

Appendix 1

HWOSC Work Programme 2012/13

1 Introduction

- 1.1 We asked city Councillors, senior council officers, Local NHS commissioners and providers, the Community & Voluntary Sector Forum and the LINK for their ideas for the 2012/13 HWOSC work programme. These ideas were then considered by Cllrs Rufus, Theobald and Marsh at the recent HWOSC Chair's meeting.
- 1.2 A précis of each submission, a recommendation for how the issue might best be dealt with and an explanation of the thinking behind each explanation are provided below.
- 1.3 Following the Chair's meeting we received a number of suggestions for work programme items from the Brighton & Hove Clinical Commissioning Group (CCG). Although members have not had the opportunity to discuss these suggestions, it has been assumed that the HWOSC, as the Council's statutory health scrutiny committee, will be eager to act as formal consultee for local NHS initiatives. The CCG suggestions have therefore been added to the draft work programme.
- 1.4 The recommended work programme is essentially indicative. It will almost certainly alter to include in-year plans brought forward by our NHS partners, as well as issues of topical concern raised by elected members and co-optees. In addition, it has not proved possible to engage fully with our co-optees from the Older People's Council, Youth Council, LINK, Parent Governors or the Churches in preparing this report. It is our intention to engage with all our co-optees and, wherever possible, take forward their ideas in the committee work programme.

2 Suggestions Received

(a) Issue: Community Mental Health Services

Suggested by: Cllr Turton (and supported by a number of other Cllrs)

Details: Look at performance of B&H community mental health services, with a particular focus on impact of reorganisation of services, ease of access for members of the public with MH problems, and generally whether services are fit for purpose.

Recommendation: This is clearly an important issue, and given the complexity and sensitivity of the subject matter, might be best suited to exploration via a scrutiny panel of Cllrs (with co-optees from the LINK, and potentially from local MH advocacy/support organisations). Since there have been major recent changes to the configuration of city community mental health services, it might be sensible to allow some time for these service changes to bed in before scrutinising them (i.e. so as to distinguish between systematic and topical service issues).

Scrutiny panel early 2013

- (b) **Issue: Public Toilets**
Suggested by: Cllr West
Details: Look at what can be done to persuade city businesses to offer increased public access to their toilet facilities to improve accessibility to public toilets across city.
Recommendation: Members recognised that this was an important issue, but, whilst recognising the matter has health/public health implications, saw it as a core environment function, and therefore a matter for OSC rather than HWOSC. The HWOSC Chair subsequently met with the Chair of OSC who agreed that this issue will be taken forward in the OSC work programme.
Referred to OSC
- (c) **Issue: Autism – services for Adults**
Suggested By: Cllr Wealls
Details: Look at services for adults with autistic spectrum conditions following the recent creation of a city autism strategy. Has the strategy been implemented properly and has it led to better services/better value for money etc? Also follow up on implementation of the recommendations of the Adult Autism scrutiny panel set up to help inform the development of a city autism strategy).
Recommendation: An important issue – to be run as a committee item initially – with potential option to reconvene the autism scrutiny panel to consider implementation of its recommendations and the impact of the autism strategy on city services. Potentially ask Steve Harmer-Strange (who chaired the scrutiny panel) back as a co-optee to assess the effectiveness of the strategy.
Committee item January 2013
- (d) **Issue: Autism – services for children and young people**
Suggested By: Cllrs Shanks and Powell
Details: CYPOSC commissioned a survey of families of young people with autistic spectrum conditions accessing CAMHS services after issues were raised about the quality of aspects of the service. This survey is ongoing, and data from it will not be analysed until Autumn 2012.
Recommendation: Committee report following analysis of survey data – further action to depend on results of this analysis.
Committee item December 2012
- (e) **Issue: Community Care – maintaining quality**
Suggested By: Cllr Pissaridou
Details: To look at how BHCC intends to maintain quality of community care provision when re-tendering at reduced prices – focus on both service users and their families/carers.

Recommendation: This is an issue that should, in the first instance, be addressed by Adult Care & Health Policy Committee – i.e. when it considered the relevant contract tenders. HWOOSC may wish to pick this issue up if members feel it has not been adequately addressed at Policy committee.

