

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00PM 29 SEPTEMBER 2010

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Peltzer Dunn (Chairman); Allen (Deputy Chairman), Barnett, Deane, Harmer-Strange, Marsh and Wakefield-Jarrett

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

PART ONE

18. PROCEDURAL BUSINESS

18A Declarations of Substitutes

- 18.1 Councillor Vicky Wakefield-Jarrett was present as substitute for Councillor Sven Rufus.
- 18.2 Apologies were received from Councillor Pat Hawkes, Mr Andy Painton (Chief Executive, South Downs Health NHS Trust) and Mr Duncan Selbie (Chief Executive, Brighton & Sussex University Hospitals Trust).

18B Declarations of Interest

- 18.3 There were none.

18C Declarations of Party Whip

- 18.4 There were none.

18D Exclusion of Press and Public

- 18.5 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.

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

19. MINUTES OF THE PREVIOUS MEETING

- 19.1 RESOLVED – That the minutes of the meeting held on 14 July 2010 be approved and signed by the Chairman.**

20. CHAIRMAN'S COMMUNICATIONS

- 20.1 There were none.

21. PUBLIC QUESTIONS

- 21.1 A question was submitted by Mr Ken Kirk.
- 21.2 Members discussed whether the question submitted was an appropriate one for HOSC, and agreed that it would be better answered at Full Council, where members were free to address 'political' issues.
- 21.3 Mr Kirk agreed to present his question to the next Full Council meeting.

22. NOTICES OF MOTION REFERRED FROM COUNCIL

- 22.1 There were none.

23. WRITTEN QUESTIONS FROM COUNCILLORS

- 23.1 There were none.

24. PUBLIC HEALTH: ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

- 24.1 This item was introduced by Dr Tom Scanlon, Director of Public Health for Brighton & Hove. Dr Scanlon presented his 2009 Annual report to members, focusing particularly on the issues of suicide, sexually transmitted diseases and teenage pregnancy, and alcohol.
- 24.2 In response from a question from Cllr Marsh on the whether suicide rates were affected by the inward migration of substance misusers etc, Dr Scanlon told the committee that inward migration might partly account for high local figures, but was unlikely to be a major factor. Suicides of people resident in the city for less than 6 months are not recorded as resident suicides, so the rate is not being inflated by very recent migrants.
- 24.3 In answer to a question regarding the expense of producing his annual report, Dr Scanlon told members that the cost of the 2009 report was a little less than £12,000. Much of this was effectively paid to the council, as the report was compiled using in-house services. Dr Scanlon wrote much of the report in his own time, and this had not been charged to the council.

- 24.4 In response to a question from Cllr Wakefield-Jarrett as to why performance on addressing health inequalities was not better, Dr Scanlon replied that although some aspects of performance were not good (e.g. cancer rates), others were much more positive (e.g. coronary heart disease). Ultimately, tackling health inequalities is not primarily a matter of improving health services alone, but of making necessary advances in areas such as housing, employment, planning and education. The recent announcement that public health responsibilities would be returned to local authorities was welcome in this context as it should make co-ordination across these services more straightforward.
- 24.5 In answer to a question from Cllr Harmer-Strange as to which aspects of public health offered the best opportunities for improvement, Dr Scanlon told members that alcohol and sexual health probably offered the best scope for making significant gains. However, it may be that progress will only be achieved at the expense of being more 'prescriptive' in terms of encouraging people to adopt healthy lifestyles.
- 24.6 In response to a question from Cllr Allen on plans for the 2010 Annual Report, Dr Scanlon told the committee that he intended to focus on community resilience – how communities could become more involved in improving their own health outcomes.
- 24.7 In answer to a query from Cllr Lizzie Deane concerning socio-economic factors in developing dementia, Dr Scanlon told members that more work needed to be done on this topic via the local Joint Strategic Needs Assessment process.
- 24.8 The Chairman thanked Dr Scanlon for his contribution and commended his 2009 Annual Report.

25. HEALTHCARE FOR OLDER PEOPLE

- 25.1 This item commenced with a presentation on the Brighton & Hove Local Involvement Network (LINK) report on feeding and hydration at the Royal Sussex County Hospital (RSCH). This was introduced by Mr Mick Lister, BHLINK Steering Group member, and Ms Claire Stevens, BHLINK Manager. Ms Joy Churcher, Head of Dietetics at Brighton & Sussex University Hospitals Trust: BSUHT) and Ms Claire Martin, BSUHT Lead Nurse for Practice Development, were also present to answer questions.
- 25.2 In response to a question from Cllr Allen on the opportunity offered to patients to wash their hands before meals, Ms Stevens told members that this was identified as a problem and was being actively addressed by BSUHT.
- 25.3 In answer to questions about hospital menus, members were told that RSCH menus were being re-designed to include photographs of the food on offer. In addition, menus can be translated for non-native speakers, and appropriate menus are available for people with visual impairments. Menus also provide details on the availability of a 'snack' option for patients, and staff are being trained so as to improve their awareness of the entire range of food options open to patients (e.g. that hot food must be available on request 24 hours a day).
- 25.4 In response to a question by Cllr Marsh on hydration, Ms Martin told members that RSCH operated a 'red jug' scheme for patients at risk of dehydration.

