BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

4.00pm 12 JUNE 2012

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Rufus (Chair)

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

Other Members present: Mr David Watkins (LINk), Mr Jack Hazelgrove (Older People's Council), Mr Thomas Soud (Youth Council), Ms Amanda Mortenson (Parent Governor)

PART ONE

1. PROCEDURAL BUSINESS

1 Procedural Business

1A Substitutes

1.1 There were none.

1B Declarations of Interest

1.2 There were none

1C Exclusion of Press and Public

1.3 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.

1.4 RESOLVED – That the Press and Public be not excluded from the meeting.

2. MINUTES

2.1 Members considered the draft minutes from the last round of HOSC, CYPOSC and ASCHOSC meetings.

2.2 **RESOLVED - That the minutes of the Health Overview & Scrutiny Committee meeting (09 May 2012), the Children and Young People's Overview & Scrutiny Committee (18 April 2012), and the Adult Social Care and Housing Overview & Scrutiny Committee (08 March 2012) be approved and signed by the Chair.**

3. CHAIR'S COMMUNICATIONS

3.1 Cllr Rufus welcomed members to the newly constituted Health & Wellbeing Overview & Scrutiny Committee (HWOSC), in particular the co-optees from the LINk, The Older People's Council and the Youth Council, Parent Governors and the Diecesan representatives.

3.2 The Chair also thanked Mr Robert Brown, who recently stood down as LINk co-optee on HOSC, for all the contributions he had made to the work of the committee, and wished him well in his new role as a member of the local Shadow Health & Wellbeing Board.

4. PUBLIC INVOLVEMENT

4.1 There were no items to consider.

5. ISSUES RAISED BY COUNCILLORS

5.1 There were no issues to consider.

6. MENTAL HEALTH BED REDUCTION: UPDATE

6.1 This item was introduced by Dr Becky Jarvis (Brighton & Hove Clinical Commissioning Group [CCG] Clinical Lead for Mental Health), Anne Foster (CCG Lead Commissioner, Mental Health), Sam Allen (Sussex Partnership NHS Foundation Trust [SPFT] Service Director) and Dr Richard Ford (SPFT Executive Director for Commercial Development).

6.2 Members were informed that a review of mental health services across Sussex had indicated that Brighton & Hove used more bed space than comparable areas – largely due to longer than average length of stay in beds. The report recommended a reduction in beds of 19, with parallel improvements to community mental health services. Key local stakeholders approved plans to temporarily close 15 beds at Mill View hospital, with an independent Clinical Review Group, chaired by Dr Becky Jarvis, monitoring the impact of the closures to trial whether the local mental health system could cope with fewer beds.

6.3 The clinical review group has now met four times and has used a range of metrics to assess performance. There has been a significant reduction in length of stay, and an improvement in delayed transfers of care (although both have been subject to some fluctuation). Out of area placements have consistently exceeded the 95% target (i.e. 95% of patients placed in local beds) by a small percentage (between 1 – 3%). Work is

ongoing to analyse data on re-admissions and on complaint/incident reporting. It is becoming increasingly clear that working with a reduced number of in-patient beds is practicable, provided they are improved services for patients with Personality Disorders, better supported housing options for people leaving hospital and an ongoing reduction in the length of stay in hospital. There is broad agreement on how these services should be developed, but implementation will take time: neither improvement will be in place this year.

6.4 Given the time-lag involved in implementing the necessary service improvements, there is inevitably a question as to whether the temporary bed closures should be reversed until such a time as the required additional services are operational.

6.5 The Chair requested that future presentations of this data should address the issues of: (a) informal admissions (i.e. whether patients otherwise prepared to be voluntarily admitted to hospital for treatment might decline to be admitted if a local bed was unavailable); and (b) adjustment for appropriate out of area admissions (i.e. the number of patients placed out of area minus the number of patients placed out of area for therapeutic reasons, due to patient choice etc). Ms Foster agreed to reflect these concerns in future reports.

6.6 In response to a question from the Chair regarding in-year 'spikes' in admissions, Dr Ford cautioned members to be wary of over-interpreting admissions data, because of the low numbers involved. It was also the case that Mill View, as a relatively small hospital, would inevitably struggle to cope with spikes in demand, as it would have (under any likely configuration of beds) a limited ability to flex capacity.

6.7 Dr Ford told members that SPFT was working closely with commissioners on this initiative, and if the Clinical Review Group requested it, would be quite willing to re-open the Mill View beds. It was however important to use resources in the most effective way.

