

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00PM 28 SEPTEMBER 2011

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Rufus (Chair); Barnett, Bennett, Follett, Marsh, C Theobald (Deputy Chair), Phillips and Robins

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

PART ONE

27. PROCEDURAL BUSINESS

27A Declarations of Substitutes

27.1 Cllr Robins attended as substitute member for Cllr Turton.

27B Declarations of Interest

27.2 There were none.

27C Declarations of Party Whip

27.3 There were none.

27D Exclusion of Press and Public

27.4 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.

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

28. MINUTES OF THE PREVIOUS MEETING

28.1 Cllr Barnett requested clarification regarding point 18.2 of the draft minutes, where the council's Director of Adult Social Services (DASS) had made reference to the suspension of placements at the 'Bon Accord' nursing home. It was agreed that officers would obtain this clarification from the DASS.

28.2 RESOLVED – That the minutes of the meeting held on 28 September 2011 be approved and signed by the Chairman.

29. CHAIR'S COMMUNICATIONS

29.1 Mr Robert Brown told members that he had recently been involved in an inspection at Knoll House intermediate care facility. During this inspection, the centre had been 'marked down' because of the poor condition of a service road (meaning patient transport could not always get all the way to the centre). However, this access road is owned by the city council rather than Sussex Community Trust, and Mr Brown felt it unjust that the trust should be penalised for

30. PUBLIC QUESTIONS

30.1 There were none

31. NOTICES OF MOTION REFERRED FROM COUNCIL

31.1 There were none.

32. WRITTEN QUESTIONS FROM COUNCILLORS

32.1 There were none.

33. '3T' DEVELOPMENT OF THE ROYAL SUSSEX COUNTY HOSPITAL

33.1 This item was introduced by Mr Duncan Selbie, Chief Executive, and Mr Duane Passman, 3T Programme Director and Director of Facilities and Estates, Brighton & Sussex University Hospital.

33.2 In response to questions regarding the suitability of the Brighton General Hospital site for the temporary provision of rheumatology physiotherapy/outpatients services during the 3T rebuild, Mr Passman confirmed that the site would be made fit for purpose before any services were located there. Mr Passman offered to provide members with more detailed information in writing on this matter.

33.3 In answer to a question from Cllr Marsh about the proportion of 'single rooms' in the re-developed hospital accommodation, Mr Passman told members that various specialities within the Royal Sussex County Hospital (RSCH) and Patient Groups had been canvassed on this issue, but support for 100% single rooms had been limited. In some

instances this was because the need to keep higher dependency patients under observation (e.g. on neurosurgical wards) mitigated against the use of single rooms. Mr Passman confirmed that each single room would have its own en-suite sanitary facilities. Where it is not intended to supply single rooms, the 3T plans do specify that beds in four-bedded wards will be very widely spaced, to maximise privacy. It was also confirmed that each 4-bedded bay would have two en-suite WCs.

33.4 In response to a query from Cllr Theobald regarding single-sex wards, Mr Passman told members that the hospital was committed to providing gender-appropriate accommodation wherever possible. This might not necessarily be via single-sex 'wards' as wards could quite properly be mixed as long as patients within these wards were accommodated appropriately – for instance in single rooms or in single sex bays effectively discrete from other parts of the ward.

33.5 In answer to a question from Cllr Robins regarding the use of local workers on the 3T build, Mr Passman told the committee that the hospital wanted to maximise the use of local contractors. However, the specialist nature of some of the build, the sheer size of the project, and the desire to maximise off-site fabrication to reduce waste meant that a good deal of the work would be likely to go to out of city contractors. Mr Passman estimated that it should nonetheless be possible to source at least 30% of the build value locally, but that this would still be subject to confirmation until all the works packages had been tendered.

33.6 In response to a query from Mr Robert Brown about the siting of the trauma helipad, Mr Passman told members that it had originally been thought unlikely that the roof of the Thomas Kemp building would be robust enough to site a helipad. However, more detailed investigation had contradicted this initial impression, and it was now planned to use this location..

33.7 In answer to questions regarding car parking and access to the RSCH site, Mr Selbie told members that, in addition to the significant increase in car parking space included in the 3T scheme, the hospital was actively pursuing a number of plans to reduce pressure on the RSCH site. These included a desire that the City establish a park and ride for the hospital and purchasing a city car park to use for staff parking. However, successfully implementing these plans depended upon more than the good intentions of the Hospital: the city council was a very significant player here.

33.8 The Chair thanked Mr Selbie and Mr Passman for their contributions and welcomed the offer of additional information on plans to make use of the Brighton General Hospital site during the 3T build.

34. CARE QUALITY COMMISSION INSPECTION OF THE ROYAL SUSSEX COUNTY HOSPITAL

34.1 This item was presented by Ms Sherree Fagge, Chief Nurse, and Ms Elma Still, Associate Director of Quality, Brighton & Sussex University Hospitals Trust (BSUH).

34.2 In response to a question from Cllr Theobald on actions being taken to provide information for relatives of those in hospital, Ms Fagge told members that some matrons at the Royal Sussex County Hospital had set up regular time-slots for relatives to

discuss patients' needs and progress with nursing staff. The hospital was also committed to using feedback from its patient choice questionnaire to improve services at a ward level.

