

**BRIGHTON & HOVE CITY COUNCIL**  
**HEALTH OVERVIEW & SCRUTINY COMMITTEE**

**4.00PM 17 SEPTEMBER 2008**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillors Mrs Cobb (Chairman); Alford, Allen (Deputy Chairman), Barnett, Harmer-Strange, Kitcat, Marsh and Rufus

**Co-opted Members:** Hazelgrove (Older People's Council)

**PART ONE**

**16. PROCEDURAL BUSINESS**

**27A. Declarations of Substitutes**

27.1 Councillor Mo Marsh declared that she was attending the meeting as Substitute Member for Councillor Craig 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.

**17. MINUTES OF THE PREVIOUS MEETING**

- 28.1 Councillor Alford noted that he had not been able to attend the 28 July 2008 HOSC but that he had given his apologies, and asked that this be amended in the relevant minute.
- 28.2 **RESOLVED** – That Councillor Alford’s comments be noted and that the minutes of the meeting held on 11 June 2008 be approved and signed by the Chairman.

**18. CHAIRMAN'S COMMUNICATIONS**

- 29.1 Councillor Allen chaired the meeting at Councillor Cobb’s request due to her ill-health.

**19. PUBLIC QUESTIONS**

- 30.1 There were no public questions brought to this meeting.
- 30.2 At the previous meeting, the Committee had received a Public Question from the Older People’s Council:

“The Older People’s Council (OPC) is concerned that some older people in the city are not able to easily access the free eye testing to which they are entitled. Recognising the importance of maintaining good eyesight for the promotion of wellbeing and independence, the OPC would like to ask the Primary Care Trust (PCT):

- 1) How does the PCT promote free eye testing for older people and how does it monitor its delivery by local opticians?
- 2) What has been the take-up of free tests for each year over the past 5 years, identifying those older people who are:
  - aged 60+ exercising their right to a bi-annual free test;
  - aged 60 + receiving more frequent free eye tests on the recommendation of their optometrist;
  - aged 70+ exercising their right to an annual free test;
  - aged 70 + receiving more frequent free eye tests on the recommendation of their optometrist?
- 3) How does the city compare nationally, regionally and with

comparator cities in respect of free eye testing? (Please provide figures for the same time-frame and for the same categories as requested in 2 above.)

4) Some older people have said that they feel they have been placed under pressure to purchase spectacles etc. when visiting an optician for their free eye test. Can the PCT detail the steps it takes to ensure that city opticians do not inappropriately use free eye testing sessions to push for sales?"

30.3 The PCT provided a written response to the questions (please see minute book). The Chief Executive of the PCT addressed members' questions.

30.4 Members were told that, further to the written report, it was possible to provide details about the numbers of eye-tests in the city, although this data was not collated according to age.

In 2007/08, there were 47,518 eye-tests. In addition, 1,535 domiciliary visits were made to carry out eye-tests.

30.5 The Older People's Council (OPC) representative said that he was pleased to receive the information and to be able to report this back to the OPC. It was not a surprise that the figures were not available in age group breakdown but it was useful to raise this as an issue.

30.6 In response to a question regarding whether the posters in optometrist shops were standard NHS posters, members were informed that the posters were NHS issued posters, although it was at the shop's discretion where they were displayed.

30.7 In response to a query concerning elderly patients in long-term hospital stay, members were told that they would be eligible for domiciliary visits as required.

30.8 Members asked whether this report could be considered as an interim report with a request for a further report at a later date.

30.9 **RESOLVED** – that the current information be accepted as an interim report and that a further report would be brought to HOSC in due

course.

**20. NOTICES OF MOTION REFERRED FROM COUNCIL**

32.1 There was none.

**21. WRITTEN QUESTIONS FROM COUNCILLORS**

31.1 There were none.

**22. LETTERS FROM COUNCILLORS**

There were none.

**23. HEALTHIER PEOPLE, EXCELLENT CARE: REGIONAL IMPLEMENTATION OF THE 'DARZI' REVIEW OF THE NHS**

33.1 Stephanie Hood, Director of Strategy and Communications, and David Mallett, Assistant Director – Fit for the Future, of the South east Coast Strategic Health Authority, gave a presentation on the South East Coast Review.

33.2 **RESOLVED** – That the Committee noted this report and they would welcome updates on the SHA proposals.

The Committee thanked Ms Hood and Mr Mallett for their presentation.

**24. PUBLIC HEALTH**

34.1 Members received a presentation from Dr Tom Scanlon, Director of Public Health, outlining the major public health challenges facing Brighton and Hove.

34.2 Questions were asked about smoking cessation and whether the success in this area had now reached a plateau. Members asked whether there were any statistics on young people smoking; Dr Scanlon said that statistics showed that more young people were starting smoking and that work needed to be done to address this.

