

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

4.00pm 11 JUNE 2013

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Rufus (Chair)

Also in attendance: Councillor C Theobald (Deputy Chair), Barnett, Buckley, Cox, Marsh, Robins, Sykes

Other Members present: Co-optees Jack Hazelgrove (Older People's Council), David Watkins (Healthwatch), Youth Council

PART ONE

71. PROCEDURAL BUSINESS

71A Substitutes

71.1 Councillor Barnett was substituting for Councillor Wealls. Councillor Theobald stood in as Chair for the start of the meeting as Councillor Rufus was unavoidably delayed.

Apologies had been received from co-optees Amanda Mortenson, Susan Thompson and Marie Ryan.

71B Declarations of Interest

71.2 There were none.

71C Exclusion of Press and Public

71.3 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.

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

72. CHAIR'S COMMUNICATIONS

- 72.1 Councillor Theobald, Deputy Chair, chaired the meeting until Councillor Rufus's arrival (delay due to public transport issues)
- 72.2 The Chair welcomed Councillor Ruth Buckley, who has replaced Councillor Geoffrey Bowden on the HWOSC and thanked Councillor Bowden on behalf of HWOSC for all of his work and input during his time on the committee.
- 72.3 At the last HWOSC there has been a public question from Jean Calder about hydration in care homes and at the hospital. A response had been circulated to Ms Calder and to all members. Ms Calder had since emailed a response which had been shared with members, and was actively taking related issues up with the Adult Care and Health committee too.
- 72.4 The GP Quality and performance workshop had been rescheduled to Tuesday 9 July from 9-11. Further information had been emailed around members.
- 72.5 Adult Social Care have asked to run a workshop with members looking at the options for alternative service models for some ASC provider services. Further information would be sent round when available.

72.6 PUBLIC QUESTION

- 72.7 HWOSC heard a public question from Mr Terence Rixson, a copy of which is attached to the agenda pack for this committee. The question centred on the development of Healthwatch locally and public involvement.
- 72.8 Councillor Rufus said that he was unaware of the detail of how Healthwatch had been developed but that Healthwatch was due to come to HWOSC later this year to update the committee on their progress. Healthwatch had been co-opted onto the HWOSC and a co-optee tried to attend at every meeting.
- 72.9 Mr Watkins, Healthwatch representative, said that his understanding was that Healthwatch was in a period of transition following the demise of LINK. Mr Watkins said that he did not think that Healthwatch officially came into being until May 2014, and that work was being carried out to determine what Healthwatch should look like, before recruiting people to take part. Mr Watkins agreed that it was a frustrating time for members of the public, but explained that the delay was not caused by Brighton and Hove's Healthwatch itself but by the lack of information on what should be happening. He was hopeful that the report later in 2013 would help provide more answers for people including HWOSC members.
- 72.10 Councillor Rufus said that he would contact the CVSF in his role as Chair of HWOSC to enquire about progress, and would feed back to Mr Rixson when he had received a response. Mr Rixson was welcome to attend the HWOSC where Healthwatch was being discussed.

73. VERBAL UPDATE FROM CLLR MARSH ON PLACE ASSESSMENT

- 73.1 Councillor Marsh recently took place in a Patient Led Assessment of the Care Environment (PLACE) training session and assessment with RSCH. The assessors visited various areas of the hospital, looking to assess the general environment, decoration, cleanliness and quality of food for patients.
- 73.2 Councillor Marsh said that she was very pleased to have been part of the assessment process. It felt a very open process; assessors were not barred from visiting any area or asking any questions. She would recommend it to all members; Councillor Theobald was already scheduled to take part in a future assessment.
- 73.3 Elma Still, Associate Director, Quality, BSUH, responded on behalf of the Hospital Trust, thanking Councillors Marsh and Theobald for taking part. Assessors came from a variety of backgrounds, including patients, carers, and other members of the public. In terms of next steps, the Hospital Trust expected to receive the final PLACE assessment report in August and would be happy to bring it to HWOSC.

