

## Agenda item 2

### BRIGHTON & HOVE CITY COUNCIL

### HEALTH OVERVIEW & SCRUTINY COMMITTEE

2.00PM 14 APRIL 2010

### COUNCIL CHAMBER, HOVE TOWN HALL

### MINUTES

**Present:** Councillors Peltzer Dunn (Chairman); Allen (Deputy Chairman), Alford, Barnett, Harmer-Strange, Hawkes, Kitcat and Rufus

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

### PART ONE

#### **63. PROCEDURAL BUSINESS**

##### **63A Declarations of Substitutes**

63.1 There were none.

##### **63B Declarations of Interest**

63.2 There were none.

##### **63C Declarations of Party Whip**

63.3 There were none.

##### **63D Exclusion of Press and Public**

63.4 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.

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

- 63.6 Apologies were received from Duncan Selbie, Chief Executive of Brighton & Sussex University Hospital Trust; Andy Painton, Chief Executive of South Downs Health NHS Trust; and Robert Brown, Chair of the Brighton & Hove Local Involvement Network Steering Group. Mick Lister represented Mr Brown at this meeting.

#### **64. MINUTES OF THE PREVIOUS MEETING**

- 64.1 The Chairman told members that he had been told that the item referred to the Chair of Adult Social Care & Housing Overview & Scrutiny Committee (ASCHOSC) from the 27.01.10 HOSC meeting (concerning a request for ASCHOSC to appoint a co-optee from the Brighton & Hove Local Involvement Network: point 53.6 in the draft minutes of the 27.01.10 HOSC meeting) was due to be considered at the next full meeting of ASCHOSC.

- 64.2 RESOLVED – That the minutes of the meeting held on 27 January 2010 be approved and signed by the Chairman.**

#### **65. CHAIRMAN'S COMMUNICATIONS**

- 65.1 The Chairman formally welcomed Amanda Fadero to the meeting as Chief Executive of NHS Brighton & Hove, replacing Darren Grayson in this position.

#### **66. PUBLIC QUESTIONS**

- 66.1 There were none.

#### **67. NOTICES OF MOTION REFERRED FROM COUNCIL**

- 67.1 There were none.

#### **68. WRITTEN QUESTIONS FROM COUNCILLORS**

- 68.1 The Chairman told members that this item had been deferred to a later meeting at the request of the authors of the written question.

#### **69. OUT OF HOURS GP PROVISION**

- 69.1 This item was introduced by Amanda Fadero, Interim Chief Executive NHS Brighton & Hove. Ms Fadero referred members to the report included in the committee papers, stressing that she believed that there was no cause for concern with the local GP Out Of Hours service, either in terms of its quality or its capacity.
- 69.2 In response to a question regarding the level of demand required to justify the employment of an additional Out Of Hours GP, Dr Tom Scanlon, Brighton & Hove Director of Public Health, told members that he did not have a figure to hand. However, the cost of such a move would be very considerable (circa £200,000 p.a.); and that

current demand for Out Of Hours services, as an average and in terms of peak pressures, would scarcely justify such expenditure.

69.3 In reply to a query as to how NHS Brighton & Hove ensures that appropriately qualified GPs staff the Out Of Hours service, members were informed that all the GPs used must be on the PCT's approved list. Almost all Out Of Hours GPs are locally based GPs, and the contractor must inform NHS Brighton & Hove if it intends to use any non-local GPs.

**69.4 RESOLVED – That the report be noted and an update report be requested in approximately 12 months time.**

## **70. NHS BRIGHTON & HOVE: ANNUAL OPERATING PLAN 2010-11**

70.1 This item was introduced by Amanda Fadero, Chief Executive, NHS Brighton & Hove, and by Andrew Demetriades, Interim Director of Strategy, NHS Brighton & Hove.

70.2 After a brief discussion it was decided that the Annual Operating Plan (AOP) might be better scrutinised via a working group of members meeting with PCT officers to examine aspects of the AOP in detail.

