

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

**4.00pm 24 JULY 2012**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor Rufus (Chair)

**Also in attendance:** Councillor C Theobald (Deputy Chair), Bowden, Marsh, Robins, Sykes and Wealls

**Other Members present:** Mr David Watkins (LINK), Mr Jack Hazelgrove (Older People's Council), Mr Ceirney Eddie (Youth Council), Ms Amanda Mortenson (Parent Governor)

**PART ONE**

**12. PROCEDURAL BUSINESS**

**12A Substitutes**

12.1 There were none. Councillor Graham Cox gave his apologies.

**12B Declarations of Interest**

12.2 There were none.

**12C Exclusion of Press and Public**

12.3 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 information as defined in section 100I (1) of the said Act.

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

**13. MINUTES**

13.1 Members considered the draft minutes from the 12 June 2012 Health and Wellbeing Overview and Scrutiny Committee.

**13.2 RESOLVED that the minutes of the 12 June 2012 Health and Wellbeing Overview and Scrutiny Committee be approved and signed.**

#### **14. CHAIR'S COMMUNICATIONS**

14.1 Cllr Rufus said that he had taken part in the Carer's Challenge, where he had spent the afternoon with a carer. He encouraged everyone to take part in future sessions.

He found it a very positive and inspiring afternoon, and got a deeper understanding of the day to day issues and bureaucratic complexities involved in being a carer, as well as the strength of character needed to be a carer.

#### **15. PUBLIC INVOLVEMENT**

15.1 There were no items to consider.

#### **16. ISSUES RAISED BY COUNCILLORS AND CO-OPTES**

16.1 There were no issues to consider.

#### **17. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

17.1 Dr Peter Wilkinson presented the report as Dr Tom Scanlon was unable to attend the meeting. Dr Scanlon had compiled 'Vital', the 2011 annual report on public health for Brighton and Hove. Dr Wilkinson summarised the report contents and answered questions from the committee members.

17.2 Councillor Rufus applauded the report and the new layout and style - it provided a new way of looking at a number of important health issues for the city. This was backed up by other committee members.

17.3 In response to a question about the classification system for local GPs, and how this could be used to improve performance, Dr Wilkinson said that it allowed surgeries to compare themselves with practices with a similar patient base rather than with all practices across the city. This allowed more meaningful comparisons to be made.

17.4 In response to a query about the report's intended audience, Dr Wilkinson said that the report was mainly intended for primary care practitioners, practice managers and the Clinical Commissioning Group (CCG). The report was intended to be informative and entertaining and also offered GPs potential CPD points. The report had already been sent to all councillors and to all GP surgeries.

17.5 Geraldine Hoban, Chief Operating Officer for the CCG, said that the classification system was a way of holding peers to account. The CCG was also planning to introduce scorecards for surgeries, again comparing like with like, and providing softer information

from patients' experiences. Ms Hoban would be happy to come back and talk to the committee about this at a later date.

- 17.6 Members commented that it might be the case that individual GPs could be the stumbling block for improving care. This might be particularly the case for locums, who did not know the individual patient or their medical history.
- 17.7 There was a discussion around the article on diabetes care. Ms Hoban said that the CCG thought that diabetes should be a clinical priority locally, in order to achieve the results that should be being achieved.
- 17.8 Mr Watkins said that he had not been able to find any reference to Patient Participation Groups (PPG) in the report and would like to see this made more explicit in future reports.
- 17.9 **RESOLVED – that the annual report on public health be noted, and that Ms Hoban be invited back to speak on GP peer reviews and patient feedback.**

## 18. HWOSC WORK PROGRAMME

- 18.1 Councillor Rufus introduced the work programme, explaining that Councillors Rufus, Marsh and Theobald had previously met to discuss and agree the work programme content. Councillor Rufus explained that the work programme was a fluid document and could be amended and updated as needed. The HWOSC co-optees had been contacted for additional work programme ideas that they may have; these would need to be added in.
- 18.2 Councillor Wealls commented on item (d), Autism services for Children and Young People. He was concerned that there may be duplication with the work of the Children and Young People's Committee. In addition, there was quite a narrow focus suggested, by concentrating on the work of CAMHS. Councillor Wealls suggested that this needed broadening out. This was agreed.
- 18.3 Councillor Marsh suggested that items (q) the Clinical Commissioning Group Strategic Commissioning Plan and (r), the Clinical Commissioning Group Annual Operating Plan could be combined. This was agreed.

Councillor Marsh also said that item (m) - Community Meals –was being dealt with by the Adult Social Care Committee and HWOSC should not duplicate their work.

- 18.4 **RESOLVED – the work programme was agreed, with the exception of the amendments made above.**

## 19. MENTAL HEALTH BEDS UPDATE

- 19.1 Anne Foster, Clinical Commissioning Group Lead Commissioner, Mental Health and Sam Allen, Sussex Partnership NHS Foundation Trust (SPFT) Service Director, provided the committee with a verbal update on the decision taken by the Clinical

Review Group at its last meeting regarding the temporary acute mental health beds at Mill View Hospital. The HWOSC had asked for a verbal update from the meeting.

