

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

4.00pm 10 SEPTEMBER 2014

BANQUETING SUITE, HOVE TOWN HALL

MINUTES

Present: Councillor Rufus (Chair)

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

Other Members present: Healthwatch and Youth Council co-optees

PART ONE

9 PROCEDURAL BUSINESS

A Declaration of Substitutes

Councillor Gill Mitchell was substituting for Councillor Anne Meadows.

B Declarations of Interest

Councillor Gill Mitchell works for the Acute Trust.

Robert Brown, co-optee, is Chair of Trustees for Trust for Developing Communities.

C Declaration of Party Whip

None

D Exclusion of Press and Public

As per the agenda

10 MINUTES OF PREVIOUS MEETING

10.1 There was an outstanding item at 5.6; Ms Hoban from the CCG said that she would follow it up and send it to the Youth Council.

The minutes were agreed.

11 CHAIR'S COMMUNICATIONS

- 11.1 The Chair of HWOSC said that the Care Quality Commission has reported back on its inspection of BSUH. HWOSC attended and contributed at the Quality Summit discussing the findings. The Trust has been rated as overall 'requires improvement' with a 'good' rating at the locations for Hove Polyclinic and the renal satellite unit in Bexhill. HWOSC will have a full report and discussion at the November meeting but in the meantime, the report had been emailed to members. The Trust has been rated as overall 'requires improvement' with a 'good' rating at the locations for Hove Polyclinic and the renal satellite unit in Bexhill.
- 11.2 The Ambulance Service has asked all local HOSCs for feedback on reconfiguring their call handling services. The proposals do not need statutory consultation but the service is keen to engage with everyone and is seeking responses about what would be exemplary engagement. The letter will be circulated to members and asking for feedback.
- 11.3 The CCG is holding two events, to meet CCG leaders and update on work. The first is on 18 September 2-3.30, the second 2nd October 6-7.30. Please try and attend if you can.
- 11.4 Apologies had been received from Jack Hazelgrove, on behalf of the Older People's Council.

12 HEALTH & WELLBEING BOARD RESTRUCTURE

- 12.1 HWOSC members received a verbal update from Geraldine Hoban from the CCG and Pinaki Ghoshal, Executive Director of Children's Services, Brighton & Hove City Council, updating HWOSC members on the restructure of the Health and Wellbeing Board (HWB). It has recently been reviewed and revised after its first year.

The HWB is now much more strategic, overseeing health priorities across the city. The CCG and the Council are now both equitable in the number of Board members that they have. There are also changes in the members on the Board, including the Chair of the Local Safeguarding Children's Board.

- 12.2 There has been a change in the HWB support mechanisms including a new larger stakeholder group; this is still to be set up but will include a variety of stakeholders across the city who are not currently represented on the Board. There is also a Chief Executive group which brings the highest level people from organisations on the HWB to discuss the issues in detail.
- 12.3 Ms Hoban said that the newly constituted HWB has now met twice and feels different; the intention is to make it more of a force for changing service delivery. It aims to be a leader for the city, bringing together partners who are able to provide high level city wide endorsement and commissioning. The HWB has an equivalent status to the existing P&R committee, and is chaired by the Chief Executive of the Council.

Mr Ghoshal added that this restructure is a much closer bringing together of health and local authority partners, making it a mechanism for real decision making. It needs to embrace the wider wellbeing agenda. The new arrangement covers a large amount of the work that was previously covered by the Adult Social Care Committee, and the wellbeing functions of the Children's committee. The remaining Children's Committee work now covers education and early years work.

12.4 There is a clear link between the HWB and HWOSC; the roles are to complement each other rather than duplicate work. There is more cross- development work to be carried out in the future

12.5 Members asked questions about the HWB:

Q – Are the priorities still the same now that the board has restructured?

Ms Hoban said that the priorities had come from the HWB strategy which had not changed, so the priorities remained the same.

Q – Members commented that they were pleased that it was a partnership; a recent LGA peer review said that the council could work more closely in partnership so hopefully this is a step in the right direction.

Mr Ghoshal said that in his year at the council, he had seen some very strong partnerships and we needed to maximise on this. The council was lucky that it was co-terminus with the CCG as this helped strengthen the partnerships; this was not always the case.

Q- Members asked what actual powers the HWB had; it had involvement in some key areas including the Better Care Fund, the CQC inspection of BSUH and also looking at cancer screening rates in the city.

Ms Hoban said that the HWB was not just a formality; it had the power to send back commissioning plans if they were not considered robust enough. This had happened in the past.

Ms Hoban also commented that the HWB had to be careful not to take over the scrutiny role, this was HWOSC's place and there was no need to duplicate roles. HWB needed to have oversight of things rather than close inspection at all stages.

The Chair of HWOSC said that it was impossible to prescribe the various HWB and HWOSC roles for all situations, it needed to be an ongoing conversation.

