BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

4.00pm 5 NOVEMBER 2013

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Rufus (Chair)

Also in attendance: Councillor Buckley, Cox, Marsh, Robins, Wealls, Barnett and Phillips

Other Members present: Jane Viner, Healthwatch co-optee; Thomas Soud, Youth Council representative

PART ONE

97. PROCEDURAL BUSINESS

97.1 Councillor Dawn Barnett was substituting for Councillor Carol Theobald; Councillor Alex Phillips for Councillor Ollie Sykes.

Apologies from cooptees Jack Hazelgrove OPC; Amanda Mortensen Parent Governor; Marie Ryan

97.2 Declarations of Party Whip

There were none

97.3 Declarations of Interest

There were none

97.4 Exclusion of Press and Public

As per the agenda

98. MINUTES OF PREVIOUS MEETING

98.1 The minutes were agreed. They have been updated to show the public question from 10 September 2013 and response from Healthwatch Brighton and Hove.

99. CHAIR'S COMMUNICATIONS

99.1 There were no Chairs Communications other than drawing members' attention to the email inviting them to take part in the next PLACE assessment.

100. MENTAL HEALTH BEDS UPDATE - FINAL REPORT

100.1 This item was presented by Anne Foster, CCG, Samantha Allen, SPFT, Dr Becky Jarvis, CCG Clinical Lead for Mental Health, and Dr Mandy Assin, Consultant Psychiatrist, SPFT Divisional Clinical Lead.

100.2 Ms Foster began by giving a brief update on the history behind the decision to permanently close the mental health beds in question, reducing the total in city from 95 to 76. In November 2011, it was agreed to temporarily close a ward of 19 beds, closely monitoring the situation from a clinical basis. Since the ward has been temporarily closed, it has allowed some of the variable costs to be reinvested into community services including additional care co-ordinator posts and nursing posts in the crisis resolution home treatment team. In addition the CCG and SPFT had undertaken some additional redesign of community mental health services including the development a new personality disorder clinic, which had not been available in the city before.

100.3 Dr Jarvis, Chair of the Clinical Review Group (CRG), summarised the role of the CRG. They have met regularly over the two years, monitoring key metrics relating to the temporary closure of the beds.

Amongst the metrics being monitored, the CRG found that there was on average, two people per day needing admission to hospital, and that although there may be a shortage of beds, there was no one type of bed that was in shortfall, eg it was not always male beds or female beds in shortfall.

They also found that the re-admission rate stayed fairly stable over the period that the ward was closed. The CRG also took complaints and other soft data into account.

100.4 Since January 2012, 9 out of every 10 residents needing admission have been able to access beds locally. Although there has been a higher demand than this at times, there has never been the demand for a further nineteen beds at any one time.

100.5 The CRG carried out an options appraisal, considering three options – keeping the status quo, reopening the entire ward, or permanently closing the ward but allowing for flexible capacity from the Priory. This third option was found to be the preferred option, as this allows for a much more cost effective way of meeting the actual demand in the city. The funds released from the closure of the ward will be ring fenced for further investment in mental health services, with the cost of the Priory beds receiving priority.

100.6 The CRG will now review its membership, to include representatives from Adult Care & Health and from Healthwatch.

100.7 Denise D'Souza, Executive Director, Adult Services, was asked to comment on the preferred third option. She said that she had held separate conversations with the CCG and she was satisfied with the third proposal from a social care perspective. The

increase in local beds will help to ease the pressure on services and on social care staff, including Approved Social Workers.

100.8 Members then asked questions.

100.9 Members asked for more detail about the proposed service delivery from the Priory.

- They heard that the Priory offered single ensuite rooms, and could accommodate a mixture of male and female customers. There were 16 beds in total, provided over two different floors with ensuite bedrooms for men and women, which is something that could not be offered within the current arrangements at Mill View Hospital. It was envisaged that SPFT would spot-buy five or six of the beds at any one time.

- SPFT would only pay for the bed days that they needed, rather than all of the associated fixed costs of running a ward. Local provision at the Priory also means that there will be reduced costs in terms of patient transport etc.

- If the Priory happens to be full, the client would be taken to other SPFT hospitals in Sussex, or if that were unavailable, to other NHS or independent sector provision further afield. Brighton and Hove residents will have priority for Priory bed availability.

- The empty ward at the Nevill hospital will be used, first as a temporary home for the Brunswick ward residents whilst that is being refurbished, and then to use as a nursing home for people with dementia.

- There was no other similar provision available in Brighton and Hove.