**70.3 RESOLVED – That a working group of (three) members be formed to examine the PCT's Annual Operating Plan in detail.**

## **71. BREAST SCREENING: UPDATE**

71.1 This item was introduced by Dr Tom Scanlon, Brighton & Hove Director of Public Health.

71.2 Dr Scanlon told members that city breast screening services had historically been of a high standard, but that problems had arisen in recent years, largely as a result of moving to a 'two scan' screening system, requiring greater radiographer capacity, with resultant recruitment problems. For these reasons, the interval between which women were offered scans had risen to unacceptable levels. However, scanning intervals were now back within target levels, and this progress would be maintained into the future. There is a concern that, by increasing the intervals between scans, cancers in the early stage of development might be missed. However, research has not yet identified any actual cancer missed by the temporary increase in scanning intervals.

**71.3 RESOLVED – That the report be noted and an update report be requested in approximately twelve months time.**

## **72. VACCINATION AND IMMUNISATION: UPDATE**

72.1 This item was introduced by Dr Tom Scanlon, Director of Public Health, Brighton & Hove. Dr Scanlon told members that recent years had seen significant improvements in city vaccination and immunisation rates. However, coverage is still too low in several respects, and there have been recent worrying outbreaks of mumps and measles in the city. Take-up rates for the seasonal flu vaccine are also rather disappointing.

- 72.2 In response to a question concerning how many of the children infected in the recent city measles epidemic has received the MMR jab, Dr Scanlon told members that one child out of 70 examined had received the jab prior to becoming infected with measles.
- 72.3 In answer to a question regarding the availability of information on potential reactions to vaccines and the relative risk of vaccine-reactions versus the mortality rates of the conditions vaccinated against, Dr Scanlon told members that all this information was readily available via the NHS 'green book' on vaccination. However, it was undoubtedly the case that this information was not always as readily available to the public as it ought to be and there is clearly still work to be done here with city GPs and practice nurses.
- 72.4 In response to a query concerning the local recording of people who 'opt out' of vaccinations (as opposed to those who simply fail to take up vaccination opportunities), Dr Scanlon informed the committee that some limited information was recorded via the GP 'QUAFF' assessment system, but that this was by no means definitive.
- 72.5 Members congratulated the public health team on the impressive local take-up of the HPV cervical cancer jab.
- 72.6 RESOLVED – That the report be noted and local healthcare organisations congratulated on recent improved vaccination/inoculation take-up, particularly in terms of the recently introduced HPV jab.**

### **73. ALCOHOL RELATED HOSPITAL ADMISSIONS**

- 73.1 This item was introduced by Dr Tom Scanlon, Director of Public Health, Brighton & Hove.
- 73.2 Members discussed this issue with officers from NHS trusts and the council. Members agreed that this was an important issue and one which warranted in-depth investigation via a scrutiny panel. The Director of Public Health and the Chief Executive of NHS Brighton & Hove both supported the formation of such a panel.
- 73.3 Members noted that issues relevant to alcohol related hospital admissions are by no means exclusive to health scrutiny, but potentially cut across many areas of the council's activity (as well as that of city partners). For this reason it was agreed that this issue should be referred to the Overview & Scrutiny Commission (OSC), with the HOSC advising that the OSC should consider establishing a Select Committee to investigate this issue.
- 73.4 RESOLVED – That the Overview & Scrutiny Commission should be asked to consider whether to establish a Select Committee of members to investigate the issue of rising alcohol-related hospital admissions in the city.**

### **74. LICENSING: HEALTH IMPACT ASSESSMENT**

- 74.1 This item was introduced by Tim Nichols, Head of Environmental Health and Licensing, Brighton & Hove City Council.