- 34.3 Members noted that alcohol was clearly a huge issue for the city and that its impact had also been also discussed in the Community Safety Forum. They asked whether the PCT could play a role in addressing the increasing numbers of licensed properties in the city, possibly by raising objections on the grounds of public health. Dr Scanlon stated that he was eager to see a public health role in tackling these issues.
- 34.4. In response to queries concerning Healthcare Acquired Infections, members were told that that this was a national concern and a top priority for the local Health Economy, although recent performance in Brighton & Hove was excellent.
- 34.5 Members queried the possible effects that the 'credit crunch' might have on public health and in particular, on mental health and potential suicide. Dr Scanlon commented that it was probable that the credit crunch would affect health. People tend not to stop smoking or drinking so, in tougher economic circumstances, any spending on these items could be at the expense of nutrition. Dr Scanlon also said that a suicide strategy for the city had just been published, looking in depth at the past three years' suicide cases and seeking to learn from them.
- 34.6 Members asked why it was the case that vaccination rates in Brighton & Hove were lower than the national average. Dr Scanlon said that local research was being carried out into the subject at present to try and establish causes and possible remedies.
- 34.7 In response to a query regarding breast feeding rates falling after six weeks, members were told that this data was influenced by how the recording took place. Health visitors were required to assess breast feeding at six weeks, but there was nothing in place to assess continuation after this stage.
- 34.8 In response to a query about the levels of infant mortality, Dr Scanlon advised that the figures did fluctuate from year to year and it was important to monitor them. Infant mortality occurs particularly in premature and low birth weight babies, both of which were more common in older mothers.
- 34.9 In response to a query about continuing funding where Neighbourhood Renewal funding had ended, Dr Scanlon commented that the Primary Care Trust was committed to continuing successful projects and that alternative funding sources had been used where possible.
- 34.10 Members discussed possible subject areas for an ad hoc Panel to consider a public health issue in more depth. Suggested areas included drugs and/or alcohol; food and quality of lifestyle; and the impact of the student population on health reporting.
- 34.11 It was agreed that there would be an ad hoc Panel working group comprised of Councillors Rufus, Allen and Harmer-Strange, and Robert Brown as LINK representative. The working group would consider

possible subject areas and decide which one would form the issue for the ad hoc Panel. The working group members would also be the members of the ad hoc Panel.

34.12 RESOLVED –

- I. That the report be noted.
- II. That an ad hoc Panel working group be formed to decide the subject area from those suggested at 34.10.

**25. DRAFT CITY STRATEGIC COMMISSIONING PLAN**

35.1 Darren Grayson, Chief Executive of Brighton and Hove City Teaching Primary Care Trust presented a progress report on the development of a Citywide Strategic Commissioning Plan, including key priority areas.

35.2 RESOLVED –

- I. Members noted the details of the consultation and that a draft had been submitted to the Strategic Health Authority.
- II. Members noted that consultation on the plan had led to the local priorities for development.

**26. BRIGHTON & HOVE LOCAL INVOLVEMENT NETWORK (LINK)**

36.1 Janice Hoiles from the Brighton and Hove LINK introduced the role of LINK to the Committee. Ms Hoiles explained that the LINK currently had 150-200 members but was engaging in outreach activity to raise awareness and increase membership - it was open to anyone in the city.

The LINK will be having a steering group to shape its future direction and was currently seeking nominations for the group. Ms Hoiles advised that the LINK was holding public events in November 2008, to which all Members were invited.

36.2 Members asked questions about the election process for the steering group. Ms Hoiles explained that there were elections running from now until 22 October 2008 to allow all members to cast their vote; a number of election mechanisms had been set up in order to make them as accessible as possible. Currently steering group members were reimbursed for expenses but there was a restricted budget.

36.3 Members asked how LINK was hoping to make a difference to residents. Ms Hoiles explained that the difference was that the network was open to everyone to join and that it was therefore wider ranging than previous organisations

36.4 Members asked for more information about LINK and about the public events; Ms Hoiles offered to send all Members the information.

36.5 **RESOLVED** - That the Committee noted this report and they would welcome further information on the role of LINKs.

The Committee thanked Ms Hoiles for her presentation.

**27. HEALTH OVERVIEW & SCRUTINY COMMITTEE (HOSC) WORK PROGRAMME  
2008/2009**

37.1 The Members considered the proposed work programme. It was agreed that Councillor Allen would take this forward on behalf of the HOSC.

37.2 **RESOLVED** – that Councillor Allen would act on behalf of the HOSC in taking this forward.

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

38.1 There were none.

**29. ITEMS TO GO FORWARD TO COUNCIL**

39.1 There were none.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of