Medical Council Meeting Clinical Exec Meeting		CVCS Reps meeting
December 2010	LIVE User and Carer meeting	Online survey		Online survey consultation meeting	Online survey GP meeting with sector
January 2011			Seminar with GPs 18th Jan CCE updates Local Medical Council Meeting	Indep sector local Therapists and Counsellors 25th Jan	

- All groups have members of the Transforming Mental Health Steering Group which meets every three months with the remit to deliver on the strategy
- The NHS and City Council Commissioners Primary Care Redesign Programme Board meets monthly
- Users, carers and staff group held meetings in 2010 to develop detail in the service specification

HEALTH OVERVIEW AND SCRUTINY COMMITTEE	Agenda Item 70 Brighton & Hove City Council

Subject:		**Consultation on "Safe and Sustainable": a New Vision for Children's Congenital Heart Services in England**		
Date of Meeting:		**March 28 2011**		
Report of:		**The Strategic Director, Resources**		
Contact Officer:	Name:	Giles Rossington	Tel:	29-1038
	E-mail:	Giles.rossington@brighton-hove.gov.uk		
Wards Affected:	All			

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The NHS is currently consulting with stakeholders on plans to significantly alter the way in which it provides services for children with congenital heart conditions, particularly in terms of how the very specialised surgery required by this group of patients is delivered. In essence, the plan is to 'scale-up' surgical services, with the current 11 units across England reconfigured as 6 or 7 larger teams.

1.2 The Health and Social Care Act (2001) obliges NHS trusts to consult with local Health Overview & Scrutiny Committees (HOSCs) on plans to make 'substantial variations' to existing services. Children's congenital heart surgery is a 'specialist service': a low volume procedure which is commissioned nationally by Department of Health commissioners rather than locally by individual Primary Care Trusts. In order to comply with the legislation around consultation, the NHS has been obliged to contact every HOSC in England to enquire whether they consider that the reconfiguration plans constitute a 'substantial variation', and if they do, whether they wish to be formally consulted about them. Every HOSC which does choose to be involved in the consultation will be required to devolve its scrutiny powers to a joint HOSC (JHOSC) to consider this matter.

1.3 Given the relatively low impact that these changes are likely to have on local residents, and the considerable time and resources required to participate in a JHOSC, officer advice in this instance is that the Brighton & Hove should not seek to formally participate in this consultation, although the HOSC should continue to monitor the initiative's progress via regular

updates to the South East Coast HOSC Network . More information on the proposals to reconfigure children's congenital heart services, and on HOSC responsibilities in terms of major reconfiguration plans is included in part 3 of this report.

2. RECOMMENDATIONS:

2.1 That members:

(1) Note the contents of this report;

and

(2) Decline to take part formally in the consultation process, but continue to monitor the progress of this initiative via the South East Coast HOSC Network, and reserve the right to reconsider their involvement should later stages of the planned reconfiguration impact significantly upon Brighton & Hove residents.

3. BACKGROUND INFORMATION

3.1 Paediatric cardiac surgery for children with congenital heart conditions is currently undertaken at 11 national centres. These are: Newcastle upon Tyne, Leeds, Liverpool, Birmingham, Leicester, Bristol, Southampton, Oxford and London (at the Royal Brompton, Great Ormond Street and Guys and St Thomas').

3.2 In recent years, the NHS has increasingly looked to 'scale-up' very specialised 'low-volume' treatments – i.e. to provide complex and uncommon treatments on a regional or sub-regional basis. This is justified in terms of developing and maintaining clinical excellence: clinicians who regularly perform a procedure (particularly in terms of surgery) are likely to have better success rates than peers who do so only rarely. It follows from this that low volume non-emergency surgery should be provided at a scale which allows for an optimal configuration of surgical teams. The NHS argues that the current configuration is sub-optimal and proposes to reduce 11 centres to six or seven.

3.3 There are four possible configurations under consultation. In all scenarios surgical centres will be retained/expanded at Liverpool, Birmingham and Bristol. All scenarios also include a centre for the North/North-East (either in Newcastle or Leeds). None of the options include a continuation of services in either Leicester or Oxford. All the options assume there will be two centres in London: GOS and the Evelina (at Guys).

