

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

4.00pm 11 SEPTEMBER 2012

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor C Theobald (Deputy Chair), Bowden, Cox, Marsh, Robins, Sykes and Wealls

Other Members present: Ms Amanda Mortenson (Parent Governor) Mr David Watkins (LINK); Mr Jack Hazelgrove (Older People's Council); Ms Susan Thompson (Diocese of Chichester); Mr Thomas Soud (Youth Council)

PART ONE

24. PROCEDURAL BUSINESS

24A Substitutes

24.1 There were none, although Councillor Theobald was standing in as Chair as Councillor Rufus was unable to attend the meeting due to a personal matter.

Apologies had been received from Councillor Rufus and Carol Sajnog from the Catholic Schools Service.

24B Declarations of Interest

24.2 Councillor Graham Cox said that his wife worked as a community nurse.

Amanda Mortenson, Parent Governor representative, said that she had co-written the report from the Parent Carers' Council at item 29.

24C Exclusion of Press and Public

24.3 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 material as defined in section 1001(1) of the said Act.

24.4 RESOLVED –that the press and public be not excluded from the meeting.

25. MINUTES OF THE PREVIOUS MEETING

- 25.1 Councillor Wealls asked that 19.13 be amended to 'it should be clinicians directing priorities'. This was agreed.

Other than this amendment, the minutes were approved.

- 25.2 Councillor Marsh also updated members on what had happened at the Overview and Scrutiny Committee this week; OSC had agreed and approved a joint scrutiny panel on alcohol. The Head of scrutiny would be making contact for panel members shortly. David Watkins asked about the role of co-optees on the panel. Councillor Marsh said that her understanding was that there would be an appropriate co-optee/s on each panel. The Head of Scrutiny would have more information on this.

26. CHAIR'S COMMUNICATIONS

- 26.1 There were none other than to confirm that Councillor Theobald would be chairing the meeting as Councillor Rufus was unable to attend due to a personal matter.

27. PUBLIC INVOLVEMENT

- 27.1 There were no items to consider.

28. ISSUES RAISED BY COUNCILLORS AND CO-OPTees

- 28.1 There were no issues to consider.

29. CHILDREN WITH COMPLEX NEEDS

- 29.1 Rachel Travers, Debbie Collins and Amanda Mortenson from Amaze and the Parent Carers' Council (PaCC) presented their report 'Talk Health' to HWOSC.

They explained that Amaze was a small charity in Brighton and Hove for parents of disabled children. The PaCC was a subgroup of Amaze especially for parent-carers. Amaze sees approximately 1,500 families and receives 4000 calls to its helpline per year. They understand that the numbers may be low in terms of population size but some of the children are very high cost in terms of the care and medical support that they receive, with high incident rates; therefore Amaze and PaCC believes that the children should be a priority group for the local authority and partners.

The 'Talk Health' report is the third annual report that the PaCC has produced; the other two are on the topics of education and therapies. PaCC is still working on the recommendations from the two previous reports.

- 29.2 With regard to the current 'Talk Health' report, it was recognised that children with complex need may attend a wide range of different services but the parents chose to focus the report on four specific services, the Royal Alexandra Children's Hospital, Seaside Children's Centre, GP services and CAMHS.

29.3 Amanda Mortenson told the committee her own story as the parent of a child with complex needs. Ms Mortenson is Co-Chair of the PaCC, and her daughter has very complex needs. Ms Mortenson gave an overview of the range of planned and unplanned hospital visits that her daughter undergoes on a regular basis and gave some examples of things that could be introduced that would benefit their lives to a great extent. One example was to have a specialist paediatric epilepsy nurse, possibly through a Sussex wide service who could offer care at home rather than having to necessarily attend or stay in hospital.

29.4 Debbie Collins, Parents' Participation Worker for PaCC, summarised the report and the recommendations for HWOSC members. Ms Collins noted that Brighton and Hove was extremely lucky to have the Royal Sussex County Hospital on our doorstep.

One of the overriding recommendations was for 'parent's journey training' for health care professionals to understand what it was like to be a parent carer. All staff at Seaside View have already had the parent's journey training and it has made a huge difference to parents' experiences. Other recommendations that would make a significant difference to parents would be for medical professionals to routinely copy parents in to all correspondence as this does not often happen.

29.5 Ms Travers clarified that there were a great deal of positive findings as well as recommendations in the full report. Andrew Lansley, former Health Secretary, had recently commissioned a national piece of work, the Children and Young People's Health Outcomes Forum. A large number of the national study's recommendations were mirrored in the local findings too.

29.6 Ms Travers asked whether it was possible to amend the recommendations in the cover report so that the HWOSC could agree to champion the recommendations in the Talk Health report, and ensure that Amaze got a response from the relevant bodies. Ms Travers also asked that HWOSC consider asking the Health and Wellbeing Board to consider the report.

