

Agenda Item 17

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4:00pm 11 JUNE 2008

HOVE TOWN HALL

DRAFT MINUTES

Present: Councillor Cobb (Chairman); Councillor Allen (Deputy Chairman);
Councillors Barnett, Kitcat, Harmer-Strange, Marsh, Older,
Wakefield-Jarrett

Co-optees: Jack Hazelgrove (Older People's Council)

PART ONE

ACTION

1. PROCEDURAL BUSINESS

1A. Declarations of Substitutes

1.1 Councillor Avril Older declared that she was attending the meeting as Substitute Member for Councillor Trevor Alford.

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

Councillor Vicky Wakefield-Jarrett declared that she was attending the meeting as Substitute Member for Councillor Sven Rufus.

1B. Declarations of Interest

1.2 There were none.

1C. Declarations of Party Whip

1.3 There were none.

1D. Exclusion of Press and Public

1.4 The Committee 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 Schedule 12A, Part 5A, Section 100A(4) or 100 1 of the Local Government Act 1972 (as amended).

1.5 **RESOLVED** - That the press and public be not excluded from the meeting.

2. MINUTES

2.1 **RESOLVED** – That the minutes of the meeting held on 23 April 2008 be approved and signed by the Chairman.

3. CHAIRMAN'S COMMUNICATIONS

3.1 The Chairman asked members whether they were satisfied that Councillor Harmer-Strange should replace Councillor Jan Young on the Joint Health Overview & Scrutiny Committee (JHOSC) examining the "Fit For the Future" proposals (Councillor Young has been appointed to the Council's Executive and is consequently no longer able to sit on Scrutiny bodies). Members approved this replacement.

3.2 The Chairman noted that she had attended a recent event organised by the South East Coast Strategic Health Authority (SHA) concerning the "Our Health, Our future" review of healthcare services in the South East region (part of the national "Darzi" review of healthcare services). More such events are planned as part of this review process.

3.3 The Chairman also expressed her intention of attending a Brighton & Hove Local Involvement Network (LINK) meeting on June 12 and reiterated the Committee's desire to work closely with the Brighton & Hove LINK.

3.4 The Chairman told Committee members that she had received a letter from the Local Dental Committee (LDC) proposing to report to the Committee at a later date on aspects of the new National Dental Contract.

3.5 The Chairman had also received a letter from Brighton & Hove City teaching Primary Care Trust in regard to proposals to close the Eaton Gardens branch GP surgery in Hove. Copies of this letter have been forwarded to all City Councillors at the Chairman's behest.

4. HEALTH OVERVIEW & SCRUTINY COMMITTEE (HOSC) TERMS OF REFERENCE

4.1 The Committee considered a report setting out the HOSC Terms of Reference (as per the Council's May 16 2008 Constitution).

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

5. PUBLIC QUESTIONS

5.1 There were none.

6. LETTERS FROM COUNCILLORS

6.1 There were none.

7. NOTICE OF MOTION REFERRED FROM COUNCIL

7.1 There was none.

8. PRIMARY HEALTHCARE IN BRIGHTON & HOVE (this Item was heard after Item 9)

8.1 The Committee listened to a presentation by Darren Grayson, Chief Executive of Brighton & Hove City teaching Primary Care Trust (PCT). Mr Grayson and Dr Peter Devlin, an active GP in the city, then answered members' questions.

8.2 In response to a question concerning standards of GP practices in deprived areas, the Committee was told that standards were often lower in such practices. However, this did not necessarily reflect a poor standard of care, but rather that there were significant problems associated with the delivery of primary healthcare in such communities in terms of encouraging patients to present for treatment.

Poor performance does not necessarily correlate with deprivation. For instance, city practices in higher income areas typically perform more poorly than practices in more deprived areas in some instances (in terms of rates of MMR vaccination, for example).

Mr Grayson stressed that addressing health inequalities was a key PCT priority.

8.3 In answer to a query regarding GP remuneration for immunisation programmes, the Committee was informed that GPs were incentivised for these programmes in line with Government policy.

8.4 In response to a question about longer GP opening hours, members were told that PCTs were obliged to follow a national mandate to encourage more flexible GP opening hours. There were no extra funds to encourage local GPs to extend their opening hours, but PCTs were able to re-direct some elements of enhanced GP payments into incentivising longer opening hours. (In effect, there will be no extra money available to GPs, but GPs who do not offer more flexible opening times may find that their enhanced payments are reduced.)

Dr Devlin noted that there is no unanimity amongst city GPs either in terms of a recognition that there is actual public demand for longer GP opening hours or as to whether extending opening times would be financially feasible.

The meeting concluded at pm

Signed

Chairman

Dated this

day of

2008