

BRIGHTON & HOVE CITY COUNCIL

INTEGRATED SERVICE BOARD

4.30PM – 20 FEBRUARY 2006

**COMMITTEE ROOM 3
BRIGHTON TOWN HALL**

MINUTES

South Downs Health NHS Trust Representatives:

Quintin Barry (Chair); Ann Caborn, Philip Diamond, Mo Marsh, Daphne Obang,
Sarah Healey (Nurse Executive, Director of Infection Prevention), John O'Sullivan (Director, Finance and Information), Dr Michael Rosenberg (Chief Executive).

Council Representatives:

Councillor Meadows (Vice-Chair); Councillors Morgan, Older, Pennington, Wells and Williams.

PART ONE

ACTION

12. PROCEDURAL BUSINESS

12A Declarations of Substitutes

12.1 Councillor Wells declared that he was substituting for Councillor Mrs Norman.

12B Declarations of Interest

12.2 Councillor Williams declared a personal but not prejudicial interest in items relating to mental health, as he was the council's representative on the Trustees Board of MIND, the mental health charity. Councillor Older declared a personal but not prejudicial interest in items relating to mental health as she was on the committee of the Alzheimer's Society.

12C Exclusion of Press and Public

12.3 The Committee 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 100A(3) or 100 1 of the Local Government Act 1972.

12.4 **RESOLVED** - That the press and public not be excluded from the meeting during consideration of any items.

13. MINUTES

13.1 **RESOLVED** - That the minutes of the meeting held on 6 December 2005 be approved and signed by the Chair.

14. PUBLIC QUESTIONS

14.1 There were none.

15. PERFORMANCE REPORT

15.1 The Board considered a report of the Director of Finance, South Downs Health NHS Trust, regarding the Integrated Provider's performance for the 10 months to 31 January 2006. The report included both the Social Care and Health care budgets managed by the Trust under the terms of the Section 31 Provider Partnership Agreement with Brighton & Hove City Council.

15.2 The Director of Finance, South Downs Health NHS Trust reported that the Trust was reporting an overspend of £562,000, which represented an improvement from last month of £17,000. The pressures on the Trust were explained in paragraph 4. There was a significant risk of the Trust not achieving a balanced year-end position, and discussions would take place with the Joint Commissioners about how this risk would be managed.

15.3 **RESOLVED** - That the contents of the report be noted.

16. QUARTERLY INCIDENT REPORT

16.1 The Board considered a report of the Clinical Risk Manager, South Downs Health NHS Trust, concerning the number and nature of untoward incidents occurring within health and social care services managed by South Downs Health NHS Trust, including services provided under Section 31 of the Health Act (see minute book).

16.2 **RESOLVED** - That the report be noted.

17. COMPLAINTS AND PLAUDITS REPORT

17.1 The Board considered a report of the Complaints and Improvements Manager, South Downs Health NHS Trust, regarding complaints made and plaudits received by South Downs Health NHS Trust relating to its services, including those provided under the Section 31 agreement for the period October to December 2005 (see minute book).

17.2 In relation to paragraph 3.4, the Director, Corporate Governance explained that complex complaints could delay a response. The 20 day deadline was not always met in these cases. The Director of Finance suggested that a report providing more detail on this matter should be submitted to the next South Downs Health NHS Trust Board meeting.

17.3 The Director, Corporate Governance explained that there was currently no systematic process of diversity monitoring of complaints. This matter would need to be discussed at the Patient's Form in order to monitor in a way which did not cause offence. The Director of Finance suggested that there was a need to learn from best practice elsewhere.

17.4 **RESOLVED** - That the report be noted.

18. INFECTION CONTROL ANNUAL REPORT

18.1 The Board considered the Annual Report of the Infection Control Team. The report described the activity of the Team during 2005/6 and set out the work programme for 2006/07 (see minute book).

18.2 The Nurse Executive/Director of Infection Prevention and Control and Dr Marc Cubbon, Consultant Microbiologist/Infection Control Doctor attended the meeting to present the report and answer questions.

18.3 Dr Cubbon stressed that infection control should focus on staff as a priority, as they were the main source of infection. Doctors should have a similar dress code to nurses. It was difficult to know how a viral infection entered a ward. The priority was to stop the infection spreading to other wards.

18.4 The Nurse Executive explained that if there were an outbreak on a ward, it would be closed to admissions and deep cleaned.

18.5 With regard to psychiatric hospitals such as Millview, Dr Cubborn explained that medical doctors would be expected to dress appropriately. This was not so necessary for psychiatrists. Dr Rosenberg explained that all staff in psychiatric hospitals would have to undergo infection control training, including hand hygiene. However, there was an issue about cleaning patients' rooms in a

mental health setting.

18.6 **RESOLVED** – (1) That the report be noted.

(2) That the work programme for 2006/2007 be endorsed.

19. A DAY IN THE LIFE (DOMAIN RELATED)

19.1 The Clinical Director for Mental Health Services introduced Julian Radford, an approved social worker in the Acute Home Treatment Team.

19.2 Mr Radford informed the Board that an approved social worker's response for co-ordinated assessment might lead to a person being detained in hospital. Social workers tried to avoid detention by putting recovery in place. This is why the Home Treatment Team was necessary.

