

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00PM 25 JANUARY 2012

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Rufus (Chair); Barnett, Bennett, C Theobald (Deputy Chair), Phillips and Gilbey

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

PART ONE

54. PROCEDURAL BUSINESS

54A Declarations of Substitutes

54.1 Cllr Gilbey attended as substitute for Cllr Turton.

54.2 Cllr Marsh sent her apologies.

54B Declarations of Interest

54.3 There were none.

54C Declarations of Party Whip

54.4 There were none.

54D Exclusion of Press and Public

54.5 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.

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

55. MINUTES OF THE PREVIOUS MEETING

55.1 RESOLVED – That the minutes of the meeting held on 16 November 2011 be approved and signed by the Chairman.

56. CHAIR'S COMMUNICATIONS

56.1 There were none.

57. PUBLIC QUESTIONS

57.1 There were none.

58. NOTICES OF MOTION REFERRED FROM COUNCIL

58.1 There were none.

59. WRITTEN QUESTIONS FROM COUNCILLORS

59.1 There were none.

60. SUSSEX COMMUNITY TRUST

60.1 This item was presented by Clodagh Warde-Robinson, Acting Chief Executive of Sussex Community Trust (SCT). Ms Warde-Robinson outlined recent developments at the trust, including the establishment of three locality teams, plans to work more closely with colleagues in public health to deliver services based on population need, developing closer working relationships with Adult Social Care and with 3rd sector providers, and seeking to introduce pathways which cut across sectoral and organisational boundaries to give the best possible care to service users. The trust does face some major challenges, including managing its estates, maintaining effective IT systems, dealing with commissioner 'block contracts', and reducing its vacant posts.

60.2 In response to a question from the Chair about plans to link more effectively with Public Health teams, members were told that understanding population health needs was key to developing effective community services which continued to meet evolving health requirements. This is not an exclusive conversation: other relationships – e.g. with the local medical school – are equally vital.

60.3 In answer to a question from Mr Brown on how the Trust would cope with the requirement to make savings, the committee was told that the focus would need to be on running services more efficiently. A move away from block contracts to tariff-based commissioning would be helpful here as the block contract system does not encourage efficient provision.

- 60.4 In response to a query from Cllr Barnett on care for the frail elderly, members were informed that this was a priority for SCT and one of the Sussex Together priorities. The aim is to support frail elderly people in the community wherever possible, using intermediate beds and home in-reach services, and liaising closely with GPs and acute providers. For this client group, hospital admissions can easily lead to a loss of independence, with a severely negative impact both on individuals and the local health economy.
- 60.5 The Chair thanked Ms Warde-Robinson for her contribution.

61. LETTERS TO THE CHAIR

- 61A The committee discussed a letter sent by Sussex Community Trust (SCT) regarding SCT plans to remove residential beds from the Chailey Heritage site.
- 61.1 The SCT Acting Chief Executive, Ms Warde-Robinson told members that there was little or no demand for these beds which have been effectively de-commissioned by commissioners.
- 61.2 Mr Brown noted that the BHLINK had not been formally contacted about these plans; Ms Warde-Robinson promised to rectify this.
- 61.3 Members agreed that they did not consider SCT's plans for Chailey Heritage to constitute a 'substantial variation' in services, and that there was therefore no need to consult formally with the HOSC.
- 61B The committee discussed a letter sent by Sussex Community Trust (SCT) regarding SCT plans to enter into a strategic partnership with Care UK.
- 61.4 Ms Warde-Robinson explained that the proposed partnership would enable SCT to understand better how the private sector works, particularly in terms of contracting and contract management. Any service partnership with the private sector would be led by SCT; the focus of this partnership would be on supporting services around Redhill rather than Brighton.
- 61.5 members asked to be kept updated on progress.

62. BREAST FEEDING

- 62.1 This item was introduced by Lydie Lawrence, Clare Jones and Lynda Watson from the city Public Health team.
- 62.2 In response to a question from the Chair regarding breastfeeding rates beyond 6-8 weeks, members were told that it was very difficult to collect data for this, as there is no prescribed contact point with new mothers which would support such collection – e.g. at 6 months. Locally, public health staff have worked with health visitors to collect robust data at 6 weeks, but there is little prospect of getting data for later ages. There is some national and international data for feeding at later ages, although some of this (e.g.

WHO statistics) focuses on exclusive breastfeeding, whereas locally, most women, breastfeeding after 6 months are probably doing this in conjunction with bottle feeding.

