

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Agenda Item

Brighton & Hove City Council

Subject:	Improving Mental Health Services in Brighton & Hove (Reducing Acute Bed Capacity)		
Date of Meeting:	28 September 2011		
Report of:	The Strategic Director, Resources		
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Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 In instances where local NHS bodies intend to make changes to health services, Health Overview & Scrutiny Committees (HOSCs) are charged with assessing whether their plans constitute a “substantial variation” in service provision; and if they do, whether: a) there has been sufficient consultation in regard to the plans; and, b) whether the plans will lead to improved outcomes for local people.
- 1.2 If a HOSC finds that a planned change would be detrimental to the local population, or has been introduced without adequate consultation, then it may, under powers granted by the 2001 Health & Social Care Act, refer the matter to the independent regulator of NHS foundation trusts for adjudication. No such referral should be made lightly or without compelling evidence.
- 1.3 Sussex Partnership NHS Foundation Trust (SPFT) has recently announced plans to significantly reconfigure local mental health services, reducing the number of city acute beds, whilst at the same time improving aspects of its community services. Details of these plans are included as **Appendix 1** to this report. These plans are supported by NHS Brighton & Hove and the emerging Brighton & Hove Clinical Commissioning Group (CCG).
- 1.4 The HOSC will need to decide whether the plans outlined in **Appendix 1** constitute a ‘significant variation’ in local services; and, if they do, whether SPFT has provided sufficient assurances that they have consulted on their intentions and that the end result of the initiative will be improved health outcomes for local people.

- 1.5 While the information provided by SPFT may serve to assure members that the plans have undergone robust consultation and will lead to better health outcomes for local people, it would not be advisable for the HOSC to make a decision to refer based solely on this information: referrals to the independent regulator must be thoroughly evidenced. Therefore, should members be unwilling to support the plans, they should request further information rather than referring these issues.

2. RECOMMENDATIONS:

2.1 That members:

- (1) Determine whether the plans to reconfigure local mental health provision (**Appendix 1**) constitute a 'substantial variation' in services;

And, if they do view the plans as significant:

- (2) Determine whether they require additional information before deciding whether or not to support the reconfiguration plans;

And, if members feel they have sufficient information to make a decision at this point:

- (3) Agree to support the planned changes.

3. BACKGROUND INFORMATION

3.1 Regulations made under the Health & Social Care Act (2011) require NHS bodies to consult with local HOSCs when planning to make 'substantial variations' in health services, and grants HOSCs the power to refer these plans to the independent regulator of NHS trusts if they have evidence of inadequate consultation or of a likely negative health impact on local people.

3.2 There is no statutory definition of 'substantial variations'. However, SPFT plans involve the closure of 19 city mental health beds, or around 20% of the city bed capacity. It is difficult to see how such a change could be regarded as anything other than significant. This is therefore an issue that the HOSC should address, and one which it might potentially seek to refer to the Secretary of State.

3.3 However, in order to refer a matter to the Secretary of State, a HOSC must have compelling evidence to support its referral. Moreover, all implementation of plans must be suspended while a referral is being

considered, which may have major cost implications for the local health economy. For these reasons, a referral would typically only be made after an intensive period of gathering and examining evidence – e.g. via a scrutiny panel.

- 3.4 Members must therefore decide whether: a) they support the plans detailed in **Appendix 1**, accepting SPFT’s assurances that bed spaces will not be reduced until it is evident that they are no longer required; or b) they require further detail on some elements of SPFT’s plans, and therefore choose to defer any decision on whether to support the plans until they have had the opportunity to study the proposals in greater depth.

4. CONSULTATION

- 4.1 None has been undertaken in preparing this report. **Appendix 1** has been supplied by SPFT

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 None directly to this report.

Legal Implications:

- 5.2 The requirement for SPFT to consult HOSC about its proposal is provided for by regulation 4A of the Local Authority (Overview & Scrutiny Committees Health Scrutiny Functions) Regulations 2002.

Having been consulted, HOSC may make comments on the Trust’s proposal by such date as may be specified by the Trust.

Where HOSC is not satisfied that the Trust’s consultation about its proposal has been adequate in relation to content or time allowed, it may report to the regulator of NHS foundation trusts in writing, and the regulator may require the Trust to carry out such consultation, or such further consultation with HOSC, as it considers appropriate.

Where HOSC considers that the proposal would not be in the interests of the health service in Brighton & Hove, it may report to the regulator in writing, and the regulator shall have regard to the report.

Lawyer consulted: Oliver Dixon

Date: 19/09/11

Equalities Implications:

- 5.3 People with mental health problems are amongst the most vulnerable in our society, and are typically over-represented in terms of deprivation, having general health problems, having substance misuse issues etc. Any plans to significantly alter mental health services must therefore aim to reduce inequalities by improving outcomes for people with mental illness. In the context of these specific plans, which, crudely speaking, involve a shift of emphasis from in-patient treatment to support in the community, members may wish to receive assurances that no group of people is likely to be disproportionately affected by such a move (i.e. that it is not more difficult to support certain groups of people in the community than others; or if it is, that sufficient ameliorative measures are in place).

Sustainability Implications:

- 5.4 None.

Crime & Disorder Implications:

- 5.5 People with severe mental health problems are disproportionately likely to be victims of crime and may, on average, also be disproportionately involved in some types of crime and disorder. Members may wish to receive assurances that a greater emphasis on treating people in the community will not increase crime and disorder

Risk and Opportunity Management Implications:

- 5.6 Poor mental health has a very wide impact upon individuals, families and communities, and high rates of mental illness are associated with high rates of worklessness, poverty, physical poor health, crime, substance misuse etc. Having effective mental health services is therefore a key driver to improving city performance in a number of areas, including both health and income inequalities, and any significant re-design of city services will offer substantial opportunities/risks.

Corporate / Citywide Implications:

- 5.7 Having effective mental health services is a key factor in tackling health and income inequalities across the city.

SUPPORTING DOCUMENTATION

Appendices:

1. Information provided by Sussex Partnership NHS Foundation Trust and Brighton & Hove Emerging Clinical Commissioning Group

Documents in Members' Rooms:

None

Background Documents:

1. Health & Social Care Bill (2001)

