BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00PM 9 MAY 2012

BANQUETING SUITE, HOVE TOWN HALL

MINUTES

Present: Councillors Rufus (Chair); Barnett, Bennett, Marsh, Phillips, Morgan and Wealls

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

PART ONE

82. PROCEDURAL BUSINESS

82A Declarations of Substitutes

82.1 Cllr Wealls attended as substitute member for Cllr C Theobald

Cllr Morgan attended as substitute member for Cllr Turton

82B Declarations of Interest

82.2 There were none.

82C Declarations of Party Whip

82.3 There were none.

82D Exclusion of Press and Public

82.4 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.

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

83. MINUTES OF THE PREVIOUS MEETING

83.1 RESOLVED – That the minutes of the meeting held on 21 March 2012 be approved and signed by the Chairman.

84. CHAIR'S COMMUNICATIONS

84.1 Mr Brown introduced Mr David Watkins, his successor as LINk co-optee on the HOSC (Mr Brown is to be a member of the Shadow Health & Wellbeing Board (HWB) and may not be a member of both the HWB and the HOSC).

84.2 The Chair and committee members from all political groups welcomed Mr Watkins and thanked Mr Brown for his contributions to the HOSC over a number of years.

84.3 The Chair advised members that, should he be appointed as the Chair the committee replacing HOSC from May 2012, the Health & Wellbeing Overview & Scrutiny Committee (HWOSC), it is his intention to ask all Councillors and stakeholder groups to contribute ideas to the HWOSC work programme.

84.4 Members also expressed a wish for a paper detailing the preparations to commission a local Healthwatch organisation to be brought to the first HWOSC meeting.

85. PUBLIC QUESTIONS

85.1 There were none.

86. NOTICES OF MOTION REFERRED FROM COUNCIL

86.1 There were none.

87. WRITTEN QUESTIONS FROM COUNCILLORS

87.1 There were none.

88. COMPARATIVE HOSPITAL MORTALITY RATES FOR WEEKEND AND WEEK DAY ADMISSIONS

88.1 This item was introduced by Dr Stephen Holmberg, Medical Director, Brighton & Sussex University Hospitals Trust (BSUH).

88.2 Dr Holmberg told members that there had recently been some public concern about the relative safety of hospitals at weekends following the publication of data by the Dr Foster organisation which demonstrated higher morbidity levels in hospitals at weekends, and particularly in hospitals with relatively few senior clinicians on site at weekends.

88.3 The performance of BSUH for patient mortality is better than the national average, with Dr Foster scoring the trust at 84.3 against an average 100 (or 91.1 when re-calibrated to take into account an unexpected national improvement in terms of patient mortality rates). This places BSUH in the top quartile of trusts nationally.

88.4 Looking in more depth at the local figures for mortality on particular days of the week, Dr Holmberg told members that there appears to be no statistically significant difference in morality rates for admissions on different days of the week, with the exception of Sunday admissions for elective procedures, where mortality appears to be several times the average. However, it seems likely that this anomaly is a result of statistical 'noise' due to the very small sample sizes. When these patient deaths were mapped against mortality for condition-type (e.g. Sunday admissions for cardiology which led to mortality mapped against all cardiology admissions) they did not appear anomalous.

88.5 The figures therefore appear reassuring. However, the trust is still committed to improving its safety record wherever it can, and has introduced or is in the process of introducing a number of measures intended to make the Royal Sussex a '24/7' hospital, including ensuring that more senior clinicians are on-site during off-peak hours, making more acute physicians available out of hours, providing more specialist assessment units, ensuring 24/7 A&E consultant cover etc.

88.6 In response to a question from Cllr Marsh on when these measures would be implemented and when an impact from them would be felt, Dr Holmberg told members that some had already been introduced and other would be shortly. The new measures would be unlikely to impact on mortality rates, as the trust was not currently operating in an unsafe manner, but they would produce benefits in terms of quality – e.g. the patient experience.

88.7 In answer to a question from the Chair on whether it was possible to attain more meaningful data by looking across longer periods of time etc, Dr Holmberg told the committee that the data was inherently not particularly robust – for example, hospitals could quite properly exclude some mortalities for patients who were undergoing palliative care, and therefore expected to die imminently irrespective of hospital quality, but the exclusion rates of some hospitals with apparently high mortality performance suggested that they might be excluding an unreasonable number of patients in order to boost their scores. In any case, the proper focus for hospital trusts was not on the details of mortality data, but on implementing improvements in services even when mortality data is encouraging.

88.8 In response to a question from Cllr Wealls regarding the annual total deaths at the Royal Sussex County hospital, members were told that it was typically in the order of 2-2.5000.

88.9 In response to a question from Cllr Wealls about data showing a general increase in hospital mortality at weekends, the committee was told that there was indeed an increase at weekends, although the mix of weekend admissions may differ from that of in-week admissions (because of the paucity of primary care services at weekends), so like-to-like comparison is not straightforward. To the degree that this is an issue, it is not just an issue for hospital, but for health systems as a whole.

88.10 In answer to question from Cllr Wealls, members were told that the data presented to them related to the mortality rates for patients admitted at weekends, not for patients who dies at weekends: the trust is currently researching this data, although in general there are relatively more deaths in hospitals over weekends than in the week.

88.11 In answer to a query from Cllr Bennett, members were told that statistics were not currently available for relative mortality figures at different times of the year (e.g. at peak holiday times), or for different times of day.

88.12 In response to a question from Cllr Bennett, the committee was informed that not all hospital diagnostics are available over the weekend for value for money reasons. However, everything potentially impacting upon patient safety should be available on a 24/7 basis.