74. SEXUAL EXPLOITATION OF CHILDREN: RESPONSE FROM LOCAL CHILDREN'S SAFEGUARDING BOARD

- 74.1 The Chair began by thanking the Local Safeguarding Children's Board members and colleagues who had attended last committee to present the report. Due to the amount of time given to the A&E item last time, HWOSC did not have time to hear this report so it had been postponed until this committee.
- 74.2 Howard Baines, Local Safeguarding Children's Board (LSCB) Manager, Rachel Brett (Director of Care & Support Services, Sussex Central YMCA) and Detective Chief Inspector Jeremy Graves, (Head of Crime Brighton and Hove) and chair of the CSE LSCB sub group) presented the report to HWOSC.
- 74.3 Mr Baines explained that child sexual exploitation (CSE) was high on the LSCB's agenda, and key agencies in the city worked closely together to address the issue. CSE issues also link in with missing children and trafficked children. The LSCB coordinated training programmes for multi-agency staff including school staff and worked with school pupils. The school PSHE curriculum has been updated to include CSE.
- CSE is now recognised as a safeguarding issue, which is a complete change from when it was considered to be a sign of promiscuous young people. There has been work to raise police officer awareness about CSE, for example, missing person interviews focus on CSE. The agenda report summarised the initiatives in place in the city.
- 74.4 Ms Brett gave an overview of the 'What is Sexual Exploitation' (WiSE) project. It began in 2010, following a pan Sussex report 'Tipping the Iceberg' (2007) by Barnardos. WiSE was established using the University of Bedfordshire's ten recommendations for LSCB groups working with CSE.

In Brighton and Hove, following robust evidence gathering, agencies have a good idea of the levels of CSE in the city, and the methods being used by perpetrators. They cannot guarantee that there are no organised crime groups operating in the city but there is no indication that this is the case at present or in the past.

74.5 DCI Graves, who chairs the LSCB subgroup, told members that it was a very well represented group, with approximately thirty members covering a wide range of agencies in attendance. They had a well established process to capture any CSE cases in the city, meeting bi-weekly to share any information about cases. Services are joined up as much as they could be.

74.6 Committee members asked the LSCB representatives questions and comments:

74.7 Members asked about the numbers of children who are affected in Brighton and Hove?

Ms Brett said that at any one time, the WiSE project has about forty young people on their case books, with joint working with other agencies in the city due to capacity issues at WiSE. They have trained over 1000 professionals in identification and screening in CSE, and this has raised the number of referrals to WiSE accordingly. WiSE focus on higher threshold cases, so they hope that people who have been trained will be happy to deal with lower level cases themselves. Feedback has shown that people who have had training feel more confident in contacting WiSE to talk through their concerns and then refer the lower level cases on to the appropriate agencies or deal with it themselves.

The youngest person that WiSE has worked with was twelve; any children younger than this would initially be referred to ACAS, the information would be shared within the fortnightly meeting between Police, ACAS and WiSE in relation to care planning.

74.8 How can councillors be kept informed of what is happening in the city, eg any evidence of CSE crime gangs or other trends?

Graham Bartlett, Chair of LSCB, explained that Councillor Sue Shanks, Chair of the Children and Young People Committee (CYPC) sits on the LSCB and Mr Bartlett attends the CYPC so he is confident that the information is shared appropriately.

Superintendent Graves confirmed that the young people that had been seen so far had come through as individual cases not in clusters; there was no evidence that there had been any CSE criminal gangs operating.

74.9 Some members said that they had doubts over the council's approach to CSE, particularly in the equalities profiling of potential perpetrators. There were a number of factors in Brighton and Hove that meant that CSE gangs could operate here, eg the night time economy, large number of takeaways and amusement arcades, a higher number of runaways coming to the city and so on.

The high profile CSE cases in other cities were largely caused by an unwillingness to upset community cohesion. Some members felt that this was reflected in the cover report for the CSE item, which addressed equalities implications for victims but not the possibility of potential perpetrators being from other equalities groups.

Members would therefore like reassurance that respect for cultural differences would not cloud the LSCB team from carrying out investigations.

Ms Brett said the LSCB was working to look at the night-time economy. From WiSE's perspective, they were not afraid of challenging cultural groups but the fact remained that they had not seen anything of this nature happen to date. If the evidence was there, WiSE and partners would act robustly.

74.10 Members asked whether there had been a formal report of lessons learnt from Rochdale and other areas so far.

Superintendent Graves said that he was not aware that the report had been published but nevertheless, agencies were already working together to share learning, particularly through multi-agency safeguarding hub approaches, where agencies share all of the available information about a particular person.

74.11 Do school governors receive any safeguarding training?

Ms Brett said that there was safeguarding training for governors, which did cover CSE as well. WiSE can also offer bespoke training when requested.

74.12 Members asked how police performed in CSE cases locally.

Ms Brett said that there had been one particular successful prosecution recently, where the victim had learning disabilities. The police worked very well at putting support in for the victim and their family. The case resulted in the perpetrator getting fifteen years in prison.

