BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

4.00pm 23 JULY 2013

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Rufus (Chair)

Also in attendance: Councillor C Theobald (Deputy Chair), Buckley, Cox, Marsh, Robins, Phillips and Wealls

Other Members present: Co-optees Jack Hazelgrove (OPC), David Watkins (Healthwatch); Cierney Eddie (Youth Council)

PART ONE

79. PROCEDURAL BUSINESS

79.1 Councillor Alex Phillips was subbing for Councillor Ollie Sykes.

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

Declarations of Interest - Councillor Cox's wife works for Sussex Community Trust (Agenda item 87)

Declaration of Party Whip – there was none

Exclusion of press and public was as per the agenda.

80. MINUTES OF PREVIOUS MEETING

80.1 Minutes of previous meeting- there was a spelling mistake in 63.1 ('in adequate' rather than 'inadequate').

80.2 Councillor Marsh asked whether members could be involved in the consultation on urgent care; the Chair agreed to look into this further and report back.

81. CHAIR'S COMMUNICATIONS

81.1 The Chair said that he would like to try and theme forthcoming HWOSC meetings around health inequalities as far as possible; this was a key priority for Public Health and the council as a whole. He had held meetings with Tom Scanlon, Director of Public Health, and .Denise D'Souza, Executive Director, Adult Services, to talk about possible work areas for 2013/14

81.2 The Youth Council had some work planning suggestions; the co-opted member would forward these once they had been discussed with the wider Youth Council

81.3 The Chair had attended the regional HOSC Chairs meeting and been to the 111 call centre in Dorking. He was pleased to feed back that, despite a shaky start, he had found the call centre to be responsive and hitting targets much more effectively.

81.4 Some members of HWOSC and other councillors had attended the GP Performance Training, thanks to those who had attended the event. In terms of next steps, the CCG will look again at their commissioning strategy, and HWOSC could feed into that.

Other members who went to the workshop also commented:

- it was clear that there was a lot of work still to be done on appropriate and agreed measurement tools (for instance, the Quality Outcome Framework or other methods)

- the same information had previously come to HOSC in a public meeting; why had this been kept private? The Chair said that this had allowed for a much more in-depth two hour discussion of the subject area, which would not have been possible if it had been a public meeting

- there was a lot of interesting data, although some it had perhaps been pitched at a non lay-person level

81.6 Councillor Marsh gave a brief update on the alcohol scrutiny panel. She and Councillor Deane had attended the Alcohol Programme Board and had been invited to take part in a domain group discussion looking at the night time economy. All three panel members were keen that their work would not duplicate existing workstreams but add value. All three members also sat on the Licensing committee, so it was possible that this was a potential way to add value to the process.

Public Involvement

81.7 Mr Rixson (see previous meeting minutes) returned to raise a question about Healthwatch. He remained concerned that despite Healthwatch being in operation for approximately four months to date, there was still a complete lack of public engagement. Had the HWOSC Chair received a reply from Healthwatch to Mr Rixson's earlier question on the same matter?

The Chair said that he would follow up the response, and reminded Mr Rixson and HWOSC members that Healthwatch was an agenda item for the September HWOSC.

81.8 In terms of public involvement, Mr Watkins spoke on behalf of Healthwatch advising that a response about Healthwatch had been sent to all councillors following the last HWOSC meeting.

With regard to Mr Rixson's specific point, the Healthwatch transition group was due to cease operation at the end of July 2013. A shadow Healthwatch would be formed in September 2013, which would operate until May 2014. At this time, Healthwatch would become a stand alone body, and the CVSF would no longer have involvement, unless Healthwatch specifically asked them to.

81.9 Mr Rixson replied that he had asked to attend a transition group meeting or read the minutes; both requests had been refused. Why was this the case?

Mr Watkins confirmed that they were private meetings and that the transition group was not making policy but merely keeping things ticking over.

