Agenda Item 71

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4:00pm 21 JANUARY 2009

HOVE TOWN HALL

MINUTES

Present: Councillors Cobb (Chairman), Alford, Allen (Deputy Chairman), Barnett, Harmer Strange, Kitcat, Rufus, Turton

Brighton & Hove Local Involvement Network (LINk) Co-optee: Robert Brown

Brighton & Hove Older People's Council Co-optee: Jack Hazelgrove

56. Procedural Business

56A. Declarations of Substitutes

56.1 There were none.

56B. Declarations of Interest

56.2 There were none.

56C. Declarations of Party Whip

56.3 There were none.

56D. Exclusion of Press and Public

56.4 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.

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

57. Minutes of the Previous Meeting

57.1 A member noted that the committee had not yet received a full response from Brighton & Hove City Teaching Primary Care Trust (PCT) to information requested at the last committee meeting (point 48.2 in the minutes). Claire Quigley, Director of Delivery at the PCT, offered to supply members with the outstanding information.

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

58. Chairman's Communications

58.1 The Chairman noted that Julian Lee, Chair of the PCT, and Glyn Jones, Chair of Brighton & Sussex University Hospitals Trust (BSUHT) had sent their apologies for this meeting.

58.2 The Chairman noted that she had recently had occasion to visit the Royal Sussex County Hospital and had found the signage directing people around the hospital to be confusing. Other members concurred with this view.

58.3 Alison Robertson, Chief Nurse at BSUHT, offered to take these comments back to the appropriate officers at the trust.

58.4 A member told the committee that she had concerns about the placement of hand gel dispensers at the entrance to the dermatology department in Brighton General Hospital, as she felt they were inconveniently situated. The Chairman agreed to write a letter to South Downs Health Trust about this issue.

58.5 Members also discussed the recently issued national NHS survey of patient attitudes to General Practice services, and the Chairman expressed the view that an item on this survey should feature on a future committee agenda.

59. Public Questions

59.1 There were none.

60. Notices of Motion referred from Council

60.1 There were none.

61. Written Questions from Councillors

61.1 Councillor Juliet McCaffery asked the following question:

"What mechanisms are in place for checking that patients and visitors entering our hospitals (including Princess Royal, Haywards Heath) have

used the hand washing facilities in order to reduce the incidence of MRSA?"

61.2 Alison Robertson, Chief Nurse at BSUHT, replied to this question. Ms Robertson told members that there were two aspects to the current initiative to reduce Healthcare Associated Infections (HAIs): public assurance (via the installation of gel dispensers, the use of publicity posters, leaflets, videos on patient-line, encouraging members of the public to report clinicians who do not wash their hands etc.); and more focused work which aimed to reduce infection rates. This latter aspect of the initiative focuses on healthcare professionals, as the great majority of HAIs are associated with professionals rather than visitors. In consequence, professional adherence to hand-washing etc. is far more closely monitored than visitor adherence.

61.3 The Chief Nurse added that each ward at BSUH facilities was subject to a monthly hand-wash audit. Wards which failed to achieve a better than 95% average of professionals adhering to the hand-washing protocol would be subject to a weekly audit until they reached this target. In addition, the trust had introduced a dress-code policy and was following national best practice in terms of the management of IV lines, catheters etc.

61.4 Amanda Fadero, Director of Strategy at the PCT, told members that a number Infection Control champions had been appointed to ensure that city GPs adopted good practice in terms of HAIs and that this work was currently being extended to Independent Sector facilities, such as Nursing Homes.

61.5 John O'Sullivan, Chief Executive of South Downs Health NHS Trust, added that his trust adopted very similar procedures to BSUHT.

61.6 Councillor McCaffery then posed a supplementary question, asking how much staff time would be taken up by having nurses and ward receptionists question visitors on their use of the hand gels etc.

61.7 The Chief Nurse responded, saying that she took Councillor McCaffery's point. The Chief Nurse noted that BSUHT did take infection control very seriously, and had achieved very significant reductions in both MRSA and C difficile infection rates in the past 12 months (45% and 35% respectively)

61.8 A member noted that he had recently visited his GP and had been pleased to note that a gel dispenser had been installed in the GP surgery.