19.3 Assessments could take place in hospital, in a place of safety (usually a police station) or in the community.

19.4 Mr Radford detailed a typical day on duty. He received one referral from a GP. A young man threatening suicide was admitted to hospital informally. Three people had been detained by the police to a place of safety (the Police Station). A woman behaving strangely was admitted to hospital informally.

19.5 Mr Radford explained that the use of 136 orders by the police might be a way of taking a problem off the street. He agreed that it was not always justified, as it did not always result in a person being sectioned. It might help if the police had a phone contact in the Health Trust where they could seek advice. People detained under a 136 order were always assessed by an approved social worker.

19.6 Mr Radford informed the Board that if there were several people requiring assessment he would need to prioritise and see the person most at risk first. After 10.00 p.m the East Sussex Emergency Service took over assessments.

19.7 Mr Radford confirmed that over 50% of the people requiring assessment in Brighton & Hove had substance misuse problems.

19.8 The Chair thanked Mr Radford for his interesting presentation.

20. DIRECTORATE REVIEW – IMPACT OF SUSSEX PARTNERSHIP TRUST

20.1 The Clinical Director for Mental Health Services gave a verbal presentation on the impact of mental health services being transferred to the Sussex Partnership Trust. This was the last directorate review before reorganisation.

20.2 It was hoped that service users would be unaware of the impact of the reorganisation on 1 April. Meanwhile, front line staff had been feeling a mixture of resignation and not knowing what difference the re-organisation would make. However, there was now a more positive feeling with a sense of new opportunities for staff in terms of careers and staff training.

20.3 The following concerns had been raised by staff.

- There was uncertainty about local leadership for Brighton & Hove.
- There was a risk of delays in strategies and service improvements.
- There were financial concerns as there was a historic deficit in mental health services.
- There was concern about Brighton & Hove's share of the cost of re-organisation.
- There was concern that the good aspects of the organisations to be merged should be preserved.
- There was concern about South Down Health staff being moved to a larger organisation. There had been benefits of working in a small organisation.
- Section 31 arrangements would need to be refreshed.
- The main impact would be in Corporate Services.

20.4 The Director of Housing and City Support informed the Board that there were proposals to have three places for non executive members on the Sussex Partnership Trust.

21. SCHEDULE OF BUSINESS 2006-2007

21.1 The Board considered the Schedule of Business 2006-2007 prepared by the Governance Manager, South Downs Health NHS Trust (see minute book).

21.2 There was a request for Care Record Services to be placed on the schedule.

21.3 **RESOLVED** – That the Schedule of Business be noted.

22. FUTURE GOVERNANCE ARRANGEMENTS

22.1 The Chair reported that after 1 April 2006, only two services, within section 31 would remain with South Downs Health NHS Trust. These were Intermediate Care and the Equipment Service. The Chair suggested that the next meeting of the Integrated Services Board should receive a report setting out proposals for the management of these services.

22.2 **RESOLVED** – That the Board receive a report at its next meeting setting out proposals for the management of the Section 31 arrangements.

John O'Sullivan

23. DOMAIN, PATIENT FOCUS

23A STANDARDS FOR BETTER HEALTH CARE – HEALTHCARE COMMISSION DOH

23.1 The Board considered a report of the Director of Community Care, regarding the progress made regarding the Patient Focus Domain within Standards for Better Health Care (see minute book).

23.2 **RESOLVED** - That the report be noted.

23B PATIENT, USER CARER AND PUBLIC INVOLVEMENT

23.3 The Board considered a report of the Head of Communications and Public Involvement, South Downs Trust NHS Trust, regarding the progress made within the Patient, User Carer and Public Involvement Steering Group and the reviewed action plan for the coming year (see minute book).

23.4 The Chief Executive, South Downs Health NHS Trust reported that the Chief Executive of the Sussex Partnership Trust was currently considering Patient, User Care and Public Involvement and was open to questions in relation to Brighton & Hove.

23.5 **RESOLVED** - That the report be noted.

24. CARE RECORDS SERVICE IN CENTRAL SUSSEX

24.1 The Board considered a report of the Director of Finance, South Downs Health NHS Trust concerning the next stage in the implementation of the Care Record Service in Central Sussex. The expectation was that organisations would begin the implementation phase in April 2006.

24.2 **RESOLVED** –(1) That the establishment of the CRS projects be supported.

Simon Harden

(2) That it is noted that the implementation is likely to be in April 2006.

(3) That it is agreed that the HIS Deployment Board and trust's IM&T Programme Board fulfill the governance requirements for this project.

(4) That the Board receive a more detailed business case in due course describing the benefits and costs.

(5) That the Board receive a paper that explains how local initiatives to support partnership work can be aligned to the Connecting for Health programme.

(6) That the Board consider the matter again at a time to be agreed.

MICHAEL ROSENBERG

The Chair reported that Dr Michael Rosenberg would be retiring as Chief Executive of South Downs Health NHS Trust. The Chair thanked Dr Rosenberg on behalf of the Board, for all he had done in his time as Chief Executive and wished him well for the future. The Chair gave his best wishes to John O'Sullivan, who would be taking over as Chief Executive.

The meeting concluded at 6.20 p.m.

Signed

Chair

Dated this

day of

2006