100.10 Members asked for clarification of the 'care coordinator' role. They heard that this role used to be known as a Community Psychiatric Nurse, and their role is to help the client and coordinate care for a particular customer. .Care Co-ordinators can also be other health professionals such as Occupational Therapists and Social Workers and they are all trained mental health professionals.

100.11 Members asked how the released money would be spent. They heard that approximately half of the £1.8 million had already been used for the additional Care Co-ordinator and Crisis Resolution Home Treatment posts, and the other half held by SPFT due to the fixed costs associated with the empty ward.

100.12 Members asked how the quality of patient care would be monitored in the contract. They heard that there will be a Mill View clinician liaising with the Priory, carrying out regular clinical reviews.

100.13 Several members queried the £800,000 fixed costs that had been quoted for keeping the ward empty and how this had been calculated. They heard that this was the share of the fixed costs associated with the space, including the opportunity cost of not using that space for another reason. Members asked for a more detailed breakdown to be circulated following the meeting. They would also like this to include the ongoing costs of a Discharge Coordinator attending the Priory, and the costs of different types of beds, eg in NHS or private provision.

This was all agreed. [NB This has now been provided and attached to the agenda document pack.]

100.14 Members asked whether there was any financial saving to SPFT if option 3 were taken up. They heard that if the released funds were totally invested in mental health as proposed, there would be no financial saving but it would mean a much stronger community mental health service.

100.15 Had the clinical impact on the patients been assessed? Dr Assin said that this had been carefully considered. The Priory would not be used for anyone in acute need, but would be more likely to be used for people coming to the end of their treatment. It was hoped that this meant that people would not be moved from the Priory back to inpatient treatment at Mill View.

100.16 Some members said that they were very supportive of the proposals, feeling that this was the way forward for service provision across a number of areas. They considered that the £800,000 fixed costs which had been lost so far were in effect an expensive insurance policy. Were there any lessons that could be learnt from this so that costs would be minimised in future? There were many lessons for the future which the CCG and SPFT were reviewing and the learning could be shared with HWOSC members.

100.17 Members asked whether the two year monitoring period was at least in part caused by the fact that politicians were overseeing the process. Geraldine Hoban, Chief Operating Officer of the CCG said that it was true that this might have had an impact although this was not necessarily a negative thing. If the beds had been closed too prematurely, this might have introduced risk into the system. Although the process had taken a long time this has allowed community services to be developed as real alternatives to inpatient care. The Chair of HWOSC commented that HWOSC's approach had been to take a cautious view of the proposals and monitor it closely and therefore there was a shared responsibility for the time it had taken so far.

100.18 The Chair concluded that there still was still a sense of anxiety about the financial and some of the clinical aspects of patient care, but he had not picked up a huge sense of concern about the general direction of the approach. He hoped that the SPFT and the CCG had noted the committee's concerns – they would be sent more formally too. The Chair also hoped that there would be learning to go forward to other schemes. The Committee notes the proposal and the CRG decision to proceed with Option 3.

100.19 HWOSC noted the report, with a formal follow up to share concerns, and with an update report in approximately six months' time.

101. MUSCULOSKELETAL & DERMATOLOGY SERVICES IN SUSSEX

101.1 Alison Dean and Kathy Felton from the CCG presented a joint report on the reprocurement of two key services for Brighton & Hove, musculo-skeletal services (MSK) and dermatology. They were presented together as they were going through similar procurement processes, although the size of the contracts differed greatly.

The MSK contract will cover services across the areas of Brighton and Hove CCG, Horsham and Mid Sussex CCG and Crawley CCG, covering much of the general catchment area for RSCH. It is a multi million pound contract and will need a provider with clinical expertise, due to the size of the service being procured.

101.2 Ms Dean and Ms Felton outlined the current situation for each service, including the engagement and consultation process, which had helped to shape the service being procured. The procurement process will include social value considerations and all commissioners will be expected to show how their approach adds social value to the city.

The CCG is looking to embed social value in all of its commissioning services, and will monitor this closely.

101.3 Members asked for more information about the providers who had expressed an interest. They heard that there was a variety of providers including private companies, third sector groups and some local NHS providers.

101.4 HWOSC members noted the procurement processes, and asked for more information about the new provider and other services to be procured in the future.