- 74.2 In response to a question, Mr Nichols told members that although the consumption of alcohol and alcohol-related hospital admissions had undoubtedly risen in recent years, alcohol-related public place crime and disorder had actually fallen since the licensing laws were 'liberalised' by the Licensing Act (2003). This fall included the central area of the city covered by the Cumulative Impact Area. However, it is impossible to tell how much of this fall may be due to people using extended hours to drink more sensibly, and how much is due to improved policing of the night time economy via initiatives such as 'Operation Marble'.
- 74.3 Mr Nichols informed members that public health was not formally a licensing policy objective, although several of the formal licensing objectives could be seen as relating to public health.
- 74.4 In answer to a query as to whether current rates of alcohol-related public place crime and disorder were higher than the rates twenty or so years ago, Mr Nichol told the committee that it was very difficult to compare the two periods, as the police have changed the way they record low-level crime and disorder to such a degree as to make statistical comparison almost impossible. However, speaking anecdotally, Mr Nichols had heard long-serving police officers compare the current situation with regard to city centre drinking favourably with the situation in the 1980s and 90s.

**74.5 RESOLVED – That the report be noted.**

## **75. CAR PARKING IN HOSPITALS**

- 75.1 This item was introduced by Shaun Innes, Head of Transport at Brighton & Sussex University Hospitals Trust (BSUHT), and by Duane Passman, BSUHT Director of Estates and Facilities and 3T Programme Director.
- 75.2 In answer to a question regarding problems with blue badge holders being unable to access disabled bays in the Royal Sussex County Hospital (RSCH) car park due to long queues of traffic waiting for general parking bays, members were told that parking officers did try to mitigate this problem by identifying queuing blue badge holders and inviting them to move up the queue. However, this was not always possible as the approach to the multi-story was not invariably wide enough to allow cars to pass one another. Re-locating disabled bays in another location (e.g. in front of the Barry Building) was not necessarily a solution to this problem, as although this might make it easier for disabled drivers to park, the Barry Building car park is on the lower part of the RSCH site: drivers who required hospital services towards the rear of the RSCH site (where the bulk of services are located) would still have to negotiate the steep hill on which the RSCH is built.
- 75.3 In response to a question as to the proportion of 'shared' parking spaces (i.e. spaces available for both staff and public parking) used by staff permit holders at any one time, Mr Passman told members that he did not have this figure to hand but would endeavour to obtain it. Mr Passman stressed that BSUHT was committed to maximising the proportion of RSCH parking spaces available for public use, particularly given the expanding role of the RSCH as a tertiary care centre for people from across Sussex.

**75.4 RESOLVED – That the report be noted.**

**76. MENTAL HEALTH RECONFIGURATION**

- 76.1 The committee discussed the recommendation that they should appoint members to informally represent the HOSC when discussing this issue with colleagues in East and West Sussex HOSCs. However, members felt that this was not a necessary step at this juncture, and that they would be happy for scrutiny officers to represent their views to East and West Sussex HOSC members, and for the HOSC Chairman and Deputy Chairman to address this issue in the course of their regular meetings with regional HOSC Chairs.
- 76.2 Richard Ford, Executive Commercial Director, Sussex Partnership NHS Foundation Trust, told members that his trust was happy to liaise with the HOSC on either a formal or an informal basis throughout the reconfiguration process. Amanda Fadero, Chief Executive, NHS Brighton & Hove, also told members that the PCT was committed to working closely with the HOSC on this issue.
- 76.3 RESOLVED – That scrutiny officers, liaising as necessary with the HOSC Chairman, should represent the HOSC in informal discussion with members and officers of East and West Sussex HOSC with regard to the ‘Better By Design’ mental health reconfiguration plans.**

**77. 2009/2010 HOSC WORK PROGRAMME**

- 77.1 Members noted the updated work programme.

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

- 78.1 Members agreed that the meeting minutes in relation to item 73 (alcohol related hospital admissions) should be reported to a future meeting of Cabinet.

**79. ITEMS TO GO FORWARD TO COUNCIL**

- 79.1 There were none.

The meeting concluded at 5:45pm

Signed

Chair

Dated this

day of