- 19.2 Ms Foster said that, since the last HWOSC meeting, the clinical review group had held, as planned, a further meeting. The group, which consists of six clinicians from across SPFT and chaired by the GP Mental Health Lead at the CCG, had carefully considered the current situation with the temporary bed closures and on balance, had decided not to re-open them.

The clinicians felt that, in their experience, if a bed was available, it would be filled; this might artificially alter the threshold for managing patients in the community. Instead, the review group opted to use the resources freed up by the bed closures to invest in community services and other improvements in acute mental health services e.g. discharge team. The review group felt that it was vital to make further improvements to the Crisis Resolution Home Treatment Team (CRHT), and in particular to bolster night-time support as well as looking at enhancements to reduce the length of a patient's stay.

- 19.3 Ms Allen clarified the decision taken by the clinicians regarding the closure of the beds is contingent on further investment (as outlined above) in community services. The preferred model of care is for patients to be managed in the community as much as possible because of the continuity of care with community teams and family and social support networks. There had already been progress in reducing the length of stay since the introduction of the early discharge coordinator at the start of June.
- 19.4 Ms Foster and Ms Allen commented on the fact that although it had not been possible to meet the 95% target for accommodating people within Brighton and Hove, this had only dipped to 93%. They mentioned however that one risk to be aware of was that, if homelessness figures increase, this could put additional pressures on the acute services,
- 19.5 The committee heard that there was further work ongoing to prioritise the investment in community services and that the clinical review group will meet again in August to make a final decision on investment. The impact of the investment would be monitored over a period of two to three months to assess its sustainability before making a permanent decision on the future of the beds.
- 19.6 Councillor Rufus said that he was surprised by the review group's decision and asked how quickly would the extra community support resources have a meaningful effect on the metrics?
- 19.7 Ms Allen said the investment proposals had already been developed; additional services could be in place by September 2012 and should quickly be able to demonstrate their outcomes. The Early Discharge Team was already having a positive impact, and it was hoped to extend their services to make them available for seven days a week.
- 19.8 Committee members said that they were disappointed with the decision not to re-open the beds. They would also have liked to have had a written report available on such an important issue.

Ms Foster and Ms Allen explained that it was not possible to have provided a written report; the tight deadlines with the clinicians' meeting had meant that it was not possible on this occasion. They confirmed that a written report will be provided to the next HWOSC meetings. Councillor Rufus welcomed this confirmation.

- 19.9 Mr Eddie, for the Youth Council, asked about the effect that the bed closures would have on the families of patients, in particular those who might be placed out of the area. Ms Allen said that SPFT would always try and provide someone with their first choice of accommodation location where possible; SPFT has beds across Sussex. It was often the case the patients preferred to be cared for in their own homes; the new investment in community services would support this.
- 19.10 Ms Hoban from the CCG confirmed that clinicians would continually review the situation following the additional investment. Investment was immediately available for some of the services to increase capacity, but in addition to this the CCG were also progressing other plans including the personality disorder day facility and increased capacity in terms of supported accommodation; these changes would come in during 2013. This was part of a long transformational journey for mental health services, following an extensive independent review of services. The new arrangements would be carefully monitored; it was about getting the model of care right and addressing a systemic imbalance.
- 19.11 Clodagh Warde-Robinson, Deputy Chief Executive from the Sussex Community Trust, said that they had been through a similar process in West Sussex and stressed the need for a formal evaluation of the programme, and the potential knock on effect for other services. Ms Warde-Robinson, Ms Allen and Ms Foster agreed to continue the discussion following the committee meeting and agreed to keep Councillor Rufus and HWOSC members updated with any outcomes.
- 19.12 Mr Watkins, representing the LINK, said that he was very disappointed with the decision and felt that the community he represented would be unhappy too. He asked that any future reports about the bed closures be sent to the LINK.
- 19.13 Councillor Wealls said that he disagreed with the majority of committee members as he felt that it should be clinicians directing priorities.
- 19.14 Ms Warde-Robinson spoke in support of the proposed changes, commenting that it was necessary to take some of the capacity out of a service in order to transform it and change behaviours. If changes were not made, behaviours would not change.
- 19.15 RESOLVED – that the verbal report be noted and that written reports on the situation regarding the bed closures be brought to all future HWOSC meetings whilst this was a live issue.**

## **20. SCRUTINY PANEL REQUESTS: SCOPING REPORTS**

- 20.1 Item 20 was brought forward in the agenda at the request of Councillor Mitchell.