Monitor policy committee action in regard to community care contracts

- (f) **Issue: Nursing/Care homes – inappropriate routines**
Suggested By: Cllr Barnett
Details: It is suggested that some city care/nursing homes have their night staff wake and dress residents before their shifts end (i.e. by around 6am), so as to reduce workloads for day shift staff – but at the cost of resident convenience/autonomy.
Recommendation: Refer to Adult Health & Care Policy Committee for a response as this is a core policy committee issue
Refer to policy committee
- (g) **Issue: GP Performance**
Suggested By: Cllr Marsh/legacy issue
Details: Recent data on city GP performance shows some very good results, but also high variation between practices, even in some instances between practices with demographically similar patient lists. Look at reasons for this variation and local health economy plans to raise the standards of poorly performing practices.
Recommendation: Committee item – ask CCG and NHS Sussex for report detailing reasons for variability and outlining plans to improve performance.
Committee item September 2012 – ask Chair of CCG to address committee on performance and his vision for city healthcare
- (h) **Issue: Mental Health Bed Reduction**
Suggested By: legacy
Details: Ongoing issue regarding plans to reduce bed capacity at Mill View hospital
Recommendation: Committee item when required
Standing item until issue is resolved
- (i) **Issue: ‘3T’ Development of Royal Sussex County Hospital**
Suggested By: legacy
Details: Ongoing plans to develop RSCH site as regional tertiary care centre/trauma centre. HOSC had previously expressed interest in aspects of these plans, particularly in terms of the plans to continue to host key services while works are undertaken/decant to Brighton General site etc.
Recommendation: Committee item when BSUH has advanced planning sufficiently.
Committee item January 2013

- (j) **Issue: Cancer screening (and other screening and immunisation/vaccination programmes)**
Suggested By: legacy
Details: HOSC has been monitoring performance of city breast cancer screening following problems with the screening programme. Also opportunity to hear about other programmes such as city bowel screening pilot. Plus opportunity to look at city vaccination/immunisation rates, particularly where low uptake may be compromising community herd immunity.
Recommendation: Liaise with Shadow Health & Wellbeing Board (which has cancer screening as one of its priorities for the city Joint Health & Wellbeing Strategy). Possible committee report to HWOSC. Also possible report on vaccination/immunisation – i.e. are we still performing poorly and what is being done to increase immunisation rates?
Committee item screening January 2013; Committee item immunisation/vaccination April 2013
- (k) **Issue: Alcohol**
Suggested By: legacy/Cllr Rufus
Details: There was agreement that a scrutiny panel should be established some time ago to look at the issue of alcohol-related hospital admissions. This was postponed as the alcohol Intelligent Commissioning pilot covered very similar ground. A new piece of work would look at implementation of the IC pilot recommendations, but would also look more broadly – e.g. at the city’s leisure economy and whether the income produced by B&H ‘party’ culture outweighs the negative impacts of binge-drinking etc.
Recommendation: Joint piece of scrutiny work with OSC as the issue cuts across health/public health/environment/licensing/economic development boundaries. Initially this should look at the IC pilot and the development of a City Alcohol Partnership, but could be broadened out to look at the issue of the city’s night time economy.
Joint scrutiny panel with OSC
- (l) **Issue: Children with Complex Needs**
Suggested By: Cllr Powell/Amaze
Details: The Parent Carers’ Council has recently published its ‘talk Health’ report, setting out the views of parent carers and highlighting the issues that children with complex needs and their carers face.
Recommendation: Table as a committee item and invite PaCC/Amaze in to address the committee.
Committee item September 2012

(m) Issue: Community Meals

Suggested By: Cllr K Norman/legacy (ASCHOSC)

Details: ASCHOSC spent a good deal of time looking at the planned re-tender of the community meals contract and made a number of recommendations.

Recommendation: report back on progress in re-tendering, particularly in terms of encouraging local providers to offer locally-sourced and prepared meals

Committee item April 2013

(n) Issue: Joint Health & Wellbeing Strategy (JHWS) Priorities

Suggested By: officers

Details: The JHWS is the city high level strategy for health, public health and adult and children's social care, to be agreed by the city Health & Wellbeing Board (HWB). Locally, rather than being an all-encompassing strategy, the JHWS will focus on 'high impact' areas (identified through the Joint Strategic Needs Assessment), where there is also evidence of relatively poorly-developed partnership working. The draft JHWS priorities are:

- Healthy weight and good nutrition
- Smoking
- Cancer and access to cancer screening
- Emotional health and wellbeing and mental health
- Dementia

The HWOSC might choose to complement the work of the HWB by scrutinising commissioning plans in any of these areas.

Recommendation: report to committee once the JHWS has been agreed, focusing on the detailed planning for each area. HWOSC can then decide how best to engage with the JHWS agenda.