74.13 What was the approach for tackling online CSE?

Ms Brett said that a member of staff had been trained by Child Exploitation and Online Protection (CEOP) to deliver specific training about online CSE.

74.14 The Healthwatch co-optee said that Healthwatch is able to represent children so they would welcome information about training opportunities. Superintendent Graves said that LSCB did not have a Healthwatch representative at present so they would welcome the input.

74.15 The HWOSC Chair concluded the item; he did not feel that it was necessary to establish a scrutiny panel at present as there was little value that could be added by a panel.

Other members said that they still had some concerns about the potential impact of not tackling perpetrators due to misplaced fear of affecting community cohesion, but they agreed that a panel was not necessary at present.

The Chair agreed to formally contact Councillor Shanks with members' concerns and ask her to raise them with the LSCB. Councillor Shanks' response will be brought back to HWOSC.

75. UPDATE ON 'TALK HEALTH' REPORT

75.1 Debbie Collins from Amaze presented the report. Ms Collins began by giving a huge thanks to HWOSC members for championing the Talk Health report on behalf of the Parents and Carers' Council (PaCC); having the backing of HWOSC had opened doors and given opportunities for dialogue that had not been there before. There has been a wide variation in the reception that Talk Health have had from GP across the city. Some have engaged but some still have a long way to go to fully acknowledge the requirements of a child with special needs.

75.2 There were a few areas of work that still needed further attention, in particular the Children and Adolescent Mental Health Service (CAMHS) which was not engaging with PaCC. Their key contact had left and communication with CAMHS tended to be one-way, with little information coming back to parents. Ms Collins was due to arrange a meeting with CAMHS about how they communicated with parents and carers as it was an issue that has been raised repeatedly.

75.3 Sam Allen, Sussex Partnership Trust, spoke on behalf of CAMHS, apologising for the poor service that PaCC members had experienced and promising to take up the matter with CAMHS colleagues on behalf of PaCC. This was welcomed.

75.4 Ms Collins said that she did not wish to repeat all of the information that was in the report, but welcomed members' questions.

75.5 Members queried what steps were in place to address the abuse of blue badges with regard to the parking scheme at the Royal Alexandra Children's Hospital? How would the road layout be overcome to enable authorised queue jumping?

Ms Collins said that blue badges were checked rigorously. The arrangement in place for blue badge holders to go to the front of the car park queue was only for families who had their children with them. The car park attendant would help the cars pass by where necessary.

75.6 The Healthwatch representative said that they would welcome a parent to sit on Healthwatch.

75.7 The Chair commented that members were still happy to champion the report but given that a large number of the recommendations had already been achieved, it would be a more of a scaled back championing, on the understanding that PaCC will actively contact HWOSC to ask for help where needed.

75.8 Ms Collins agreed this approach would be a helpful one for all parties.

76. A&E AND CAPACITY PRESSURES AT THE ROYAL SUSSEX COUNTY HOSPITAL

76.1 Elma Still, Associate Director, Quality, BSUH, Sherree Fagge, Chief Nurse, BSUH and Geraldine Hoban, Chief Operating Officer, Clinical Commissioning Group (CCG), presented the report updating HWOSC members on progress against the five

workstreams put in place at the emergency department following the ECIST inspection and report.

- 76.2 Ms Fagge wanted to assure people that the figures circulated related to all emergency services in RSCH including the children's emergency department; everyone was seen in four hours or less. Ms Fagge was aware that adults with special educational needs were flagged up when they attended A&E and will follow up and confirm if this was the case for children.
- 76.3 There had been local news coverage of the negative Care Quality Commission inspection and report recently; this was not a new inspection but had taken place when the department was in crisis. If the Care Quality Commission inspectors were to return now, the hospital is confident that they would see a very different picture.
- 76.4 Ms Hoban spoke on behalf of the CCG; they were keeping a close eye on progress at A&E. The summer period tended to have lower demands on emergency services so it was a good time to review pathways of care and discharge arrangements. It was true that the situation had improved at A&E but all parties recognised that there was still a great deal to do.
- 76.5 Ms Hoban also commented that the CCG had monthly meetings with the Care Quality Commission, reviewing the metrics that they were assessing.
- 76.6 Members asked why the Care Quality Commission had just come to light, given that the inspection took place in April.

Ms Fagge confirmed that although the assessment was in April, the report had not been published until June. The report focussed on four areas of concern, three of which were about overcrowding in A&E. The fourth area for improvement was staff training; a large piece of work was being organised to address training needs.

