

**BRIGHTON & HOVE CITY COUNCIL**  
**HEALTH OVERVIEW & SCRUTINY COMMITTEE**

**4.00pm 16 SEPTEMBER 2024**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor Fowler (Chair)

**Also in attendance:** Councillor Baghoth, Evans, Hill, Wilkinson (Deputy Chair), Hogan, Galvin, Mackey and Cattell

**Other Members present:** Geoffrey Bowden (Healthwatch), Nora Mzaoui (CVS representative), Mary Davies (Older People's Council)

**PART ONE**

**9 PROCEDURAL BUSINESS**

**9(a) Substitutes and Apologies**

9.1 Cllr Cattell attended as substitute for Cllr O'Quinn; Mary Davies attended as substitute for Mo Marsh (Older People's Council; apologies were received from the Youth Council.

**9(b) Declarations of Interest**

9.2 Cllr Hogan declared a personal interest in Item 13 Brighton & Hove Specialist Inpatient Dementia Services. Cllr Hogan works as a consultant psychiatrist, including undertaking work for Sussex Partnership NHS Foundation Trust.

**9(c) Exclusion of Press & Public**

9.3 **RESOLVED** – that the Press & Public be not excluded from the meeting.

**10 CHAIR'S COMMUNICATIONS**

10.1 The Chair told members that she had been approached by Sussex Partnership NHS Foundation Trust and by NHS Sussex about plans to make changes to city specialist inpatient dementia provision. The Chair believed that this was an important issue that members should have the opportunity to scrutinise. However, the timetable for delivering the changes did not fit with scheduled Health Overview & Scrutiny Committee (HOSC) meetings, so it proved necessary to call a special meeting.

**11 PUBLIC INVOLVEMENT**

11.1 There were no public questions.

## 12 MEMBER INVOLVEMENT

## 13 BRIGHTON & HOVE SPECIALIST INPATIENT DEMENTIA SERVICES

13.1 The item was introduced by John Child, Chief Operating Officer, Sussex Partnership NHS Foundation Trust (SPFT); Laura Brummer, SPFT Clinical Director (East Sussex); Padma Dalby, SPFT Director - Specialist Older Adults Mental Health Services; and Jessica Britton, Sussex Integrated Care Board (ICB) Deputy Chief Delivery & Strategy Officer. Steve Hook, BHCC Interim Corporate Director, Health, Care & Wellbeing (Health & Care); and Tanya Brown-Griffith, ICB Director for Joint Commissioning & Integrated Care, were also in attendance.

13.1.1 Mr Child introduced the paper, explaining that each area of Sussex has a unique population, with Brighton & Hove having a high proportion of working age adults, and East and West Sussex both having a high proportion of older people. Due in part to these demographic factors, Brighton & Hove has a relatively high instance of mental health issues and East and West Sussex of dementia.

13.1.2 Ms Brummer added that this translates to high demand for mental health beds within Brighton & Hove. This results in long waits for beds (a particular issue where people have presented for treatment at the Royal Sussex County Hospital, and need to be kept safe at the hospital until an acute mental health bed can be found). It also results in frequent out of area placements.

13.1.3 Ms Dalby told members that there are 50 specialist inpatient dementia beds across Sussex: 30 in Worthing, 10 in Brighton & Hove and 10 in Uckfield. The whole of this bed base is used for admissions, so people will be admitted to a bed outside their immediate area if nothing is available more locally. Acute admissions should be used as a last resort; treating people in community settings is preferred wherever possible. With better community care, more than 40% of people in acute beds could be treated at home.

13.1.4 Brunswick ward is a 10 bed mixed gender dementia ward within Mill View hospital. Over the past 2 years there have been 79 admissions to the ward, with the majority being people from East or West Sussex. Admissions for city residents are low, averaging less than one person per month. In the past 12 months there were slightly more city residents admitted to beds in Worthing or Uckfield (5) than to beds in Brunswick ward (4).

13.1.5 The proposal is to convert Brunswick ward into a 15 bed acute mental health inpatient ward. This will mean that 60-70 additional adult mental health patients per year will receive a local admission and will decrease the wait for acute beds, reducing pressure on the Royal Sussex County hospital.