Committee item December 2012

(o) Issue: Joint Health & Wellbeing Strategy (JHWS) Non-Priorities

Suggested By: officers

Details: In choosing priorities for the JHWS the Shadow HWB was obliged to prioritise some high impact areas over others, essentially choosing the areas where it was felt that better partnership could make the most impact on services. There are therefore a number of issues which present high impact issues for the city, but which are not JHWS priorities, either because it was felt there were already robust partnership arrangements in place, or because the issue was essentially the preserve of one body rather than a core-partnership issue. The non-JHWS high impact issues are:

- Alcohol
- Diabetes
- Musculoskeletal conditions
- Coronary Heart Disease

- Flu Immunisation
- Domestic and sexual violence
- HIV & AIDS
- Disability

The HWOSC may wish to explore some or all of these issues, seeking assurance that these matters are indeed being dealt with properly.

Recommendation: Report to committee setting out reasons for not including high impact issues in the JHWS plus an explanation of how these issues are being taken forward by other bodies.

Committee item December 2012

(p) Issue: Troubled Families

Suggested By: Cllr Marsh

Details: Seek information on the new initiative to support troubled families across the city.

Recommendation: invite the lead officer (Steve Barton) to explain the work of this project.

Committee item September 2012

(q) Issue: Clinical Commissioning Group Strategic Commissioning Plan

Suggested By: CCG

Details: The CCG's Strategic Commissioning Plan sets out the CCG's high-level healthcare commissioning intentions for the coming several years. It is therefore a key document for anyone interested in the health of Brighton & Hove

Recommendation: *Committee item December 2012*

(r) Issue: CCG Annual Operating Plan

Suggested By: CCG

Details: The CCG Annual Operating Plan represents the CCG's commissioning intentions for the coming year (i.e. a more detailed iteration of the intentions expressed in the Strategic Commissioning Plan).

Recommendation: *Committee item February 2013*

(s) CCG Authorisation

Suggested By: CCG

Details: CCGs can become statutory bodies from April 2013, but need to be 'authorised' by the NHS Commissioning Board before they can take formal control of commissioning budgets and responsibilities. Key local stakeholders, such as Health & Wellbeing Boards and HOSCs, should be involved in this authorisation process.

Recommendation: *Committee item December 2012*

(t) Integrated Primary Care Teams: Outcomes of the evaluation

Suggested By: CCG

Details: Recent initiatives have seen the creation of integrated primary care teams: teams providing a range of care in patients' homes and in

the community, based around clusters of GP practices. This item will report on the success of this new way of working.

Recommendation: *Committee item April 2013*

- (u) **Issue: Local Implementation of 111 Services and Associated Change to Out of Hours**
Suggested By: CCG
Details: '111' is the new NHS service to deal with emergencies that do not require a 999 response. This item will explain the local plans for implementing the nationally agreed service model and how this will impact upon local GP OOH services.
Recommendation: *Committee item September 2012*
- (v) **Issue: Review of changes to Short Terms Services**
Suggested By: CCG
Details: City short terms services (e.g. care for people leaving hospital but unable immediately to return to their homes/care for people struggling to maintain independence) are currently being rationalised. There will be an opportunity to assess the impact of the changes made at this point.
Recommendation: *Committee item May/June 2013*
- (w) **Issue(s): Mental Health:**
(i) changes following MH support review (Dec 12);
(ii) progress report on B&H Wellbeing services (Feb 13);
(iii) Dementia – progress update (Dec 12);
(iv) Improving Quality in Primary Care – output from peer review work (Sep 12);
(v) Improvements to Dual Diagnosis services (April 13);
(vi) MH accommodation (Dec 12)
Suggested By: CCG
Details: Various streams of MH work, most of which have already come to scrutiny and are reporting progress. Some of these issues may relate to **Suggestion (a) Community Mental Health Services** above, but others do not, and it is recommended that all these matters are treated separately.
Recommendation: *Committee items on dates specified above*
- (x) **Hospital Mortality: week-day admissions Vs week-end admissions**
Suggested By: Cllr Wealls/legacy
Details: Follow up to report to HOSC on relative outcomes for patients admitted to RSCH on week-days and on week-ends (and more broadly on the quality of hospital care in normal working hours Vs the quality of 'out of hours' care)
Recommendation: Further report from BSUH giving members a fuller picture of the data on hospital safety – to include, but not limited to, mortality figures.
Committee item January 2013