- 25.5 Ms Churcher and Ms Martin then briefed the committee on recent developments in care for older people and general nutrition and hydration issues. Members were told that there had been recent staff training with regards to the hospital nutrition offer, to patient hydration and to malnutrition screening (including paediatric malnutrition training for Royal Alex staff). In addition, the RSCH has appointed 'older people's champions' to be advocates for older people's issues across the hospital.
- 25.7 In response to a question from Cllr Harmer-Strange on feeding arrangements for people with autistic spectrum conditions, Ms Martin told the committee that this was an important issue, which had historically not been fully addressed. However, the trust was committed to improving its services, and to this end was working with RSCH specialist learning disability nurses seconded to the trust from Sussex Partnership NHS Foundation Trust.

25.7 the Chairman thanked the LINK and Ms Churcher and Martin for their contributions.

26. DEPARTMENT OF HEALTH CONSULTATION: LOCAL DEMOCRATIC LEGITIMACY IN HEALTH

- 26.1 Members discussed making a formal response to the Department of health consultation: 'Improving Democratic Legitimacy in Health.'
- 26.2 Cllr Allen told members that he regretted the abolition of HOSCs and the potential loss to health scrutiny this would entail, particularly in terms of the expertise that elected members had built up over the past few years.
- 26.3 Cllr Marsh told members that she had concerns about plans to transform Local Involvement networks into 'Healthwatch', and was also worried about the new Health and Well-Being Boards, particularly if they were to have a twin commissioning and scrutiny role.
- 26.4 Mr Brown told the committee that the achievements of independent health scrutiny should not be forgotten. He also warned that the transition from LINKs to Healthwatch would be a crucial time, and hoped that the council would do all that it could to ensure continuity during this period.
- 26.5 Cllr Harmer-Strange told members that he thought the independence of the HOSC and its statutory 'teeth' were both important (even if it was rarely necessary to use the latter due to the positive engagement of local NHS bodies).
- 26.6 RESOLVED – Members agreed that officers should compile a précis of HOSC members' views on the consultation, which, subject to member approval, should then be formally submitted to the Department of Health.**

27. MENTAL HEALTH RECONFIGURATION: UPDATE

- 27.1 This item was introduced by Richard Ford, Executive Commercial Director, Sussex Partnership NHS Foundation Trust, and by Margaret Cooney, Mental Health Commissioner, NHS Brighton & Hove.

- 27.2 Members were informed that local plans would focus on improving community mental health services. In particular, the Brighton & Hove Crisis Resolution and Home Treatment team would be expanded; community services would increasingly be provided 7 days a week; staff training would be improved (in line with NICE best practice guidance); an 'ageless' service would be introduced (replacing the current 'working age' and 'older people' services); and care planning would be refreshed. These improvements to community services will reduce the demand for acute mental health beds and shorten stays for those who do need to be admitted to hospital, allowing the trust to reduce the number of beds it provides. Services for local people will remain local – e.g. city acute dementia beds will continue to be provided by the Nevill hospital.
- 27.3 In response to a question from Cllr Barnett about the future of the Nevill hospital, Dr Ford told members that care for older people with functional mental health problems, currently provided on the ground floor of the Nevill, would in future be provided at Mill View hospital as part of the trust's move to providing an 'ageless service'. A ward at Mill View would be designated for the care of 'vulnerable' patients, ensuring that no older person was inappropriately cared for alongside younger patients. The beds for older people with organic mental health conditions (e.g. dementia), currently situated on the first floor of the Nevill, would be re-sited on the ground floor, allowing easier patient access to the hospital garden etc.
- 27.4 In response to a question from Cllr Barnett about the number of community mental health staff employed by the Sussex Partnership NHS Foundation Trust, Dr Ford told the committee that the trust had invested considerable sums in improving community services over recent years. The aim had to be to offer community services for all who needed them, and to reduce unacceptably long acute bed-stays. However, this required joined-up work with housing, as many people coming out of hospital require housing support. Whilst current plans might lead to staff reductions in some areas (via natural wastage rather than redundancy in almost all cases), in many other areas it would lead to increased staffing: the reconfiguration was fundamentally about improving services rather than cutting costs.
- 27.5 The Chairman thanked Dr Ford and Ms Cooney for their contributions.

28. 2009/2011 HOSC WORK PROGRAMME

- 28.1 Members discussed the 2009-11 work programme.
- 28.2 Cllr Marsh asked that her chagrin with regard to the postponement of the Select Committee on Alcohol Related Hospital Admissions be recorded.
- 28.3 Members agreed that an item: Brighton & Hove LINK 6 monthly update be added to the agenda for the 08 December committee meeting.

29. FOR INFORMATION: REPORT OF THE SELECT COMMITTEE ON DEMENTIA

- 29.1 Members discussed the Select Committee report on dementia.

29.2 Members thanked the Select Committee Chair, Cllr Pat Hawkes for all her work on this report.

30. FOR INFORMATION: LETTER FROM HOSC CHAIRMAN

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

31.1 There were none.

32. ITEMS TO GO FORWARD TO COUNCIL

32.1 There were none.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of