102. MATERNITY SERVICES

102.1 Kathy Felton and BSUH colleagues, Heather Brown, Consultant Obstetrician & Gynaecologist, Chief of Women and Children's Division, Tosin Ajala, Consultant Obstetrician & Gynaecologist and Jenny Davidson, Acting Deputy Head of Midwifery & Gynaecology presented a summary of maternity services in the city. This had been prepared in response to a question from HWOSC about what had happened with regard to services at Eastbourne and the impact on RSCH.

102.2 Ms Felton mentioned that there was a very active Maternity Services Liaison Committee (MSLC) made up of parents who had used the service, they were a key factor in providing valuable feedback on services. IT was CCG funded and the CCG provided a crèche for members. They had hoped to come to the HWOSC but had not been able to provide a representative due to the timing of the meeting.

102.3 Maternity services were closely monitored through a number of metrics; the report to HWOSC included some of the more challenging indicators or those which had changed recently. This included the increase in staffing numbers to meet national targets, and a renewed uptake in homebirth rates, following a decline.

102.4 There had been queries about the c-section rate, and RSCH was above the national average. There is a difference between elective c-section rate and maternal request c-section rate. Locally there is not much demand for maternal request c-sections.

102.5 With regard to the temporary closure of the obstetric led service at Eastbourne, arrangements had been put into place in RSCH to accommodate the extra parents. There had not been as great a take up as had been anticipated so far. There were

regular monitoring conversations across Brighton and Hove and East Sussex to check that arrangements were adequate.

102.6 Councillors asked questions and commented on the report

102.7 There was a lack of continuity with community midwives, which might be one of the reasons that women did not opt for home births; how was this being addressed?

Ms Davidson said that this had been addressed through an increased number of staff working an increased number of hours including overnight care, to offer a more complete service. They were also trying to increase the number of support workers in the community including breast feeding support

102.8 How is the MSLC promoted?

The MSLC is a very healthy group but work is underway to try and promote diversity. The main BSUH website links to the MSLC website (http://brightonandhovemslc.com/). The group participates in all relevant clinical audits and developing protocols.

102.9 What is the position on Bounty reps working in the maternity ward?

The Bounty representatives give new mothers goody bags including samples of different products, health information and Child Benefit forms. The idea is to help new mothers. The company pay the hospital a small amount of money to be on the wards. Mothers have reported a wide range of experiences, some positive and others less so.

BSUH has talked to Bounty about the training that their staff receive and are happy with the response received. They have also carried out spot checks and MSLC have monitored the situation too. BSUH is happy to go forward with Bounty as things are, but will monitor this.

102.10 What were the factors that allowed the homebirth rate to reach a high of 9% and why did it drop so dramatically?

Ms Davidson said that in the past community midwives offered the homebirth service and could provide more continuity of care as they provided antenatal, labour and birth and postnatal care, and this led to a higher take up. The system was then changed where labour and birth cover for homebirths was covered the majority of the time by hospital midwives who were not as familiar with the parents which could have accounted for the drop. Since earlier this year the service has been re-configured and is similar to the original model where community midwives offer the homebirth service and provide antenatal, labour and birth and postnatal care, leading to better continuity of service and care.

102.11 The Chair thanked the CCG and BSUH staff for attending; the report was noted.

103. PLACE ASSESSMENT RESULTS FOR BSUH

103.1 Nikki Luffingham, Chief Operating Officer, BSUH and Steve Gallagher, Operational Director, Facilities and Estates, Brighton and Sussex University Hospitals NHS Trust, gave a presentation on the PLACE assessment results and answered questions.

103.2 The Healthwatch representative commented that she was very pleased that the menus would be reviewed; Healthwatch had heard that the menus were not able to address simple dietary requirements such as low-fat menus. Councillors added that they had experienced a lack of awareness about diabetic dietary needs which was worrying.

Ms Luffingham said that it was disappointing that this had been the case and that they would feed back the information to the Chief Dietician.

103.3 Members asked for clarification of how the scores had been calculated. Mr Gallagher said that the categories were predefined by central Government and the percentages were worked out centrally, by the Department of Health. They were not explicit about how they had arrived at the exact percentages. BSUH is due to meet with the Department of Health in December so will feed this back and ask for more information.

103.4 Members were invited to take part in the next PLACE assessment; details had been emailed to everyone.

104. HOMELESSNESS SCRUTINY PANEL: VERBAL UPDATE

104.1 Councillor Wealls gave a brief update, explaining that the panel members had met different groups of homeless people, service providers and third sector organisations. There was one more meeting due, and the report and recommendations would come to HWOSC in February 2014.

The meeting concluded at 6.30pm

Signed Chair

Dated this day of