

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00PM 15 JUNE 2011

COMMITTEE ROOM 1, BRIGHTON TOWN HALL

MINUTES

Present: Councillors Rufus (Chair); Barnett, Bennett, Turton, Marsh, C Theobald (Deputy Chair) and Phillips

Co-opted Members: Hazelgrove (Older People's Council) (Non-Voting Co-Optee), Brown (Brighton &Hove LINK) (non-voting co-optee)

PART ONE

1. PROCEDURAL BUSINESS

1A Declarations of Substitutes

1.1 There were none.

1B Declarations of Interest

1.2 There were none.

1C Declarations of Party Whip

1.3 There were none.

1D Exclusion of Press and Public

1.4 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.

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

2. MINUTES OF THE PREVIOUS MEETING

- 2.1 RESOLVED – That the minutes of the meeting held on 09 February 2011 be approved and signed by the Chairman.**

3. CHAIR'S COMMUNICATIONS

- 3.1 The Chair congratulated the scrutiny team on its recent performance in the Centre for Public Scrutiny National Scrutiny awards – the team won the national award for 'innovation' and were runners up in 'team of the year'.
- 3.2 The Chair drew members' attention to a letter he had received from the Director of Adult Social Services concerning city residential care homes managed by the Southern Cross organisation. Members expressed concerns about matters including:
- Reports that Southern Cross planned to cut significant numbers of its staff nationally. Cllr Turton told members that he feared that these cuts would largely fall on direct care provider posts with a detrimental impact upon the care that residents received. Committee members therefore wished to know whether there were any cuts planned at the Southern Cross homes in the city; if so whether these cuts related to managerial or to care provider posts; and, if the latter, what steps Adult Social Care was taking to ensure that residents of these homes did not experience a drop in the quality of their care.
 - Potential difficulties in finding suitable alternative placements for residents of the Bon Accord care home. Jack Hazelgrove, representing the Older People's Council, noted that this home provides specialist placements for people with mental health issues. Members were keen to know how, in general terms, the council planned to re-house residents with particular health needs should this prove necessary.
 - The fragility and opacity of the care home system in general. Mr Hazelgrove made the point that a system which relied heavily on a range of independent sector providers was seemingly very vulnerable to crises caused market forces or unwise provider business practices; and that it was difficult for stakeholders to assess the level of risk within this system with the very limited information available on the financial viability of providers etc. Members therefore sought assurance as to how the council ensured that this system was managed safely.
- 3.3 The Chair agreed to communicate these concerns to the Cabinet Member for Social Care and to the Director of Adult Social Services

4. PUBLIC QUESTIONS

- 4.1 There were none.

5. NOTICES OF MOTION REFERRED FROM COUNCIL

5.1 There were none.

6. WRITTEN QUESTIONS FROM COUNCILLORS

6.1 There were none.

7. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

- 7.1 Dr Tom Scanlon, Brighton & Hove Director of Public Health, presented his 2010 annual report to the committee. Dr Scanlon told members that the 'theme' for this year's report was 'community resilience'. Rather than simply audit the city's public health needs (much of this work is now done by the local Joint Strategic Needs Assessment: JSNA), the report focuses on community 'assets' - the areas where we do well as a city or across specific communities - and outlines how we might begin better utilising these assets to help address areas of concern or underperformance.
- 7.2 In response to a question from Cllr Phillips on teenage pregnancy rates, Dr Scanlon told members that latest figures had shown a flattening of recent years' decrease. This was not surprising, as there is likely to be some year on year fluctuation of figures even if the long term trend is downwards, given the small numbers being analysed. Provided the city maintains its twin focus on sexual health/contraception services coupled with addressing the broader 'causes' of teenage pregnancy – educational attainment, family environment etc – Dr Scanlon was confident that figures would continue to decline in the medium term.
- 7.3 In answer to a question from Cllr Phillips on sexual health advisory services, Dr Scanlon told the committee that services based at the Morley St clinic had proved very popular. More still might be done by encouraging school nurses to play a bigger part in sexual health advocacy. Cllr Marsh noted that this could be controversial work for school nurses to undertake and that a potential role for non-statutory services (such as the 'Crew Club' and similar organisations) should also be explored.
- 7.4 In response to a query from Robert Brown (representing the Brighton & Hove LINK) concerning community development workers, Dr Scanlon told members that the potential for using these workers to develop community resilience had not yet been fully explored, but that it was an idea with some potential.
- 7.5 In answer to a question from the Chair concerning how the council should best use the Director of Public Health's report, particularly in the context of the current financial pressures, Dr Scanlon told the committee that his report served as a warning against making cuts to services without properly assessing their impact on communities across the city. Services which were apparently discrete might in fact be closely connected with the health of communities and a key element in community resilience. Their removal might therefore be much more damaging than anticipated unless efforts were made to replace an outgoing statutory service with community-centred alternatives. Dr Scanlon wanted this concept of protecting and enhancing community resilience to be a key part in commissioning decisions.

7.6 The Chair thanked Dr Scanlon for his presentation and invited him to take part in HOSC work planning for the coming year.

8. HEALTHCARE IN BRIGHTON & HOVE

8.1 This item was introduced by Andrew Demetriades, Area Director, NHS Brighton & Hove (NHSBH), and by Dr Xavier Nalletamby, Chair of the transitional Brighton & Hove GP Commissioning Consortia (GPCC).