61.9 Another member noted that it was evident that HAIs were taken very seriously by healthcare professionals and that regular hand-washing, dress-codes etc. had been very effective in reducing infection rates. However, it was also evident that more could be done in terms of encouraging visitors to act appropriately, particularly given recent research indicating a link between C difficile infection and visitors (e.g. visitors with diarrhoea).

61.10 A member suggested that information to in-patients might be amended to include advice for visitors (e.g. so that patients were empowered to encourage their own visitors to adhere to the infection control regime. The Chief Nurse said that she would refer this issue and other member suggestions to the trust's Infection Control team.

61.11 The Chairman thanked Councillor McCaffery for her question and the NHS officers for their responses.

62. Letters from Councillors

62.1 There were none.

63. South Downs Health NHS Trust: Strategic Direction Review

63.1 John O'Sullivan, Chief Executive of South Downs Health NHS Trust, spoke to members in regard to the trust's strategic direction.

63.2 The Chief Executive informed members of a range of issues including: the growing importance of community services as a means to improve outcomes and patient experience; the need to address outdated media/public notions of community services; the relatively poor reputation of South Downs Health Trust (particularly in relation to the trust's 2008-2009 Healthcare Commission ratings) and the need to expand the range of healthcare services available in the community.

63.3 Mr O'Sullivan also identified key priorities for the trust. These include: exploring the possibility of closer integration with community services in West and East Sussex; pursuing Foundation Trust status; re-designing the structure of the trust to position patients and front-line staff at the centre of the organisation; developing the trust's estate (especially the Brighton General Hospital site); and ensuring that the trust as an organisation is more secure and cohesive (e.g. by making permanent appointments to posts currently being filled on an interim basis).

63.4 The Chief Executive emphasised that the trust's core business was and would remain in Brighton & Hove. Any expansion into East or West Sussex should not be at the expense of local services, but should aim to enhance them by stream-lining managerial and administrative functions, thereby releasing more funds for front-line services.

63.5 Several members commended Mr O'Sullivan for his leadership of the trust during a very difficult period and wished him all the best for the future (Mr O'Sullivan intends to step down as interim Chief Executive of the trust and to resume his substantive post of Deputy Chief Executive and Director of Finance).

63.6 In response to a question about the future commissioning of city community services, Mr O'Sullivan told members that it was incumbent upon the trust to ensure that it was in a position to win competition for the tendering of community service contracts. Darren Grayson, the Chief

Executive of the PCT, added that the PCT was required by statute to commission services on the basis of quality and value for money, and was therefore not in a position to treat South Downs more favourably than any other provider.

63.7 In response to a question on public and stakeholder engagement as part of the Foundation Trust (FT) application process, members were told that FT application required trusts to reach out to the local community (as FTs are obliged to recruit members from the community), which was a positive spur encouraging better interaction with stakeholders. The trust viewed public engagement as one of its key challenges and was very enthusiastic about this element of the FT application process.

63.8 In answer to questions regarding financial aspects of the trust's strategic plans, members were told that the trust currently had a turnover of around £60 million. This was a relatively small sum for an NHS trust and posed problems of both financial stability and of the ratio of managerial/administrative costs to the funding of service provision. A pan-Sussex community provider would have a turnover of around £210 million, which would make it much more financially secure. There would also be considerable potential managerial and administrative savings from such an organisation.

63.9 Mr O'Sullivan told members that the trust's immediate priorities were to explore the possibility of merging with neighbouring services and to devolve accountability within the trust to clinical teams.

63.10 In answer to a question as to whether the potential integration of Sussex community care was part of the 'marketisation' of the NHS, members were told that the initiative was intended to produce economies of scale which would create a more sustainable organisation which would be in a better position to attract staff and would be able to direct more of its funds to front-line service provision.

63.11 In response to a question about public participation in the planned changes, the committee was informed that the trust would engage with local community groups rather than via public meetings, and that this work would start imminently.

63.12 Members thanked Mr O'Sullivan for his presentation and for all his work as trust Chief Executive during a very difficult period for the organisation.

64. Community Maternity Services

64.1 This Item was introduced by Amanda Fadero, Director of Strategy at Brighton & Hove City Teaching Primary Care Trust (PCT), and by Debbie Holden, Head of Midwifery at Brighton & Sussex University Hospitals Trust (BSUHT).