82. COUNCILLOR ANDREW WEALLS - VERBAL UPDATE ON HOSPITAL MORTALITY MEETING

82.1 Councillor Wealls reported back on a meeting that he had had with the Patient Safety Team at BSUH following concerning reports about weekend rises in mortality rates.

82.2 Councillor Wealls said that he had been satisfied that there was no statistically significant uptake in mortality at weekends. This remained the same for non-elective admissions, which had been a particular worry.

82.3 Councillor Wealls thanked the Patient Safety Team at the hospital for their assistance.

83. ANNUAL PUBLIC HEALTH REPORT

83.1 Tom Scanlon, Director of Public Health, presented the eighth joint NHS/BHCC annual Public Health report to HWOSC. This year's report centred on happiness.

Members heard that there were close links between happiness and health. A number of citywide policies including One Planet Living and the CCG's approach explicitly addressed happiness.

83.2 Dr Scanlon said that there were already a number of positive stories when looking at public health and happiness; older people were staying healthier for longer, there had been a dramatic drop in drug deaths in the city, young people were drinking and smoking less than in previous years.

83.3 However there were still significant areas of public health that needed to be addressed, including a high level (38%) of people at risk of poor mental health and self harm rates were rising.

There has been a change in the type of drug use in the city, moving toward club drugs rather than more established drugs. People who use club drugs tend to see themselves

as different from users of other drugs such as heroin, so they do not use traditional drug clinics. Therefore a new drug clinic for club drugs is opening in Brighton & Hove.

Dr Scanlon said that work was underway to try and connect drug and alcohol services with sexual health services. There seems to be a lot of connection between the people who use these services, as drug and alcohol use were risk factors for unsafe sexual activity, but the adult services have not been linked up before - this is now taking place.

83.4 Health inequalities are the toughest challenge – HWOSC members heard that there are large health inequalities regarding those at risk of depression, smokers and those with limiting long-term illness, obesity is increasingly associated with deprivation and high risk drinking is now as likely among the affluent.

83.5 Members warmly welcomed the Public Health report and Dr Scanlon's presentation, and asked questions and comments.

83.6 Members asked how Public Health's role had been altered by moving back to becoming part of the council.

Dr Scanlon said that it gave Public Health a much stronger opportunity to tackle health inequalities by strengthening the connection between Public Health and other departments such as Housing, Transport, Education, Benefits and Environmental Services. The connection had existed before but the Public Health team now has greater visibility and a greater scope. Dr Scanlon has already met all of the head teachers in Brighton and Hove to talk to them about a public health programme for schools, looking not just at health but at wider factors including arts and culture.

83.7 Members said that there had been recent media coverage about the change in the drinking habits of women born in or after the 1970s. How was this playing out in Brighton & Hove?

Dr Scanlon said that the distinction between men and women's drinking appears to have been lost. In the past women had tended to drink less than men but this appeared to no longer be the case; women seem now tended to drink at the same level as men now. The health impacts of this can be seen in the higher levels of alcohol related diseases in middle aged women that are now emerging.

83.8 Members said that there was confusion in statistics on young people's happiness. The Public Health report said that most young people are happy but a recent report in the media said that more young people are unhappy. How could this be the case?

Dr Scanlon said that the statistics that were in the Public Health report did show that the vast majority of young people were happy; however there was no trend data so he couldn't say whether this had changed over time or in which direction.

83.9 Members commented that they were glad to see that the serious effects of depression and unhappiness were being recognized.

83.10 Members queried whether the drug death figures included deaths from legal drugs such as paracetamol?

Dr Scanlon said that there were two systems of recording drug related deaths – the ONS system and the St George's np-SAD system which was more influenced by individual coroner's classification of the death. It was unlikely that any of the twenty (np-SAD) reported drug deaths were paracetamol deaths but rather related to illegal drug use.

.

83.11 Members concluded by thanking Dr Scanlon for the presentation and report, and agreeing the recommendation to note the report.

