

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00PM 2 DECEMBER 2009

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), Brown (Brighton & Hove Link)

PART ONE

28. PROCEDURAL BUSINESS

28A Declarations of Substitutes

28.1 There were none.

28B Declarations of Interest

28.2 Councillor Harmer-Strange declared that he had a personal and prejudicial interest in Item 35 on the agenda and would leave the meeting for the duration of this item.

28C Declarations of Party Whip

28.3 There were none.

28D Exclusion of Press and Public

28.4 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.

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

29. MINUTES OF THE PREVIOUS MEETING

- 29.1 That the minutes of the meeting held on 30 September 2009 be approved and signed by the Chairman.

30. CHAIRMAN'S COMMUNICATIONS

- 30.1 Darren Grayson, Chief Executive of NHS Brighton & Hove, introduced Alan McCarthy, the new Chair of NHS Brighton & Hove, to members.

31. PUBLIC QUESTIONS

- 31.1 There were none.

32. NOTICES OF MOTION REFERRED FROM COUNCIL

- 32.1 There were none.

33. WRITTEN QUESTIONS FROM COUNCILLORS

- 33.1 There were none.

34. MENTAL HEALTH COMMISSIONING AND PROVISION

- 34.1 This Item was introduced by Claire Quigley, Director of Delivery, NHS Brighton & Hove. The committee also received presentations from Geraldine Hoban, Deputy Director of Commissioning, NHS Brighton & Hove, and Richard Ford, Executive Commercial Director, Sussex Partnership NHS Foundation Trust.
- 34.2 In answer to a question about the anticipated reduction in the number of in-patient mental health beds across Sussex, members were told that detailed work on this area had yet to be undertaken, but that Sussex mental health services appeared over-reliant upon in-patient beds compared to regional and national averages and to established models of best practice.
- 34.3 In response to a query as to whether the relatively high local spend on mental health services might in fact be necessary to ensure good outcomes, the committee was informed that it was not always easy to show a clear link between investment in mental health services and improved health outcomes, so the question was a difficult one to answer. However, the city does have very long mental health bed stays compared to national/regional averages, and there is a broadly accepted correlation between unnecessarily lengthy bed stays and poorer outcomes for mental health patients (e.g. loss of independence, loss of work, housing difficulties etc). Therefore, at least in relation to length of stay, there is a compelling argument to say that less reliance on in-patient treatments would be likely to improve rather than worsen health outcomes.
- 34.4 In answer to a question about whether the proposed reconfiguration of mental health services was a reaction to anticipated 'real-terms' reductions in healthcare funding post 2011, members were told that it was only sensible to plan for reduced funding (or a slower growth in funding), rather than to respond reactively to a funding crisis. However,

both the commissioners and the providers of local statutory mental healthcare services believed that greater efficiencies, particularly in terms of reducing length of stay in in-patient beds, would allow local mental health services to maintain or improve on their current quality, even in a more hostile financial climate.

- 34.5 Other necessary improvements in local mental health services would entail better partnership working with the '3rd sector'; more innovation (particularly in terms of repatriating to Sussex specialist services currently provided in out-of-county settings); better compliance with NICE (National Institute for Clinical Excellence) guidelines; improved access to services; better IT systems (particularly in relation to patient records); more consistent standards of care across Sussex; a rationalisation of SPFT's estates; the development of specialist services (notably for dementia, dual diagnosis, personality disorders and learning disability services) and an increased focus on the mental health of trust employees.
- 34.6 In response to a question as to how quality could be maintained at the same time as shortening bed stays, members were told that effective discharge planning was key. Planning for a patient's discharge should commence as soon as they are admitted to hospital, so as to ensure that they can be discharged as quickly as possible once it is clinically safe to do so.

34.7 RESOLVED – That the report be noted.

35. NHS BRIGHTON & HOVE: STRATEGIC COMMISSIONING PLAN

- 35.1 This item was introduced by Darren Grayson, Chief Executive of NHS Brighton & Hove.
- 35.2 Mr Grayson explained that it had proven necessary to substantially revise the existing Strategic Commissioning Plan (SCP) in light of recent developments in national health policy – particularly in terms of anticipated changes in PCT resources over coming years.
- 35.3 Mr Grayson told members that priorities for Brighton & Hove included mental health, drugs and alcohol, and deprivation. There should be more focus on preventing illness, on managing long term conditions and on providing services in the community.
- 35.4 In answer to a question on unscheduled hospital admissions, Mr Grayson told the committee that there was a growth in such admissions both nationally and locally, and that the NHS could not manage such a growth indefinitely. Key to reducing the number of unscheduled admissions was better management of long term conditions (responsible for much of the growth in unscheduled admissions).

35.5 RESOLVED – That the report be noted.

36. DENTAL SERVICES FOR BRIGHTON & HOVE RESIDENTS

- 36.1 This Item was introduced by Ann Foster, Lead Commissioner for Dental Services, NHS Brighton & Hove.

36.2 In response to a question regarding details of the NHS Brighton & Hove contract with local dentists Ms Foster promised to supply members with detailed information at a later date.

36.3 In answer to a query on disabled access to dentist's premises, members were told that all new PCT dental contracts required that practices had premises which were DDA (Disability Discrimination Act) compliant.

36.4 RESOLVED – That the report be noted and a further update requested at a later date.

37. ANNUAL HEALTH CHECK 2008-2009

37.1 This item was introduced by the Scrutiny officer present.

37.2 A member offered his congratulations to local NHS health trusts, all of which had performed well in the Annual Health Check. These sentiments were echoed by other committee members.

37.3 RESOLVED – That the report be noted.

38. HEALTH INEQUALITIES: REFERRAL FROM AUDIT COMMITTEE

38.1 This Item was introduced by the Scrutiny officer present.

38.2 Councillor Jason Kitcat told members that he had been a member of the Audit Committee which referred this matter to HOSC. However, on reflection, he agreed that the matter might better be dealt with by the Overview & Scrutiny Commission (OSC) and therefore supported the recommendation for referral to OSC.

38.3 RESOLVED - That the report be noted and referred to OSC as the Overview & Scrutiny coordinating committee.

39. 2009/2010 HOSC WORK PROGRAMME

39.1 Members noted the HOSC work programme.

40. SWINE FLU PANDEMIC: UPDATE

40.1 Darren Grayson, Chief Executive of NHS Brighton & Hove, explained to members the current situation with regard to the swine flu pandemic.

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

41.1 There were none.

42. ITEMS TO GO FORWARD TO COUNCIL

42.1 There were none.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of