- 20.2 Councillor Mitchell requested that the HWOSC consider her application for the Youth Justice Plan (YJP) to be scrutinised through a review panel. Councillor Mitchell outlined her reasons for this, explaining that she felt that the YJP was inadequate. It had been severely criticised by Her Majesty's Inspectorate of Probation, and Brighton and Hove had been placed in the bottom 25 in the country, out of a total of 160 that had been assessed.
- 20.3 Councillor Mitchell understood that an Improvement Plan had been submitted to the Children and Young People's Cabinet Member Meeting in September 2011 but that the HMIP inspection report had not been appended so it was not possible to cross-reference the two documents satisfactorily. The YJP came to Cabinet in March 2012 but Councillor Mitchell and colleagues did not feel that it was up to standard.
- 20.4 Councillor Mitchell felt that it was an appropriate time for the YJP to be scrutinised; the department are due to look at the plan in January 2013 but a panel could look at the restructuring and the proposals that had been suggested within the improvement plan before that time, feeding their comments into the department's proposals.
- 20.5 Councillor Rufus thanked Councillor Mitchell for raising this important issue and invited questions and comments from committee members.
- 20.6 Councillors and co-optees agreed that the YJP was an important topic that needed to be taken up by a review panel as soon as possible and that the issues identified in Cllr Mitchell's letter should be addressed.
- 20.7 Members were anxious that the work of any panel should dovetail with existing work to improve the service. They discussed the best way to take it forward in order to feed into the reporting cycle for the January 2013 committees. It was suggested an initial session with officers involved in developing the service would be beneficial to identify where a panel could add value; it would be necessary for the panel to be completed by mid-autumn 2012.
- 20.8 RESOLVED – that a scrutiny review panel be set up to look at the Youth Justice Plan as soon as possible, to be completed by mid autumn 2012.**
- 20.9 Councillor Wealls then introduced his request for a scrutiny panel, looking at emergency accommodation in Brighton and Hove. This had come to his attention through casework from some of his constituents and he was interested to find out whether emergency accommodation was fit for purpose. In particular, Councillor Wealls had concerns about the availability of drink and drugs which can be a particular problem for recovering addicts living in the accommodation.
- Councillor Wealls appreciated the report that officers had supplied in response to his enquiry. He had further questions including those around the level of support that tenants were given, and around the proposed re-tendering process. It might also be opportune to extend the remit of any panel to look at temporary as well as emergency accommodation as this had also been raised as a concern.
- 20.10 Members commented that the situation in terms of the number of people needing emergency and temporary accommodation was not going to improve. They felt that it

would be appropriate to look at the issue through a review panel. How could we help people to break out of the cycle of needing emergency accommodation? Members said that they would like to speak to service users (or their representative groups) as well as service providers in order to get as round a view as possible.

20.11 Narinder Sundar, Supporting People Manager, from the Housing Commissioning Unit, and Jenny Knight, Housing Commissioning Officer from the Housing Commissioning Unit, addressed some of the queries raised from committee members. They commented that there had been a significant rise in the numbers of people approaching for help with temporary and emergency accommodation. Residents in hostel accommodation tended to have multiple complex needs, which added to the complexity when looking at accommodation options.

20.12 Members discussed how to take this forward. It was felt that a focussed workshop would not allow enough time to fully consider the subject. The committee agreed that this would be an appropriate topic for a scrutiny panel, bearing in mind that the panel looking at the Youth Justice Plan would take priority.

**20.13 RESOLVED – that a scrutiny review panel be set up to look at emergency and temporary accommodation. The panel should speak to service users (or their representatives) and service providers.**

## **21. SUSSEX COMMUNITY TRUST: FOUNDATION TRUST APPLICATION**

21.1 Ms Warde-Robinson, Deputy Chief Executive from the Sussex Community Trust, had been due to give an update on the Trust's application for Foundation Trust status. However they had been asked to postpone their application until September 2012 because of the summer break. Ms Warde-Robinson therefore gave a presentation on the work of the Trust and its work in the community.

21.2 Ms Warde Robinson answered questions from committee members, in particular addressing comments about the interface between social services and the Trust. She explained that the Trust did a lot of work to link with homelessness services, in particular, dental services.

**21.3 RESOLVED – that the contents of the presentation be noted and that Ms Warde-Robinson come back to HWOSC in due course with more information on the application for Foundation Trust status.**

## **22. LETTERS TO THE HWOSC CHAIR**

22.1 The Committee considered the letter regarding hearing services.

22.2 There were no comments. Ms Hoban agreed to come back to update the Committee at a future date; this was welcomed.

**22.3 RESOLVED – that Ms Hoban come back to update the Committee at a future date on Hearing Services in the city.**

**23. FOR INFORMATION: WORK PLAN OF THE CHILDREN & YOUNG PEOPLE POLICY COMMITTEE**

23.1 The work plan was noted by the committee.

The meeting concluded at 7.00pm

Signed

Chair

Dated this

day of