84. JOINT HEALTH & WELLBEING STRATEGY

84.1 Giles Rossington, Health and Wellbeing Board Business Manager, presented a report on how the Health and Wellbeing Board (HWB) priorities were set, what the priorities were and how the strategy had been agreed. He then answered members' questions.

84.2 Members asked whether the Public Health annual report on happiness fed into the HWB strategy.

Mr Rossington said that the HWB priorities were based on the same evidence that had been presented in the Public Health annual report so there were very close links between the work areas. In addition, Dr Scanlon and Denise D'Souza also sat on the HWB so they could ensure that the priorities were shared.

84.3 Members asked how reactive the HWB would be to new priorities that might emerge over the next few years.

Mr Rossington said that the HWB was a very high level strategy but that each of the five priorities had more detailed work plans attached to them. It is likely that the objectives would stay the same but that the action plan could be amended where needed.

84.4 Members said that there were other priorities for the city that were not reflected in the HWB, for example alcohol – where was this work being covered?

Mr Rossington said that the HWB had actively chosen not to prioritise work that was being covered by partnerships elsewhere. In the case of alcohol, the Alcohol Programme Board had been set up following the intelligent commissioning pilot. It was hard to see what added value the HWB would be able to add to this existing partnership work.

84.5 Members thanked Mr Rossington for his update, commenting that they looked forward to hearing more about the work of the HWB in due course.

85. DUAL DIAGNOSIS

85.1 Linda Harrington, Commissioning Manager, NHS Brighton & Hove City, and Kathy Caley, Lead Commissioner for Alcohol & Substance Misuse, presented a joint report and update on the dual diagnosis work.

85.2 Ms Harrington said that the work was in the context of the Overview and Scrutiny panel report in 2009 that looked at services for people with a dual diagnosis. The scrutiny

panel recommended a joint strategic needs assessment was carried out; this was completed in 2012. Other updates included introducing a universal screening tool, new accommodation services and greater service integration.

85.3 Ms Caley said that the alcohol and substance misuse services were currently in the process of being retendered; at present they were consulting with service users to see what they would want to see in the service.

85.4 Ms Harrington and Ms Caley then answered members' comments and questions.

85.5 Mr Watkins said that he had been on the scrutiny panel that had looked at dual diagnosis in 2009. It had been a very harrowing process and they had heard from service users who had had a terrible experience. Mr Watkins found it unbelievable that four years on from the panel, the recommendations had still not been carried out. It was very sad that those people who needed specialist services were still not able to access them. He anticipated that Healthwatch would want to look at dual diagnosis when it was operating.

Ms Caley said that she fully appreciated Mr Watkins' comments but it was the case that a range of work had already been carried out. Sussex Partnership Trust had taken the dual diagnosis workstream forward, dual diagnosis champions were now in place and training was in place for more generic staff. However it was true that there was still a lot of work that needed to be completed.

Ms Harrington added that this was the second update on dual diagnosis, so they had not included all of the updates that had happened since 2009. Another positive change was an increase in bed spaces at the West Pier Project. However there was a recognition that services still needed to be more integrated.

85.6 Members asked for more information about the new accommodation provision. They heard that there were different levels of accommodation support, with a specific focus on dual diagnosis at every level.

85.7 Members thanked Ms Harrington and Ms Caley for their presentation and looked forward to being kept informed of developments in service provision.

86. INTEGRATED FAMILIES: UPDATE

86.1 Mr Barton presented an update to HWOSC members on the Stronger Families, Stronger Communities (SFSC) work that was taking place. He gave a summary of the SFSC work, explaining the priorities that the project worked with. Mr Barton said that the team was now fully staffed. It was also working closely with the community and voluntary sector, commissioning the CRi project to work with 45 families.

SFSC was working with 232 families at present (although there had been an anticipated 292 families). They had closed down 19 family interventions, mainly due to the work having had a positive impact on the family.