29.7 Committee members thanked Ms Travers, Ms Mortenson and Ms Collins for their excellent report and for their presentation. Councillor Theobald, who was chairing the meeting, agreed to consider the recommendations as requested by Ms Travers. This was endorsed by other HWOSC members.

29.8 Councillor Theobald said that it was extremely moving to hear what it was like for parents of children with complex needs.

29.9 Councillor Marsh commented on the particular role of GPs in 'gatekeeping' access to further services. Ms Travers responded that it was crucial to have a good relationship between families and GPs, particularly if there was to be a reduction in people presenting to A&E. If families did not feel that they had a positive relationship with their GP, they would be more likely to attend A&E for assistance instead.

29.10 Councillor Robins asked for information on the number of children in Brighton and Hove with epilepsy and how many would be needed for a specialist paediatric epilepsy nurse to be appointed? Ms Mortenson said that there were approximately 160 children with epilepsy in the city. If there were 240 or more then it would be more likely that a

specialist paediatric epilepsy nurse could be considered. Ms Mortenson understood that investigations were being made into appointing a Sussex-wide specialist nurse.

- 29.11 Alison Nuttall, Strategic Commissioner, Children, Youth and Families, commented that Sussex Together, a regional NHS group, was considering appointing a specialist paediatric epilepsy nurse but the issue was about creating a sustainable service. For example it would not be possible to have just one nurse as this would not provide a consistent service so it would be necessary to appoint at least two nurses. Ms Nuttall confirmed that Sussex Together supported the appointment in principle.

Ms Nuttall also invited all HWOSC members to come and visit Seaside View if they had not been before; if they wished to take up the offer, they should contact Ms Nuttall on alison.nuttall@brighton-hove.gov.uk or telephone (29)3736.

- 29.12 Councillor Sykes asked whether the quote on page 5 of the Talk Health report was representative of a typical service user in the number of appointments that the child had had, or whether there had been any duplication. Ms Mortenson said that the quote had come from her own experiences, and in this situation each appointment had been necessary but that this was not always the case. Parents often found that they had to repeat their child's story to each different health care provider, which could be a painful and exhausting process.
- 29.13 Councillor Bowden said that the report and recommendations should be shared with the Royal College of General Practitioners to highlight the training needs. The issue of copying parents in to correspondence would be so simple and make such a difference to families.
- 29.14 Mr Watkins, representing the LINK, said that in his view, it would be really helpful to have information about hospital waiting times. The 'Talk Health' report was on the LINK agenda for next week. Statutorily LINK had not been able to deal with children's health issues but LINK is becoming Healthwatch will be able to consider children's health issues, which is why they are able to consider the report now. Mr Watkins suggested that a PaCC representative might like to become part of Healthwatch. He also suggested that a PaCC representative join the Patient Participation Groups (PPG) being established in local GP surgeries, although he understood that PaCC members had very busy lives and might not be able to commit to each meeting. Mr Watkins said that he had suggested that the PPG sit on Healthwatch.
- 29.15 Ms Travers said that Amaze had been involved with Healthwatch and the Clinical Commissioning Group (CCG) consultation. They had concerns that the CCG was only going to listen to the voice of PPGs; not everyone was able to attend PPG meetings and this would be especially difficult in they were caring for a disabled child. Ms Travers said investment needed to be made in supporting city-wide organisations to represent the views of under represented groups.
- 29.16 Councillor Cox said that he was keen to support the recommendations for increased community support. There was a need to reduce A&E visits in order to free up resources for community support services; this would require a change in people's behaviour.

29.17 Councillor Cox said that he was concerned that the provision of a specialist paediatric epilepsy nurse might raise parents' expectations about the service that they could expect; there was likely to be a high threshold to be able to access the service in order to address this.

Ms Mortenson said that Sussex was the only area in the country that did not have a dedicated paediatric epilepsy nurse.

29.18 Councillor Wealls said that CAMHS had been raised as a problematic area; this mirrored information that he had received when he had been a member of the Children and Young People's Overview and Scrutiny Committee (CYPOSC).

During his time on CYPOSC, Councillor Wealls said that a satisfaction survey had been commissioned for new CAMHS users; could there be an update on this? The Head of Scrutiny said that this was due to come back to the next HWOSC.

29.19 Mr Soud for the Youth Council asked whether there was anything that the Youth Council could do to help raise awareness of the report or of children with complex needs?

Ms Travers thanked Mr Soud for his offer and said that she would contact the Youth Council separately to discuss his suggestion.

29.20 Councillor Wealls asked whether it was more useful for HWOSC to pick particular recommendations from the Talk Health report and champion those. Councillor Robins said his view was that the Talk Health report was a wishlist from PaCC, and that it was not for HWOSC to pick and choose particular recommendations.

29.21 Councillor Marsh said that she would like the Talk Health report to be tabled not only at the Health and Wellbeing Board but also at the CCG, PCT etc. She would like the recommendation to be reworded to say that the report should be sent "to all commissioning bodies". This was agreed.

