

# Agenda item 63

## BRIGHTON & HOVE CITY COUNCIL

### HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00PM 9 FEBRUARY 2011

#### BANQUETING SUITE, HOVE TOWN HALL

#### MINUTES

**Present:** Councillors Peltzer Dunn (Chairman); Allen (Deputy Chairman), Barnett, Bennett, Deane, Harmer-Strange, Marsh and Rufus

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

#### PART ONE

#### 47. PROCEDURAL BUSINESS

##### 47A Declarations of Substitutes

47.1 There were none.

##### 47B Declarations of Interest

47.2 There were none.

##### 47C Declarations of Party Whip

47.3 There were none.

##### 47D Exclusion of Press and Public

47.4 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.

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

**48. MINUTES OF THE PREVIOUS MEETING**

- 48.1 RESOLVED – That the minutes of the meeting held on 08 December 2010 be approved and signed by the Chairman.**

**49. CHAIRMAN'S COMMUNICATIONS**

- 49.1 There were none.

**50. PUBLIC QUESTIONS**

- 50.1 There were none.

**51. NOTICES OF MOTION REFERRED FROM COUNCIL**

- 51.1 There were none.

**52. WRITTEN QUESTIONS FROM COUNCILLORS**

- 52.1 There were none.

**53. PATIENT EXPERIENCE/PATIENT OUTCOMES**

- 53.1 Dr Richard Ford, Executive Director of Strategic Development, and Mr Andy Porter, Deputy Director, Social Exclusion, presented for the Sussex Partnership NHS Foundation Trust.
- 53.2 In response to a question from Neil Holmes (representing the Brighton & Hove LINK on mental health issues at this meeting) on trust plans to use peer-support specialists to drive patient-influenced service improvements, members were told that, although there were no specific, concrete plans to use the peer support network in this way, the trust was committed to building on the excellent work already undertaken in terms of developing peer support.
- 53.3 In answer to a query from Neil Holmes on the mental health telephone helpline, the committee was informed that the helpline had proven to be a considerable success in the relatively short time it had been in operation. The trust was currently reviewing a number of issues pertaining to the helpline, including the possibility of moving to a cost-free service. However, the service was already available at the lowest possible phone tariff.
- 53.4 In response to a questions about the trust's successes in terms of patient experience/outcomes, Dr Ford told members that he was beginning to see changes in service undertaken as the result of local user feedback, something which had seldom happened in the past. In addition, the trust was now able to 'dig down' into patient

feedback data and make very localised responses (e.g. responding to complaints about the cleanliness of specific wards etc).

- 53.5 In answer to a query about how patient-recorded data amassed across Sussex could be made relevant to the population of Brighton & Hove, Mr Porter told members that much of the data collected could be analysed at a county level or broken down into locality-specific information.
- 53.6 Dr Ford and Mr Porter offered to provide members with additional information on the trust's response to the recent Care Quality Commission user survey of SPFT community mental health services, including its specific responses to a series of questions about the survey posed by the Brighton & Hove LINK.
- 53.7 The Chairman thanked Dr Ford and Mr Porter for their contributions.
- 53.8 Ms Karen Hutchison, Group Director, addressed the committee for the Sussex Community Trust.
- 53.9 In answer to a question from Cllr Allen as to how Brighton & Hove interests were reflected in trust-wide data recording, Ms Hutchison told members that much of the trust's data collection is at a local level and can be used locally. Where there is generic data, locality care group directors meet regularly to discuss the most appropriate ways to use this data to improve services in their localities.
- 53.10 In response to a query from the Chairman about how the trust planned services given the differing profiles of Brighton & Hove and West Sussex (i.e. in terms of urban Vs rural issues), Ms Hutchison told members that services are designed according to local need and that there is no attempt to impose a 'one size fits all' approach across both West Sussex and Brighton & Hove.
- 53.11 The Chairman thanked Ms Hutchison for her contribution.

#### **54. GP SERVICES**

- 54.1 This item was introduced by Dr Christa Beesley, a local GP, and by Ms Kathy Felton, NHS Brighton & Hove.
- 54.2 Dr Beesley detailed the ways in which patient feedback (via the national patient survey, local practice surveys, comments left on the NHS Choices website, practice and condition-based patient groups, and the analysis of patient complaints and comments) is used to improve city GP services.
- 54.3 Generally, satisfaction with city GPs is very high, but there are some areas for improvement. These include: problems encountered trying to contact GP surgeries by phone, difficulty in getting quick access to GP services; problems in booking planned appointments, and significant variations in GP practice quality across the city.
- 54.4 In response to a question from the Chairman on plans to develop GP peer appraisal, Dr Beesley told members that she envisaged that the local GP consortium would seek to work with all member GP practices to improve performance. This will presumably

involve close working with the national NHS Commissioning Board, which will be responsible for managing GP contracts, but the details of this are still being determined.