86.2 Mr Barton said that the project was working to try and improve the links between Children's Services and Adult Social Care as these had been fractured in the past. He

and his team were learning a lot about the different thresholds in the various services which meant that they could understand the decisions better.

86.3 There were cost savings attached to every family in the project, looking at costs that are not being spent by those services not being needed, eg less police call outs.

86.4 Mr Barton then answered members' questions.

86.5 Members asked why the project had not engaged with the predicted level of families so far.

Mr Barton said that there had been a challenge in establishing an effective team and working well with the voluntary sector. They now have a very committed and energetic team of staff. It was key that the project worked appropriately with the families rather than promising easy solutions. He was confident that they would catch up on the numbers in due course.

86.6 Members asked how often family coaches saw the families that they were working with. Mr Barton said that it varied for each family, but the most intensive programme was for a worker to be with the family for nine hours per week.

86.7 Members asked whether 'managed moves' were included in the school exclusion statistics as many schools chose not to exclude pupils. Mr Barton said that the nationally set criteria could not be formally adjusted but they were able to include pupils who had treatment 'equivalent to exclusion' as determined by the head teacher.

86.8 Members queried how the projected savings could be turned into cashable savings. Mr Barton agreed that this was a very hard part of the project but that the figures were a combination of those set nationally and some set locally.

86.9 The Chair concluded that it was clear that there was a general level of support for the SFSC work and thanked Mr Barton for his frank approach to the challenges that the team faced.

87. SUSSEX COMMUNITY TRUST: FOUNDATION TRUST APPLICATION

87.1 Paula Head, Chief Executive, Sussex Community Trust and Sue Sjuve, Chair, Sussex Community Trust, attended HWOSC as part of the consultation for the Trust's (SCT) Foundation Trust (FT) application process. They appreciated the support that HWOSC had given them to date and hoped that this could be continued.

87.2 Ms Head and Ms Sjuve gave a presentation on SCT's work and explained the reasons that they wanted to be approved as a Foundation Trust and then answered members' questions.

87.3 Members said that the FT application was a long and involved process; how could SCT ensure that their other priorities were being covered as well.

Ms Head said that the FT application helped the core part of their business, it focused on the Trust's ability to deliver excellent care. It was necessary to demonstrate very high quality care in order to take the FT application further.

Ms Sjuve added that she had had numerous years' experience of working in the private sector. The level of scrutiny that SCT faced for their FT application was much higher than she had seen in the private sector, members should feel reassured that services were being closely inspected and were delivering well.

87.4 Members asked how staff governors would be elected and how having one union governor would enable fair representation.

Ms Head said that all staff automatically became members of the trust; they were able to put themselves forward to stand as a governor and other staff members would then vote for their preferred governors. With regard to Trade Unions, she expected that the unions would work together and nominate a governor collectively. They would be on the Board in order to shape the FT rather than other union matters.

Ms Sjuve gave a bit more information about how anybody could become involved in the FT. There were effectively three layers of membership and indiviuals pick which level they would prefer to be. The first level is merely to have information about SCT and have a level of awareness about their work. The second level would be to take part in focus groups etc, and the third level is for people who would like to be a governor. All HWOSC members were invited to become members.

87.5 Members asked what SCT would like from HWOSC members at this stage. Ms Sjuve said that they would like HWOSC's formal support for becoming an FT. It would also be useful to have any comments on the proposed governance arrangements; these would be taken into account as part of the consultation process.

87.6 Ms Head said that it was true that SCT had to become a FT. If this did not happen, they cannot stay as they are and they would have to merge with another FT. If the SCT's plans are approved, this will give staff and patients a much greater level of stability for the future.

87.7 The Chair said that HWOSC members would be asked for their feedback. This would be fed back to SCT as part of their consultation.

The meeting concluded at 6.30

Signed Chair

Dated this day of