88.13 In answer to a question from Cllr Morgan about a possible correlation between mortality rates and high rates of alcohol-related admissions at weekends, the BSUH Associate Director of Quality promised to investigate and respond.

88.14 In response to a question from Mr David Watkins (representing Brighton & Hove LINk), members were told that the degree of palliative care provision in a local area was unlikely to have a major impact on hospital mortality rates (as hospital trusts can exclude some categories of patients receiving palliative care from their mortality figures).

88.15 The Chair thanked Dr Holmberg, noting that this was an issue that the committee might well wish to return to at a later date.

89. RE-COMMISSIONING OF ADULT HEARING SERVICES

89.1 This item was introduced by Geraldine Hoban, Chief Operating Officer, Brighton & Hove Transitional Clinical Commissioning Group (CCG).

89.2 Ms Hoban explained that the NHS operating Plan for 2012/13 required Primary Care Trusts/CCGs to each commission or re-commission at least one service using the Any Qualified Provider (AQP) model. For Brighton & Hove, the CCG has decided to use the AQP model to re-commission adult hearing services. There is potential here to enable the development of a 'high street' service, similar to optician services.

89.3 The current provider, Brighton & Sussex University Hospitals Trust (BSUH) may opt to apply to be a provider under AQP, so may still be involved in delivering services alongside other providers, offering local people more choice.

89.4 Ms Hoban told members that there was no great enthusiasm in the CCG for increasing commercial involvement in healthcare markets, but that there was a real opportunity to use the AQP model to better engage with the city's voluntary sector providers. However, the additional choice AQP offered to commissioners had to be balanced against the additional demands it made: i.e. having to contract manage several providers rather than a single provider.

89.5 Providers working under the AQP model would have to agree to offering services for the NHS tariff payment: there is no opportunity for competition on price via AQP.

89.6 In response to a question from Mr Hazelgrove around the potential entry into the market of large national or international providers, members were told that there would be no formal restriction on the type of provider considered, but in practical terms it was likely that potential providers of hearing services would be relatively local, as the contract amount would not be that large.

89.7 In answer to a query from Cllr Marsh about the potential of providers pressuring service users into buying their products, Ms Hoban acknowledged that this could be a risk and would need to be addressed via contracting.

89.8 In response to a question from the Chair about the potential negative impact on the current provider, the committee was told that any shift from a hospital to a community-based service carried the potential risk that hospital activity (and consequently income) would be reduced without a concomitant reduction in capacity (e.g. that the hospital might still need to use the same resources to supply a reduced service). Such moves need to be carefully managed to minimise the risk to existing providers.

89.9 In response to a question from Mr Brown about the risk of 'cherry-picking' (e.g. new providers taking on relatively simple cases and leaving more complex patients to an NHS 'provider of last resort', Ms Hoban agreed that this was a potential issue and would need to be addressed via the contract service specifications.

89.10 In answer to a question from Mr Watkins about outreach services (e.g. to people in nursing homes), the committee was told that this would be included in the service specifications.

89.11 RESOLVED: That the Health Overview & Scrutiny Committee:

(1) Agrees to support the proposed model for adult hearing services, and

(2) Agrees to support the process outlined by the CCG for reaching a definitive decision on the selection of Any Qualified Provider (subject to the caveats outlined in the minutes above).

90. RE-COMMISSIONING MENTAL HEALTH COMMUNITY SERVICES

90.1 This item was introduced by Anne Foster, CCG Lead Commissioner for Mental Health.

90.2 Ms Foster told members that mental health community services were being re-commissioned to improve them, delivering more community-based services, improving the interface with Sussex Partnership NHS Foundation Trust mental health services, and being more responsive to user views and experiences. A prospectus approach to procurement was being pursued for this service.

90.3 In response to a question from Mr Brown about developing services for people with personality disorders (after many years of groups such as the LINk requesting these services), members were told that a day service for personality disorder was being

developed, although there were currently no plans to provide an overnight facility for this client group.

90.4 In answer to a question from Cllr Wealls about how groups not currently well-served by the service would be identified, Ms Foster told members that engagement/consultation around the re-commissioning should have identified such groups. Any decision to extend services to particular groups would have to be approved by the Joint Commissioning Board.

90.5 RESOLVED – That the report be noted.

91. MENTAL HEALTH: ACUTE BEDS

91.1 This item was introduced by Ms Anne Foster, CCG Lead Commissioner for Mental Health.

91.2 Ms Foster told members that performance at Mill View had continued to fail to meet the targets set by the Clinical Taskforce (e.g. in regard to out of area placements). It was evident that the targets would not be achieved across the long term without significant improvements in services for people with personality disorder and in supported accommodation.

91.3 In response to a question from Mr Brown about the impact of closing St Patrick's Night Shelter, members were told that there had been an impact in terms of delayed transfers of care, although an agreement was now in place with the West Pier Project.

91.4 Ms Foster agreed to circulate the Taskforce's meeting minutes and the metrics being used to monitor the impact of the temporary bed reductions.

91.5 The Chair thanked Ms Foster for her contribution and requested a written progress report for the next committee meeting (i.e. the first meeting of the Health & Wellbeing Overview & Scrutiny Committee).

92. LETTERS TO THE CHAIR

92.1 Members discussed a letter from Sussex Community Trust setting out the implementation of changes to Short Term Service with officers from the Trust.

92.3 Mr Brown welcomed the repatriation of beds from Newhaven Downs, noting that the provision of beds so far from the city had always been problematic.

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

93.1 There were none.

94. ITEMS TO GO FORWARD TO COUNCIL

94.1 There were none

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of