54.5 In answer to a question from Cllr Marsh about satisfaction with GP opening hours, Dr Beesley told members that dissatisfaction generally centred upon the lack of GP services available on Saturday mornings. However, GPs are not contractually obliged to themselves provide weekend services (these are covered by Out of Hours services) and it seems very unlikely that many would choose to do so voluntarily. Ms Felton added that many GP practices do provide extended week-day services, but that the national funding for these services has been ended. NHS Brighton & Hove will therefore have to consider whether it can support these services in the future.

54.6 In response to a question on GP services for people with learning disabilities, Ms Felton told members that only one city GP practice did not provide enhanced services for learning disabled patients.

54.7 The Chairman thanked Dr Beesley and Ms Felton for their contributions.

## **55. RE-COMMISSIONING OF LOCAL MENTAL HEALTH ACCESS SERVICES**

55.1 This item was introduced by Geraldine Hoban, Deputy Director of Commissioning; Margaret Cooney, Lead for Change Management, Mental Health Commissioning (both NHS Brighton & Hove); and by Dr Christa Beesley.

55.2 In answer to a question from Neil Holmes on 3<sup>rd</sup> sector involvement in delivering mental health 'access' services, members were told that the commissioners valued the 3<sup>rd</sup> sector and were committed to working with them. The extended timetable for the re-commissioning of access services provides an opportunity for commissioners to work with the local 3<sup>rd</sup> sector to ensure that the sector is engaged as constructively as possible in planning and delivering the future configuration of services.

55.3 In response to a question from Cllr Allen on the implications of the re-commissioning plans, Dr Beesley told members that the new system would not necessarily be experimental: significant elements of the plans (including linking community mental health practitioners to GP surgeries) represented a return to tried and tested community mental health structures. The current system was not poor in terms of clinical quality, but there were issues around speed of access and around the 'medicalisation' of care.

55.4 In answer to a question on mental health services for people in contact with the criminal justice system, Dr Beesley told members that there were significant problems in terms of the lack of record sharing between forensic services and primary and secondary care. This is likely to pose a problem in the future also given that prison care will be commissioned by the NHS Commissioning Board rather than by local clinicians.

55.5 The Chairman thanked Dr Beesley, Ms Hoban and Ms Cooney for their contributions.

## **56. BRIGHTON & SUSSEX UNIVERSITY HOSPITALS TRUST (BSUHT): FOUNDATION TRUST APPLICATION**

- 56.1 This item was introduced by Duncan Selbie, Chief Executive; Julian Lee, Chair; Alex Sienkiewicz, Director of Corporate Affairs; and Dr Jonathon Andrews, Chief Operating Officer, Brighton & Sussex University Hospitals Trust (BSUHT).
- 56.2 In answer to a question from Cllr Harmer-Strange concerning the size of the planned board of governors, members were told that the proposed structure was large but manageable. It was necessary to have this number of governors to reflect the scope of the trust's services, although Brighton & Hove residents did form the trust's core constituency.
- 56.3 In response to a question from Cllr Allen regarding representation from the community local to the Royal Sussex County Hospital (i.e. East Brighton), Mr Sienkiewicz told the committee that the trust anticipated that local residents would be active in the trust's membership, as they will have an obvious interest in the trust's affairs.
- 56.4 In answer to a question from Cllr Harmer-Strange concerning involving children in running the trust, members were told that Monitor sets the minimum age for Foundation Trust governors at 16. It is therefore not possible to have under-16 governors, but the trust is committed to involving children in its decision making, perhaps via the existing arrangements for the Children and Young People's Trust.
- 56.5 The representatives of BSUHT were thanked for their contributions and their plans for Foundation Trust governance were noted.

**57. HEALTH AND SOCIAL CARE BILL 2011**

- 57.1 Members considered an update on the government's legislative proposals for healthcare.
- 57.2 RESOLVED** – That members note the report and that the report be circulated to all Councillors for information.

**58. LETTER FROM THE CHIEF EXECUTIVE, NHS BRIGHTON & HOVE**

- 58.1 Members discussed a letter from the Chief Executive of NHS Brighton & Hove which explained plans to 'cluster' Sussex Primary Care Trusts.
- 58.2 Members congratulated Ms Amanda Fadero on her appointment as Chief Executive of the new pan-Sussex PCT.

**59. 2009/2010 HOSC WORK PROGRAMME**

- 59.1 This was noted.

**60. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING**

- 60.1 There were none.

**61. ITEMS TO GO FORWARD TO COUNCIL**

61.1 There were none.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of