13.1.6 All current community services for people with dementia will remain, with some additional funding for intensive support at home/respite. City residents who do require admission to specialist dementia beds will be accommodated at Worthing or Uckfield. There will also be additional funding for East Sussex community dementia services,

improving care and reducing acute admissions. Where city patients are admitted to out of city beds, services will make families and carers aware of schemes to support travel to hospital as well as other aspects of carer support.

- 13.1.7 The refurbishment of Brunswick ward is scheduled to begin in November 2024, finishing in March 2025. There will be engagement with stakeholders and with individuals and families impacted by the move.
- 13.2 Cllr Evans noted that beds at Mill View had been reduced only a few years ago and questioned why additional beds were required now. Mr Child responded that the beds taken out of Mill View were detoxification beds rather than acute mental health beds. However, the demand for acute mental health beds has become more urgent in recent years.
- 13.3 In response to a question from Cllr Evans on why changes were being made now, Mr Child told members that the changes are not opportunistic; an expansion of East Sussex community services has been in planning for several years. Ms Dalby added that the focus is to improve the dementia pathway, supporting people in the community wherever possible, as acute admission can be very settling for patients who are already confused. Once people are admitted to hospital it can also be challenging to get them back home, so admission avoidance is key.
- 13.4 Cllr Evans asked what engagement has taken place to date. Mr Child responded that some informal engagement has taken place with staff. There is a commitment to engage fully going forwards.
- 13.5 Mary Davies told members that Brighton & Hove claims to be an Age Friendly City, but in recent years a number of services for older people have been lost to the city or re-purposed, including Ireland Lodge, Knoll House, and rehab services moving to Newhaven. The proposal to move specialist inpatient dementia beds out of the city will be disorientating for people with dementia who will be cut off from family and carers, and is discriminatory on the basis of age and disability. Carers of people with dementia are themselves likely to be older residents with their own health and care issues, for whom travelling to Uckfield or Worthing may well be difficult. If there was some local bed provision going forward, then people placed out of area could be moved back when appropriate to do so. Ms Davies considered the changes to constitute a 'substantial variation in services' such that the HOSC should be formally consulted on change plans. Ms Davies also queried what the findings of any Equality Impact Assessment (EIA) of the changes had been. Mr Child responded that an EIA had been conducted, but had identified an impact only on the small number of patients who are currently treated in city beds. Services are committed to working with families to ensure the best admission choices are made. Jessica Britton commented that best practice in dementia services is increasingly focused on providing high quality community support. Ms Dalby added that patients placed out of area would not typically be moved to an acute bed closer to home as moving can itself be very unsettling for patients. Giles Rossington (scrutiny support) told the committee that his advice, and that of the committee's legal adviser, was that these plans do not constitute a 'substantial variation in services' as any impact was on a small number of people. Steve Hook told members that changes to Ireland Lodge have not led to a reduction in city residential care dementia beds, as any beds lost have been re-provided by the independent sector.

- 13.6 Cllr Galvin expressed concerns about the loss of dementia services in the city, including day centres and respite care. Mr Child responded that the change plans are focused on acute beds; care provision is the responsibility of the city council. Mr Hook added that traditional models of respite such as the use of day centres can increase disorientation for people with dementia, and the current focus is on carer relief in people's homes. He would be happy to discuss these issues with Cllr Galvin outside the meeting.
- 13.7 Cllr Cattell asked whether there was any scope to provide dementia care at the Royal Sussex County Hospital (RSCH), particularly in terms of the new Louisa Martindale building. Mr Child replied that, although many patients admitted to the RSCH for physical care will also have dementia, the RSCH is not used as a setting to deliver acute mental health services. These are provided at dedicated mental health acute units. Ms Dalby added that acute dementia inpatients are likely to be in a distressed state and to evince challenging behaviours and it is therefore appropriate to care for them in a dedicated mental health setting unless they have physical health issues that require general hospital admission.
- 13.8 Cllr Bagthoth asked what the main barriers are to treating more patients in the community rather than acute beds. NHS colleagues responded that barriers include different funding arrangements across Sussex, a lack of specialist nursing home placements, and delayed discharge from acute dementia beds.
- 13.9 Cllr Bagthoth asked what support is available to families and carers of people admitted to acute dementia beds. Ms Dalby responded that the NHS Healthcare Travel scheme is available to support people on a low income. Ms Brummer added that there is also a community sector run scheme in place locally. **Mr Child agreed to provide the committee with additional information on specific services available to support family and carer travel.**
- 13.10 In response to a request from Cllr Hill, **Mr Child agreed to share presentation slides and a copy of the Equality Impact Assessment with the committee.**
- 13.11 Cllr Hill asked what the impact of these changes was likely to be on BHCC adult social care services. Mr Child replied that a number of patients are already admitted outside the city, so social care are well used to this issue. Opening additional adult mental health beds in the city will mean a net increase in local residents being treated in city beds. Mr Child added that there was good integration between NHS mental health and council social care services.
- 13.12 In response to a question from Cllr Hill about the high prevalence of mental health issues in Brighton & Hove, Mr Child told members that factors include local demographics and challenges to the flow of patients through the acute care pathway. There is a detailed system improvement plan which could be shared with the committee.
- 13.13 Geoffrey Bowden asked whether there was a guarantee that the changes would improve patient care. Ms Brummer responded that it was impossible to provide a guarantee. However, the changes will definitely deliver improvements to adult acute mental health services, and in terms of better experience for people with dementia being supported by community services rather than admitted to acute beds. Mr Child added

