

Subject:	Mental Health Reconfiguration Plans: Co-ordination of Sussex Health Overview & Scrutiny Committees (HOSCs)		
Date of Meeting:	14 April 2010		
Report of:	The Director of Strategy and Governance		
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Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report provides some details about the current Sussex-wide reconfiguration of mental health in-patient beds, and about Sussex Health Overview & Scrutiny Committee (HOSC) responses to these reconfiguration plans.
- 1.2 The report also proposes that Brighton & Hove HOSC nominates some members to represent the Committee in informal discussions with East and West Sussex HOSCs, and to sit on a Joint HOSC (JHOSC) should the Committee decide at some later date that a JHOSC ought to be convened.

2. RECOMMENDATIONS:

- 2.1 That members:
 - (1) note the contents of this report;
 - (2) determine whether to appoint a working group of (possibly 3) members to liaise informally with East and West Sussex HOSCs, and also to represent the Brighton & Hove HOSC on any Joint HOSC that may be convened;

And, should the Committee agree to appoint a working group of members:

- (3) determine which HOSC members should sit on this working group.

3. BACKGROUND INFORMATION

- 3.1 The Sussex Partnership NHS Foundation Trust (SPFT), together with Sussex Primary Care Trusts (PCTs), is currently (or in the case of Brighton & Hove will shortly be) consulting on plans to make significant changes to Sussex mental health services, including the provision of in-patient beds across the patch.
- 3.2 The Health and Social Care Act (2001) requires NHS trusts planning to make “significant variations” in service to consult local Health Overview & Scrutiny Committees (HOSCs) on both the substance of their plans, and on the arrangements they have made to engage with stakeholders and members of the public. Should a HOSC consider that NHS trust plans for public consultation are inadequate, it may refer the issue to the Secretary of State for Health. A similar power of referral is available should the HOSC consider that a planned change would prove detrimental to the health interests of local residents. Such referrals should only be used after careful consideration and must be thoroughly evidenced to stand any chance of being successful.
- 3.3 There is no statutory definition of what constitutes a ‘significant variation’ in service. However, East Sussex HOSC has already decided that NHS plans constitute a significant variation for its residents, and it seems certain that West Sussex HOSC will come to a similar conclusion. Since consultation for Brighton & Hove is not scheduled to commence until summer 2010, it is not yet possible to determine whether local plans are ‘significant’.
- 3.4 SPFT operates across the whole of Sussex, and Sussex PCTs jointly commission working age mental health (WAMH) services from SPFT as, essentially, a single Sussex-wide contract (with NHS West Sussex acting as lead commissioner). However, the reconfiguration of in-patient mental health beds is being undertaken as three discrete initiatives across the West Sussex, East Sussex and Brighton & Hove PCT areas.
- 3.5 Patient flows into NHS services do not necessarily ‘respect’ local authority boundaries. For example, people living in the western part of East Sussex may well access acute health care at the Royal Sussex County Hospital in Brighton rather than at an East Sussex hospital. In terms of NHS reconfiguration plans this can mean that changes to a service based in one local authority area have significant implications for other areas (and hence other HOSCs). This is also often the case for specialist services, which may be based in one locality but provide services for a much broader area: changes to such services are of interest to the whole area they serve, not just to where they happen to be based.

- 3.6 It is therefore quite possible that several HOSCs should have an interest in a particular plan to change NHS services. In such instances it may be that the NHS can successfully negotiate with each individual HOSC. However, this may not always be practicable or possible. For instance, it may be the case that regional development plans depend on the upgrading of services in one locality and a concomitant downgrading in another area; even if there was unanimous agreement that the plan improved services across the region, it might be quite properly challenged by individual HOSCs in the areas where services were to be downgraded: when making decisions HOSCs are not expected to take account of the interests of any populations other than their own.
- 3.7 In order to mitigate the risk of parochial decision-making in a context requiring a broader approach, and more generally in order to avoid undue complication in the context of major reconfiguration plans, the Health and Social Care Act (2011) includes provision for the formation of joint HOSCs (JHOSCs). A JHOSC is formed by local HOSCs either at the behest of local NHS trusts or because two or more HOSCs consider that a single NHS plan constitutes a substantial variation to services for their residents. A JHOSC assumes the statutory powers of its constituent HOSCs (in relation *only* to the specific issues being examined) for the duration of its existence, including the power(s) to refer to the Secretary of State. JHOSC members are also required to make decisions in the health interests of the residents of the whole of the area covered by the JHOSC rather than simply reflect their own local interests.
- 3.8 Sussex HOSC Chairmen have met informally to consider whether the plans to reconfigure Sussex mental health in-patient beds should be scrutinised separately or via a JHOSC. After having received assurances from SPFT that the mental health patient-flow between East Sussex, West Sussex and Brighton & Hove is relatively negligible, and that cross-border issues (e.g. capacity for dealing with emergency 'overflow' from one area to another) have been factored in when planning the initiative, the Chairmen agreed that they would not seek to form a JHOSC at this stage, but would reserve the right to do so at a later date should the need arise.
- 3.9 Both East and West Sussex HOSCs plan to appoint some of their HOSC members to mental health 'taskforces'. These taskforces will scrutinise the East and West Sussex initiatives as they develop, and will contribute to the membership of a JHOSC should one be convened. It is recommended that Brighton & Hove HOSC should consider appointing some members to take lead responsibility for scrutiny of the local mental health reconfiguration initiative. Although there are currently no plans to establish a Brighton & Hove taskforce, nominating members in this way would potentially simplify our liaison with East and West Sussex County Councils, as members of the taskforces may well wish to meet

informally with one another (and with Brighton & Hove representatives). These members would also sit on a JHOSC should one be created. It should be stressed that members are not being asked to approve the formation of a JHOSC at this point in time. If such a move is mooted, Brighton & Hove participation will need to be formally agreed by the full Brighton & Hove HOSC at a future committee meeting.

4. CONSULTATION

4.1 No consultation has been undertaken in preparing this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 There are none to this report for information.

Legal Implications:

5.2 "The legal framework governing the Council's power to establish and/or participate in Joint Health Overview and Scrutiny Committees is covered in the body of the report. There are no additional legal implications to note."

Lawyer Consulted: Elizabeth Culbert; Date: 01.04.10

Equalities Implications:

5.3 None directly, although members may wish to consider equalities issues when they come to scrutinise NHS plans to reconfigure MH in-patient beds.

Sustainability Implications:

5.4 None directly.

Crime & Disorder Implications:

5.5 None directly, although members may wish to consider crime and disorder issues when they come to scrutinise NHS plans to reconfigure MH in-patient beds, particularly in terms of assessing the crime and disorder implications of an increased focus on community provision of MH care.

Risk and Opportunity Management Implications:

5.6 JHOSCs are sometimes necessary to facilitate effective scrutiny of wide-ranging NHS initiatives. However, they pose considerable administrative challenges and can take up a disproportionate amount of officer and member time. They should therefore not generally be considered as a first resort, and where there is the possibility of a JHOSC being convened, it is generally wise to plan for it as far in

advance as possible. Doing so minimises the risk of being required to convene special meetings etc. should a JHOSC be required.

Corporate / Citywide Implications:

- 5.7 It is important that Brighton & Hove HOSC maintains good working relations with the HOSCs in East and West Sussex, particularly since local NHS services are increasingly being organised on a county-wide basis. These good working relations may include formal partnership vehicles such as a JHOSC, but also the maintenance of less formal links.

SUPPORTING DOCUMENTATION

Appendices:

None

Documents in Members' Rooms:

None

Background Documents:

1. The Health and Social Care Act 2001