64.2 It was explained that the recently concluded consultation on community maternity services was instigated following a discussion on maternity

issues at a Health Overview & Scrutiny Committee meeting in early 2008. The consultation was also informed by current NHS policy on maternity, as embodied in 'Maternity Matters'; this policy places a particular emphasis on offering continuity of care and choice to women.

64.3 Ms Holden noted that the results of the consultation process were generally reassuring, although they did highlight areas where improvement was necessary.

64.4 In response to questions regarding the methodology of the consultation, Ms Fadero told members that the sample size of interviewees was small, and they were not chosen randomly. However, the consultation was never intended to stand alone as a piece of research: it forms part of a much bigger picture which includes more objective studies and a wide range of other types of work, both at a national and a local level. Ms Fadero noted that, formally speaking, this had been an 'engagement' rather than a 'consultation'; however, the latter term was generally better understood by the general public, so it was the one which tended to be used.

64.5 In answer to the same question, Ms Holden told members that there had been an attempt to target a broad range of interviewees including younger mothers and partners. Few partners of pregnant women were in fact involved in the consultation, perhaps because most of the interviews took place during working hours. However, more work was planned which would specifically target this group.

64.6 In response to a question about the treatment of fathers during perinatal care, the committee was told that fathers should not typically be parted from their partners and children shortly after birth. However, the restricted physical environment at the Royal Sussex County Hospital post natal ward meant that it was not always possible to keep families together at night time.

64.7 In answer to a question about the allocation of midwife resources in relation to the competing demands of consultant-led births, midwife-led births and home births, members were informed that there were issues to be resolved here. One issue concerned the location of a midwife-led unit: co-location with the consultant-led maternity unit (CLMU) was advantageous in terms of use of resources, but there were potential drawbacks to such a configuration - e.g. there was a danger of 'seepage', with emergency cases from the CLMU being prioritised over the midwife-led unit's cases. One possibility being considered was to create a dedicated midwifery team which would manage both home births and midwife-led births. This team would be separate from midwifery at the CLMU and should ensure a good level of continuity of care.

64.8 Ms Holden told members that continuity of (midwife) care was an important issue, both locally and nationally. However, it was very difficult to guarantee continuity from one midwife as midwives tended to work very flexible hours. It might be feasible to deliver continuity of care from a small team of midwives, and this possibility was being explored.

64.9 members thanked Ms Fadero and Ms Holden for their presentation.

65. Healthcare Commission 'Annual Health Check' 2008-2009

65.1 Members considered a report of the Director of Strategy and Governance relating to the annual Healthcare Commission assessment of the performance of NHS trusts.

65.2 Councillor Kevin Allen proposed that the committee agree "that general comments on local NHS Trusts be compiled by Committee support officers (for approval by the Chairman and Deputy Chairman of the Committee prior to their submission to the HealthCare Commission)".

65.3 This was seconded by Councillor Steve Harmer-Strange, and endorsed by the committee.

65.4 **RESOLVED** – That the committee:

agree that general comments on local NHS Trusts be compiled by Committee support officers (for approval by the Chairman and Deputy Chairman of the Committee prior to their submission to the HealthCare Commission).

66. Health Overview & Scrutiny Committee (HOSC) Work Programme

66.1 Members discussed the 2008-2009 committee work programme.

67. GP Led Health Centre Update

67.1 In response to questions regarding the planned GP Led Health Centre, the Chief Executive of Brighton & Hove City Teaching Primary Care Trust (PCT) told members that the contract for the centre had now been signed and mobilisation had commenced. The PCT was confident that the centre would open on schedule. Care UK has applied for planning permission to develop two sites: In Queen's Road and Queen's Square, Brighton. The Chief Executive explained that there had been some stakeholder engagement in relation to the general siting of the centre (i.e. whether it should be in Brighton or Hove), but that the choice of specific sites was to be determined by the successful bidder. In reality, limited availability of suitable premises meant that the choice of site was very circumscribed; the PCT was however happy with both the locations identified by Care UK.

68. Items to go forward to cabinet or the relevant Cabinet Member meeting

68.1 There were none.

69. Items to go forward to Council

69.1 There were none.