that the evidence suggests that the changes will improve both patient outcomes and patient experience. The system will work hard to minimise any negative impacts.

- 13.14 In response to a question from Mr Bowden about negative financial impacts on social care, Mr Hook responded that the local market for residential dementia care is relatively buoyant. The market for dementia nursing care is more challenged, but adult social care has good relations with the nursing care market. The changes are expected to have minimal impact on social care.
- 13.15 Cllr Grimshaw asked why people from outside the city are currently using Brighton & Hove dementia beds. Ms Dalby responded that Sussex beds are used as a single resource; people will be placed as close to home as possible, but if there are no local spaces they will be admitted to another Sussex unit rather than delay admittance.
- 13.16 In response to a question from Cllr Grimshaw about the impact of suddenly closing 10 dementia beds, Ms Brummer responded that the closure of 10 beds had already been trialled in Uckfield over the winter with no increase in waits. Given this, the loss of 10 beds in Brighton & Hove is not anticipated to cause major issues.
- 13.17 Cllr Grimshaw asked that some more thought be given to the support that could be offered to families and carers of people being placed out of the city. Ms Dalby agreed that partners would focus on this issue.
- 13.18 Cllr Wilkinson noted that the committee had been told on previous occasions that increasing the number of beds available does not necessarily deal effectively with demand issues in the longer term. How confident are the NHS that adding more acute mental health beds will work as intended? Ms Britton responded that a good deal of work has been undertaken to understand mental health needs and bed requirements across Sussex, and partners are confident that increasing beds in Brighton & Hove will lead to improvements in flow through the acute mental health pathway. More work will be required to understand and mitigate any negative impacts of the changes.
- 13.19 Cllr Wilkinson suggested that it would be sensible to revisit this issue after the changes have been implemented. The Chair agreed with this.
- 13.20 Cllr Evans asked what would happen if there were delays admitting city residents to acute dementia beds in East or West Sussex once the changes have been made. Ms Dalby responded that additional waits were not anticipated, but if people do have to wait longer appropriate community support will be provided.
- 13.21 In response to a question from Cllr Evans about current staff at Brunswick ward, Mr Child responded that staff will be offered opportunities to work in community services.
- 13.22 Ms Davies asked whether services are confident that city demand will not significantly increase due to demographic change. Ms Britton responded that there is confidence in the data. However, demographic projection is complex and needs to be continually monitored.
- 13.23 In response to a question from Ms Davies on public consultation, Ms Britton responded that there will be specific engagement with service users, their carers and their families.

- 13.24 In response to a query from Cllr Evans as to why beds were being taken from Brighton & Hove, Ms Dalby told members that Worthing is by far the largest unit in Sussex, but it is also a state of the art dedicated dementia unit with a dementia friendly lay-out. It would consequently make little sense to reduce beds at Worthing.
- 13.25 Nora Mzaoui asked whether there would be additional support provided to community services (e.g. transport support) if the changes meant that there was greater demand for them. **Mr Child agreed to respond to this point.**
- 13.26 The Chair asked about consultation with staff. Mr Child responded that the case for change was developed with staff representatives from various disciplines.
- 13.27 The Chair asked that there be a follow-up item in spring 2025. This should cover what staff think about the changes, carer opinions and any impacts on the residential care sector or social care.
- 13.28 RESOLVED** – that the report be noted.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of