8.2 Mr Demetriades outlined recent developments to the national and local NHS following progress of the Health & Social Care Bill; Dr Nalletamby sketched the process via which local GPs had agreed to form a transitional GPCC. Dr Nalletamby stressed that city GPs were very conscious of potential ethical issues which might arise if GPs were required to act as both gatekeepers and commissioners of NHS-funded healthcare services – i.e. that as GP commissioners they might be seen as wanting to restrict access to services for financial reasons, when, as GPs, they might wish to refer patients into those services for clinical reasons.

8.3 Dr Nalletamby also emphasised that GP commissioning could not be undertaken effectively without positive public involvement, and that the GPCC was committed to engaging with local residents (although matters of importance to the public would have to be balanced against lower profile but key services such as mental health).

8.4 In answer to a question from Cllr Turton on likely statutory guidance concerning the relationship between the GPCC, the local Health and Wellbeing Board and Healthwatch, Mr Demetriades told members that although he did anticipate some guidance on this issue, it was likely that a good deal would be left to local determination. Work is ongoing with partners from across the local health economy to create a local Health and Wellbeing Board which is responsive to the needs of the local authority, of the GPCC and of local people.

8.5 In response to a query from the Chair concerning the amount of autonomy the GPCC would have, Dr Nalletamby told members that he was optimistic that GP commissioning would make a significant difference locally. If GP powers were too restricted, local GPs would not engage with the GPCC.

8.6 The Chair thanked Mr Demetriades and Dr Nalletamby for their contributions.

9. PRIMARY CARE TRUST LEGACY REPORTS

9.1 Members discussed the issue of Primary Care Trust Legacy Documents.

9.2 RESOLVED – that the report be noted and a watching brief kept on this issue.

10. MENTAL HEALTH ACCOMMODATION STRATEGY

10.1 This item was introduced by Dr Richard Ford, Executive Director of Commercial Development, Sussex Partnership NHS Foundation Trust, and by Jane Simmons, Head of Commissioning, Adult Social Care.

- 10.2 In response to members' questions, Dr Ford told the committee that this pilot was intended to encourage better 'step-down' with service users moving to less intensively supported accommodation when appropriate and thereby freeing up spaces for more needy patients and reducing the use of acute hospital beds. This would help people live independent lives and enable the local health economy to better manage the costs of supplying housing support to people with mental health problems.
- 10.3 In answer to a question from the Chair on whether the initiative was designed to produce savings, members were told that this was the case, although given the considerable pressures on the service this would probably equate to avoiding an overspend rather than making actual savings. There is no intention to reduce community care budgets, but rather to manage them more efficiently so the maximum number of people can benefit from the resources available.
- 10.4 Members thanked Dr Ford and Ms Simmons and agreed to receive a progress report in 6 months time.

11. SUSSEX PARTNERSHIP NHS FOUNDATION TRUST: UPDATE

- 11.1 This item was introduced by Dr Richard Ford, Executive Director of Commercial Development, and Dr Mandy Assin, Clinical Director, Sussex Partnership NHS Foundation Trust. Dr Ford and Dr Assin briefed the committee on developments at the Trust, including the renovation of Mill View hospital, the 'Under One Roof' initiative and improved services for people with dementia.
- 11.2 Dr Assin told members that a priority with regard to dementia was achieving better early diagnosis, so that people could be effectively supported in the early stages of illness. Appropriate support at this stage can help people with dementia and their families live high quality lives. Cllr Turton told members that there was an excellent and easy to use toolkit for identifying possible dementia available on the Alzheimer's Society website.
- 11.3 In answer to a question from Mr Hazelgrove on waiting times for non-urgent treatment, Dr Ford told the committee that this issue did need to be addressed, and that he trusted the ongoing re-design of 'access' services would be successful in reducing waits. However, waiting times for non-urgent mental health services are still considerably lower than waits for physical services.
- 11.4 In response to a query from the Chair on Mill View beds, Dr Ford told members that long term scenarios included moving the recently established 'vulnerable' ward from the Nevill hospital into Mill View at some point in the future. However, Dr Ford assured members that this would not be contemplated until improvements in community-based services had reduced the demand on acute beds at the Mill View/Nevill sites to a degree which would justify a reduction in bed numbers.
- 11.5 The Chair thanked Dr Ford and Dr Assin for their contributions.

12. LETTERS TO THE CHAIR

- 12.1 Members discussed letters that had been sent to the Chair by city commissioners regarding plans to change the way services are delivered for: a) long term conditions; and b) short term services.
- 12.2 Members agreed to take more detailed reports on these issues when the new service models have been drafted.

13. HOSC WORK PROGRAMME 2011-12

- 13.1 Members considered the work programme report.

13.2 RESOLVED:

(1) that a sub-group of the committee be formed to formulate a draft work programme, and that this draft work programme be presented to the next full committee meeting for endorsement;

(2) that Councillors Rufus, Marsh and a Conservative group representative should sit on this sub-group, as should Mr Robert Brown, representing the Brighton & Hove LINK.

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

- 14.1 There were none.

15. ITEMS TO GO FORWARD TO COUNCIL

- 15.1 Members agreed that the Director of Public Health's annual report should be referred to full council for information.

The meeting concluded at 18:30

Signed

Chair

Dated this

day of