29.22 **RESOLVED –**

(a) the HWOSC champion the Talk Health report in order to seek responses from the relevant bodies to all of the recommendations. HWOSC agreed to write a letter of support that would be sent to commissioners, and

(b) that HWOSC table the report at all commissioning bodies.

30. GP PERFORMANCE

30.1 Geraldine Hoban, Chief Operating Officer from the Clinical Commissioning Group (CCG) presented a report on the GP Scorecards system for assessing GP performance.

30.2 The Health Overview and Scrutiny Committee had had an update from NHS Sussex about contractual issues; they had asked for more information about quality performance.

- 30.3 Ms Hoban explained the GP scorecard system for performance assessment. It is a national system and has been used in Brighton and Hove for three years. The benefit of the scorecard system is that it gives consistent data which can be more easily interpreted.
- 30.4 The intention was that GP surgeries could compare themselves with similar practices and find out which areas were high performing or which needed improvements. The assessments were carried out on an annual basis and surgeries were banded as A, B or C. In the last assessment, a number of surgeries had moved up a banding, showing that they were performing better than they had been previously, although two surgeries had moved down a banding.
- 30.5 Ms Hoban said that she understood that there were differing levels of knowledge about the GP performance system amongst HWOSC members. The CCG was offering to host a workshop on GP Performance later in the year so that people could learn more about the assessment process. This was welcomed.
- 30.6 Councillors thanked Ms Hoban for her presentation and the offer of the workshop, and commented on the report about GP performance.
- 30.7 Councillor Bowden queried the management costs for the CCG compared to the management costs for the PCT. Ms Hoban said that the CCG had been allocated running costs of £25 per head of population, in comparison to £40 per head which had been allocated to the PCT, so there would be a significant saving.
- 30.8 Councillor Marsh said that for a large number of people, there was no choice about which GP surgery they could use due to geographical constraints and/ or closed waiting lists for other surgeries.
- 30.9 Councillor Wealls and Councillor Bowden asked about the type of sanctions that the CCG had for poorly performing surgeries. Ms Hoban said that it was managed primarily through the relationships between GP practices and that there were no formal sanctions available to the CCG.
- 30.10 Councillor Robins asked if there was any information about the use of locums on GP performance statistics. Ms Hoban said that this could be taken up at the workshop.
- 30.11 Mr Watkins for the LINK said that he was aware that some surgeries were replacing doctors with 'super-nurses' and wondered about the impact that this would have on GP performance and patient care.
- 30.12 Councillor Wealls welcomed the scorecard information and said that there needed to be a significant amount of publicity for members of the public.
- 30.13 **RESOLVED – members agreed to take up the CCG's offer of a seminar on performance and quality in Primary Care.**

31. MENTAL HEALTH BEDS (SEPTEMBER 2012)

- 31.1 Dr Becky Jarvis, GP Lead for Mental Health, Brighton and Hove CCG and Sam Allen, Sussex Partnership NHS Foundation Trust, presented HWOSC members with a written update on the bed reduction programme at Mill View Hospital and answered members' queries.
- 31.2 Dr Jarvis said that the planned date for moving patients into the renovated ward (Meridian) outlined at point 7.2 in the report had since been revised to end of January 2013. The windows at Millview need to be replaced because they have a red ligature risk rating so the Trust had decided to use the capacity on Meridian ward as a way of replacing the windows a ward at a time rather than a few beds on each ward at a time. This would reduce clinical risks for the patients. The move of Churchill Ward to Meridian would then proceed in the New Year.
- 31.3 Mr Watkins for the LINK said that he had been to a meeting at Millview recently and he had been very impressed with the feeling that was being engendered by management there. People with mental health problems were as much a part of our society as anyone else. Mr Watkins welcomed the proposals for investment in the paper and also sounded continued caution regarding the reduction in bed numbers due to increasing economic pressures and the impact they are having on the public.
- 31.4 Councillor Cox said that he was very pleased with the proposals and fully supported them.
- 31.5 Mr Soud for the Youth Council asked what would happen if the current realigned service did not work out as hoped. Dr Jarvis said that in that situation, they would have to re-open the beds as they had committed to not making a permanent decision until they could ensure that the new service worked.
- 31.6 Members thanked Dr Jarvis and Ms Allen for their presentation.

32. LOCAL IMPLEMENTATION OF THE 111 SERVICE

- 32.1 Ms Hoban presented a report on the 111 service on behalf of the CCG and answered questions.
- 32.2 Councillor Cox said that he had not been impressed with the service provided by NHS Direct and hoped that the 111 service would be different.
- 32.3 Ms Hoban said that it was about changing the direction for patients, so that patients could be signposted to a range of services. They had been working closely with the ambulance service to share learning. The CCG was monitoring the situation with the 111 service.
- 32.4 Members thanked Ms Hoban for her presentation.

The meeting concluded at 6.15

Signed

Chair

Dated this

day of