- 76.7 Members said that emergency services were so stretched because the wrong people were using A&E; not everyone who was there needed to be there.

It would also be better to have a separate area for people with drink and drug issues, as these people caused lots of trouble for other attendees. The 111 service had received a lot of poor publicity and was not giving people confidence that it would give appropriate and timely advice.

Ms Fagge said that they had to care for all of the people who came through the doors. However it was true that not everyone who was at A&E should be there. The CCG was currently running a poster campaign to highlight alternatives to A&E including the out of hours service, drop in clinics etc.

There was now a GP on the front door of A&E; they are able to see people straight away and direct them to the most suitable care provider.

Ms Hoban said that there was a dedicated room for people with mental health needs in crisis; this has been very successful at reducing the number of admissions. The CCG

will look at how to address people with drug and alcohol issues, and whether this can be handled in a similar way.

- 76.8 Members said that they welcomed the campaign to promote alternatives to A&E as long as it did not have the adverse effect of stopping people who should be at A&E from attending.

Ms Hoban said that, when it was fully operational, the 111 service would be the gateway for knowing when A&E was appropriate. Extra investment was going into the 111 service for increased number of staff and clinical services in local call centres.

- 76.9 Members said that they had felt reassured by Matthew Kershaw's presentation at the last HWOSC and remained reassured by this update. They noted that A&E had accepted that there had been faults and had put in plans to address them. Would it be possible for BSUH and the CCG to consider what other factors might be affecting A&E performance so that HWOSC can put on pressure where necessary. For example, are there delays in adult social care, are some people not used to using GP services etc.

The Chair agreed that it would be good to see detail of all of the determining factors and causes. It was pleasing to see that there was already evidence of progress – as the Hospital Trust had already identified, it would be key to determine whether the positive trend would continue. The report was due to return to HWOSC in September for a further update and review.

77. UPDATE ON DEMENTIA SERVICES

- 77.1 Anne Foster from the CCG and Simone Lane, Commissioner for Dementia, gave an update report on dementia services in the city. The report and appendices gave an update since the previous report to HWOSC in December 2012.

- 77.2 Since the report had been written there had been further progress:

The Memory Assessment Service had been launched and would take self referrals from the end of August. The service is provided by a partnership of organisations including the Alzheimer's Society, who will offer care and support post-diagnosis.

The Butterfly Scheme, a carer-led training scheme, is being rolled out across both BSUH sites

The Care Home In-Reach Service has been reviewed and is now funded on a sustainable basis.

- 77.3 Members asked about the 'This is Me' bag and its contents. Ms Lane said that it was full of the person's key documents including the RCN/and Alzheimer's 'This is me' leaflet which is designed to provide professionals with information about the person with dementia as an individual

- 77.4 How is work progressing against the National Dementia Strategy?

Ms Foster said that the local plan is in line with the National Dementia Strategy. The establishment of the new Memory Assessment Service was a key milestone as this enables more people to get a diagnosis as early as possible and provides greater opportunity for early intervention and support. The standard in the contract is that there to be no more than a four week wait for an assessment at the Assessment Clinic.

77.5 Members asked whether everyone in certain care homes had dementia.

Ms Foster said that with the number of people with dementia increasing because of an aging population more people with dementia are in mainstream care homes rather than specialist care homes. A key part of the approach to improving care is to ensure it is part of everyone's business. This involves training and development of generic staff such as care home staff as well as providing specialist support example the Care Home In-Reach team.

77.6 Members agreed to note the report, with an update to return to HWOSC in twelve months if needed.

78. MENTAL HEALTH ACUTE BEDS - MAY 2013 UPDATE

78.1 Dr Becky Jarvis gave a brief update on progress with the temporary closure of the mental health beds at Millview.

A number of new staff had been recruited, including care coordinators and additional clinical staff working in the Crisis Resolution Home Treatment Team. In addition a new urgent response service had been in operation since January and a new day service for people with personality disorder opened in May. All of these developments provide opportunity for more care to be provided in the community.

The CCG had recently awarded two new contracts for accommodation support services. These new services will be established later in the year and will help minimise unnecessary long stays in hospital due to accommodation issues.

78.2 It is hoped that by September 2013 the team will be in a position to make a final decision on the closure. Options are: to permanently close the ward; to permanently close the ward with extra investment in services, or to re-open the ward. The clinical team will evaluate all of the data before making their decision and will bring a final report back to HWOSC in due course.

The meeting concluded at 6.15

Signed

Chair

Dated this

day of