- 34.3 In answer to questions about how the recent inspection had been triggered, Ms Still explained that the Care Quality Commission (CQC) uses various means to obtain a dynamic 'quality risk profile' for each organisation it assesses. This might include feedback from patients or stakeholders as well as the pro-active volunteering of information from hospitals. In this instance, some of the information received by CQC highlighted potential concerns with some of the hospital's services and CQC decided that an inspection was appropriate. The hospital was happy to have the quality of its services tested in this way by CQC: BSUH considers that it has a very good relationship with the CQC, and views CQC feedback as a key driver to service improvement across the hospital.
- 34.4 Mr Brown told members that the LINK was concerned that CQC was intending to discontinue its planned visits to healthcare providers. The LINK have lobbied the Department of Health on this matter.
- 34.5 The Chair thanked Ms Fagge and Ms Still for their contributions and congratulated the hospital on having performed so well in its recent CQC inspection.

35. CITY GP SERVICES: PERFORMANCE

- 35.1 This item was introduced by Ms Elizabeth Tinley, Service Lead, Brighton & Hove City Primary Care Contracts and Commissioning Directorate, Sussex Commissioning Support Unit.
- 35.2 Members agreed that they were disappointed that this report did not include information on the performance of individual GP practices in the city and asked for a paper to be circulated including this material.
- 35.3 Members also asked for some work to be done mapping the relative performance of city GP practices against areas of deprivation across the city – i.e. to ascertain whether GP practice performance was significantly correlated with deprivation etc – and requested that this be circulated alongside information on comparative performance.
- 35.4 In response to a question from Cllr Robins on the use of locums by individual GP practices, members were told that PCTs had no power to influence the use of locums by GP practices – the practice rather than named GPs is contracted to provide services. However, Ms Tinley agreed to find out whether information on locums was nonetheless collated, and, if so, whether there was any correlation between locum use and performance.
- 35.5 In answer to a question from Mr Hazelgrove on Patient Groups, members were informed that patients could choose to establish their own groups, although this could cause problems as the groups had to be fully representative of the practice population rather than a self-selecting sample.
- 35.6 The Chair thanked Ms Tinley for her contribution.
- 35.7 That the committee should receive additional information on:

- (a) comparative performance of each city GP practice
- (b) mapping of GP performance against city demographics
- (c) use of locums and its correlation (if any) with GP practice performance.

36. MENTAL HEALTH ACUTE BEDS IN BRIGHTON & HOVE

- 36.1 This item was introduced by Ms Geraldine Hoban, Chief Operating Officer, Brighton & Hove Emerging Clinical Commissioning Group (CCG); and Dr Richard Ford, Executive Director of Strategic Development; Dr Mandy Assin, Clinical Director for Older People; and Ms Samantha Allen, Service Director, Sussex Partnership NHS Foundation Trust (SPFT).
- 36.2 Dr Ford and Ms Hoban explained to the committee that benchmarking exercises had identified an over-reliance on mental health acute beds in Brighton & Hove, with both above-average admission rates and longer than average bed stays. There is a national consensus that high quality mental health services use acute bed spaces sparingly – placing patients in them only when it is really necessary, and keeping people in hospital for as short a time as is commensurate with the best clinical outcomes. For this reason there has been a recent re-design of local mental health services, aiming to reduce reliance on acute beds. By introducing a new community assessment service, by improving pathways for a number of conditions, by commissioning a rapid response service for urgent referrals, by focusing on providing support to facilitate early discharge, and by better liaison with general health services (for people with both mental and physical health problems), SPFT and the CCG are confident that services levels can be maintained or improved with 19 fewer city mental health acute beds. Members were assured that no beds would be cut until it could be evidenced that the demand for them was no longer there.
- 36.3 Members were told that recent improvements to services had already seen average length of stay in acute beds fall significantly, and that there had been no recent recourse to placing Brighton & Hove patients out of area (although out of area placements had been necessary while the recent refurbishment of Mill View hospital took place).
- 36.4 The committee was told that there had been extensive consultation with stakeholders and service users over these changes, with strong support for the direction of travel. SPFT offered to share this information with the HOSC.
- 36.5 Members agreed that, before they could agree to support the plans, they would need to see more detailed information, particularly in terms of assurances that there would not be a negative impact on local people, and in terms of how impacts would be monitored. It was agreed that a workshop event would be arranged to discuss these issues in greater detail.
- 36.6 RESOLVED – That the committee should arrange a workshop session to discuss the accommodation plans in detail before deciding whether to support these plans.**
- 37. UPDATE ON LOCAL PROGRESS TOWARDS LOCAL IMPLEMENTATION OF ELEMENTS OF THE HEALTH & SOCIAL CARE BILL 2011**

37.1 Members received a verbal briefing on recent developments in regard of implementation of the 2011 Health and Social Care Bill.

38. HOSC WORK PROGRAMME 2011-12

38.1 Members discussed the 2011-12 work programme

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

39.1 There were none.

40. ITEMS TO GO FORWARD TO COUNCIL

40.1 There were none.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of