3.4 There is a good deal of evidence to support the scaling-up of low volume procedures, and the idea of centralising paediatric cardiac surgery is widely supported by the Royal Colleges, advocacy groups etc. However, any new reconfiguration will inevitably be opposed by people in the areas which stand to lose services. It may also be that the impact of losing a specialist surgical team is much broader than just the loss of that particular service, as very specialist paediatric surgeons may support a range of less specialised children's healthcare services in an area.

3.5 HOSCs are required to consider NHS reconfiguration plans in terms of their likely impact on their local populations. Strictly speaking, therefore, questions of whether a planned reconfiguration is in the best interests of patients across the country or whether it runs counter to the interests of any specific area other than the local HOSC area are not germane: the question for Brighton & Hove HOSC is whether planned changes will have a detrimental impact upon city residents. Currently, virtually all local children with congenital heart problems are referred to London hospitals for treatment. Since all the consultation options will retain services at two London centres, and since it appears likely that the clinical quality of these centres will be maintained or improved by the reconfiguration, it does not seem as if the plans will have an obvious negative impact upon Brighton & Hove residents.

3.6 Where two or more HOSCs consider NHS reconfiguration plans to constitute a significant variation in services which they wish to be consulted about, they must form a JHOSC to examine the issue. Relevant HOSC statutory powers will be delegated to the JHOSC, and the JHOSC will be required to come to a view on the reconfiguration plans from the holistic perspective of all areas involved. Since children's congenital heart services are commissioned nationally, any JHOSC could potentially have more than a hundred HOSCs involved in it. However, it is likely that those HOSCs with the most immediate interest in the issue will lead – e.g. HOSCs with residents who use the affected hospitals for general healthcare. Nonetheless, this is still likely to be a very complex and involved process, with considerable demands on member and officer resources. It is up to HOSC members to determine whether the local impact of reconfiguration plans would justify their involvement.

3.7 Chairmen and/or lead officers from South East Coast (SEC) Strategic Health Authority area HOSCs (Kent, West Sussex, East Sussex, Medway, Brighton & Hove) meet regularly as a network to discuss regional health issues. The SEC Network has debated the children's cardiac reconfiguration on several occasions, talking with officers from the DH and SHA specialist commissioning units. Network members have informally agreed that none of the HOSCs in the region have a significant interest in the reconfiguration of surgical centres. However,

the SEC Network has no formal decision making powers – these remain the prerogative of individual HOSCs.

3.8 Changes to the configuration of paediatric surgery units constitute only part of the NHS plans. Sitting behind these 'hub' services are the 'spoke' services which support children before and after surgery, typically over a considerable period of time. Some of this support may be delivered at the surgical centres themselves, but much of it is (or should be) delivered closer to patients' homes, either at local hospitals or via community care. Details of the 'spoke' arrangements for the SEC area are likely to be of more potential interest to local residents than changes in the configuration of surgical centres, as there may be a very real practical difference in a support service based in Brighton to one based, say, in Worthing or Eastbourne. However, although the NHS consultation describes a broad vision of support services, it stops well short of providing details of how these services will be configured locally. When these plans are eventually developed, it may well be that local HOSCs will want to be actively involved, and the SEC Network has made this point to the South East Coast Strategic Health Authority. Any HOSC decision not to become formally involved at this stage of the reconfiguration process would not preclude HOSC involvement at a later stage.

4. CONSULTATION

4.1 None has been undertaken in compiling this report

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None directly, other than in terms of scrutiny team resources. However, members should be aware that there are implications in terms of scrutiny officer support for a joint HOSC.

Legal Implications:

5.2

Equalities Implications:

5.3 None directly, but there may be implications to future decisions re: community support services for paediatric cardiac surgery

Sustainability Implications:

5.4 None directly, but there may be implications to future decisions re: community support services for paediatric cardiac surgery

Crime & Disorder Implications:

5.5 None

Risk and Opportunity Management Implications:

5.6 None directly, but there may be implications to future decisions re: community support services for paediatric cardiac surgery

Corporate / Citywide Implications:

5.7 None directly, but there may be implications to future decisions re: community support services for paediatric cardiac surgery

SUPPORTING DOCUMENTATION

Appendices:

Documents in Members' Rooms:

Background Documents:

1. "Safe and Sustainable" – A New Vision for Children's Congenital Heart Services in England: Consultation Document, 01 March 2010 to 01 July 2011