6.8 In response to a question from Cllr Wealls as to why 15 beds had been closed, Dr Jarvis told members that, in practical/economic terms, it made sense to shut a ward rather than reduce a smaller number of beds. It would be similarly tricky to increase the number of beds at Mill View without re-opening the ward in its entirety – and re-opening the ward would entail employing new staff etc, so it was not an action that should be taken lightly.

6.9 In answer to a question from Thomas Soud, the Youth Council representative, on whether, had the 15 beds still been open, it would still have been necessary to place patients out of area in recent months, Ms Allen told members that this was an important point: although the number of 'additional' beds in the system would have been greater than the number of patients referred out of area, there could be no guarantee that bed spaces would actually have been available – it is a well recognised phenomenon that the demand for hospital in-patient beds increases in line with bed availability, meaning that a given service will tend to function at near full capacity, even if allotted additional bed spaces.

6.10 In response to a question from Mr Watkins concerning the dangers of reducing bed capacity in a recession (which might result in more people than normal developing mental health problems), Dr Ford told members that most of the increased mental

illness associated with recessions was relatively low-level, for example depression and would therefore not lead to significant additional demand for in-patient beds, although it might well impact on other mental health services.

6.11 The Chair noted that he had concerns about backing any decision to re-open beds as he feared this might cloud the evidence-base for future decision making (e.g. the beds would inevitably get used even if not all of them were genuinely required which might paint a false portrait of bed demand in the city), but that he would back the judgement of the clinical review group.

6.12 Cllr Wealls noted that it was important to consider the financial (and down the line clinical) consequences of re-opening beds: the cost of this would have to be born by the mental health system and might result in a reduction of services in other areas which would prove more damaging than placing some in-patients out of area.

6.13 RESOLVED – That the HWOSC is pleased the Clinical Review Group is meeting to review the temporary closure and would support a decision taken by the Clinical Review Group. The HWOSC recommends the Clinical Review Group give consideration to re-opening some beds whilst action is being taken to improve community services and reduce length of stay in hospital, whilst being mindful of the cost / resources available.

7. HWOSC WORK PROGRAMME

7.1 Members discussed the 2012/13 HWOSC work programme, noting that it was important that outstanding issues from the former scrutiny committees: HOSC, ASCHOSC and CYPOSC were captured, and that stakeholders (e.g. the LINk, the Older People's Council, Parent Governors and the Youth Council) should be involved in work-setting.

7.2 RESOLVED – That all Councillors and key partners and stakeholders be asked to contribute ideas to a HWOSC work programme, and that a sub-group of the Committee be convened to assess submissions and prepare a draft work plan for approval at the 24 July 2012 HWOSC meeting.

8. PROGRESS ESTABLISHMENT OF A LOCAL HEALTHWATCH

8.1 This item was introduced by Richard Butcher Tuset, BHCC Head of Policy.

8.2 Members were told that the council was progressing the procurement of a local Healthwatch in line with government guidance. There were still some uncertainties at the present time as guidance/secondary legislation covering aspects of Healthwatch functions and funding has not yet been published.

8.3 RESOLVED – That HWOSC approved the council's planning with regard to establishing a local Healthwatch.

9. SHADOW HEALTH & WELLBEING BOARD UPDATE REPORT

9.1 This item was introduced by Giles Rossington, Shadow Health & Wellbeing Board (SHWB) Business Manager.

9.2 Members were told that the SHWB had met in May, and at this meeting had agreed a series of draft priorities to inform the development of the city Health & Wellbeing Strategy (JHWS). The JHWS draft priority areas are: healthy weight and good nutrition, smoking, dementia, emotional wellbeing and mental health, and cancer and access to cancer screening. Work is ongoing to develop detailed business cases for each of these priority areas.

9.3 RESOLVED – that the update be noted.

10. REQUESTS FOR SCRUTINY PANELS

10.1 The committee considered requests for scrutiny panels on: a) emergency hostels, and b) the Youth Offending Plan, and agreed to request scoping reports on each issue for consideration at the next HWOSC meeting (24 July 2012).

10.2 RESOLVED – That further information regarding the scrutiny panels requests for a) emergency hostels, and b) the Youth Offending Plan be requested from the responsible council departments – to be considered at the July 24 HWOSC meeting.

11. LETTERS TO/FROM THE CHAIR

11.1 Members agreed that a letter regarding the re-commissioning of adult hearing services should be considered at the next committee meeting when there had been time for the Brighton & Hove clinical Commissioning Group to respond to the points raised.

The meeting concluded at 6:15pm

Signed Chair

Dated this day of