- 62.3 In answer to questions from Cllr Carol Theobald on local feeding rates, the committee was told that rates had improved in recent years, with 80+ of new mothers in the city breast-feeding. It was difficult to say whether the average length of time that new mothers fed for had also increased, but this was likely.
- 62.4 In response to a question from Mr Brown as to whether cuts in funding were likely to impact on the service, members were told that funding was secure for 2012/13, although the service would always have to justify continued funding by its performance. However, reductions in the Sure Start programme were bound to impact upon breast-feeding rates.
- 62.5 In answer to a question from Cllr Gilbey on how best to encourage mothers to feel comfortable feeding in public, the committee was told that there were a number of means of conveying the message that there is no inappropriate place to breastfeed. These could potentially include 'sticker' campaigns for cafes etc, although it is doubtful whether the impact of this type of activity justifies the input required, and it can work perversely: i.e. by giving the impression that only business which have chosen to opt into a scheme offer suitable environments for breastfeeding. There is a very significant role to be played here by employers, particularly be the council and NHS trusts, in terms of supporting their employees to breastfeed.
- 62.6 In response to a question from the Chair on what was being done to spread local good practice, members were informed that a good deal has been done, including networking via the South East Infant Feeding Network (now discontinued) and the Baby Friendly Initiative.
- 62.7 The Chaired thanked the presenters for their contribution to the meeting and the committee offered their congratulations to the service for its excellent performance.

63. SHORT TERM SERVICES

- 63.1 This item was introduced by Geraldine Hoban, Chief Operating Officer, Brighton & Hove Transitional Clinical Commissioning Group (CCG).
- 63.2 Ms Hoban told the committee that it was important to improve short terms services (STS) in the city, making best use of the capacity available and moving away from the traditional bed-based service to a more flexible system better able to respond appropriately to demand. It had been decided not to go out to tender for STS at this time, but instead to encourage more integrated and effective workers from the current providers. This would include creating a single integrated management team from 2012/13.
- 63.3 Asked by the Chair why this policy was being adopted, Ms Hoban told members that there were currently too many providers in the city using too many different models of care. The new arrangements would not necessarily reduce the number of providers, but they would ensure that provision was effectively integrated. If for some reason this did not occur, the option to go to tender for a new provider remained.

63.4 In response to a question from Mr Brown regarding the repatriation of community beds, Ms Hoban told members that the aim was to provide as many services as possible within the city. However, going forward these would not necessarily be bed-based services – the intention was to improve community based services so as to be able to reduce the number of beds in the future – by 12 beds or so.

63.5 The Chair thanked Ms Hoban for her update.

64. CARERS' STRATEGY

64.1 This item was introduced by Tamsin Peart, Performance and Development Officer, Adult Social Care.

64.2 Ms Peart outlined achievements over the past 12 months including the appointment of a schools worker to support young carers and the introduction of a city 'carer's card'. Priorities for the coming year included supporting working carers, supporting young adult carers, dementia, and developing relationships with the new city primary care teams.

64.3 In answer to a question from the Chair on the scheme for supporting carers in work, members were told that a key facet of this was encouraging employers to offer flexible working which could allow people to carry on working whilst providing care. This did not necessarily require additional resources to implement.

64.4 The Chair thanked Ms Peart for her contribution and reminded members about the carers' challenge for 2012.

65. MENTAL HEALTH: ACUTE BEDS

65.1 This item was introduced by Geraldine Hoban, Chief Operating Officer, Brighton & Hove Transitional Clinical Commissioning Group (CCG); Dr Richard Ford, Executive Director of Strategic Development, Sussex Partnership NHS Foundation Trust (SPFT); and Samantha Allen, Service Director, SPFT.

65.2 Ms Hoban told members that a phased reduction of beds at Mill View would commence in April 2012. This would be overseen by a Clinical Taskforce to be chaired by Dr Becky Jarvis (the CCG mental health lead clinician), which would be established in February.

65.3 Dr Ford told the committee that there had been a spike in demand in January 2012 which had stretched services and required some out of area placements – these patients had now been repatriated.

65.4 Ms Allen told members that the January spike was predicted, as there was typically increased demand at this time of year. However, this did not mean that it was an easy thing to find sufficient capacity to cope, and it was sometimes inevitable that out of area placements were used. It was nonetheless important to note that there had been no out of county placements, in line with the Trust's commitment to offer people a Sussex bed, even in peak periods. Dr Ford added to this, telling members that, if necessary, the trust would 'spot purchase' a Sussex private bed from a reputable, CQC-registered provider

rather than place a patient outside Sussex. However, this was rarely required as there was capacity within SPFT to deal with most spikes in demand without recourse to private sector beds.

65.5 In response to a question from Mr Brown on the number of out of area placements recently, Ms Allen told the committee that there had been four in January, the first time in recent months that placements out of area had been needed. SPFT had responded to this spike in activity by postponing the scheduled transfer into Mill View of older people with functional mental health problems (from the Nevill hospital) until demand had reduced.

65.6 The Chair thanked Ms Hoban, Dr Ford and Ms Allen for their contributions.

65.7 **RESOLVED** – That there should be a further update on this issue at the next committee meeting to include any work done by the Clinical Taskforce.

66. HOSC WORK PROGRAMME 2011-12

66.1 This was noted.

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

67.1 There were none.

68. ITEMS TO GO FORWARD TO COUNCIL

68.1 There were none.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of