12.6 There was also a lengthy discussion across the committee about whether any number of committees or boards could help to avoid a situation similar to the child exploitation that had been uncovered in Rotherham. Mr Ghoshal said that there were a number of mechanisms in place to help assure against such a situation developing- HWOSC and HWB are part of this. It is really important to have an open dialogue and challenge to other partners. Unfortunately child exploitation happens everywhere; the challenge is to seek it out and address it.

The Chair of HWOSC said that this was an important discussion to be had but he didn't want to detract from the wider discussion about the HWB. This was agreed.

- 12.7 Finally, the Chair commented that the minutes from the previous HWB meetings would be circulated to HWOSC members.

13 CHILDREN'S COMMISSIONING CHANGES

- 13.1 Pinaki Ghoshal, Executive Director of Children's Services, Brighton & Hove City Council and Geraldine Hoban from the CCG presented the report on the changes in commissioning children's services and answered members' questions.

- 13.2 The paper had been to the HWB in July and was coming to HWOSC for information. The existing commissioning arrangements had been developed at a time when the health system looked very different. Following a number of changes in health, it was considered an appropriate time for the arrangements to be reviewed.

The demise of the Children's Trust meant that directors had taken their attention away from children and young people to a certain extent. There was a need to strengthen leadership and joint commissioning of services and strengthen governance arrangements. There is now a clinical lead for Children and Young People.

- 13.3 Members commented and asked questions about the new arrangements.

Q- Members said that historically there had been a 'cliff edge' when young people came to 18, and transitioned from children's to adult services. HWOSC members hoped that the new arrangements will help to smooth the transition process.

Q - The Healthwatch representative questioned section 5 on page 16, how could communities expect to be consulted if consultation was not considered necessary?

Mr Ghoshal said that the paragraph in question related specifically to the decision to start the review; there has been significant consultation with a wide range of stakeholders.

Q - The Youth council representative asked where the gaps were, referred to in 3.7.

Mr Ghoshal said that across the system, a large amount of money was spent on young people with SEN and disabilities. Parents and carers constantly report having to repeat information again and again; there must be a more integrated system.

Ms Hoban said that there was also a gap in terms of mental health provision; Brighton & Hove is an outlier with regard to self-harm levels.

- 13.4 Agreed – that an update will come back to HWOSC after at least 6 months.

14 DEMENTIA CARE UPDATE

- 14.1 Simone Lane and Deirdre Prower from the CCG presented the report and answered members' questions. This report is a twelve month progress update; a lot of progress has been made in a number of areas including the Memory Assessment Clinics, and the new Emerald Unit at the hospital specifically for people with dementia.

This is currently based in the Barry building, but they are mindful of needing to move the ward due to the 3Ts proposal and have designed it to be as mobile as possible. For example, artwork is on movable screens. The Unit is designed to be as familiar as possible; it plays 1950s type music and has similarly dated decoration.

Ms Lane said that the JSNA had 37 recommendations, with more work coming from consultation events so there was still a lot more to be done.

The Trust for Developing Communities (TDC) has been involved in producing a guide as to how to make services dementia friendly. Mr Brown, Healthwatch representative, spoke in his role as Chair of Trustees for the TDC. He invited HWOSC members to attend the launch event; details would be circulated separately.

Denise D'Souza clarified one point – the care home in reach team works with all care homes. They take self-funded or local authority residents.

- 14.2 HWOSC members welcomed the progress that had been made; the changes are going to make a huge difference to many lives.

Q – Who are the dementia champions? Ms Prowse said that they did not have to be GPs, it is not a medical role, it's a support role. They may come from the Alzheimer's Society or similar setting.

Councillor Cox said that he had become a dementia friend following a training event. He found the event invaluable and recommended that everyone take part. It was agreed that enquiries would be made on behalf of the whole HWOSC.

Q – where will patients who cannot fit into the Emerald Unit be housed?

Ms Prowse said that the JSNA highlights housing as an issue, some people will be housed in sheltered care or better care. The Better Care pilot will focus on dementia, joining social and medical care.

Q – How do we look after carers? They shoulder a lot of the burden.

Ms Prowse said that there are several aspects of carer support in place. When someone attends the Memory Assessment Clinic, their carer is given a year's support. However work needs to be done to continue the work after that year until the end of the illness. Their considerations will include respite care.

The Healthwatch representative commented that sometimes a carer would have a different GP from the person they care for and the GP might not know that they have a

carer's role. It would be useful for as much communication as possible to go between the various parties in these instances.

- 14.3 The HWOSC Chair concluded by saying that he wanted to add his voice to those welcoming the report and the progress made. It was very encouraging to see the steps that had been made.

15 MENTAL HEALTH SERVICES - UPDATE ON MODEL OF CARE

- 15.1 John Child, Service Director at Sussex Partnership Foundation Trust, presented the report updating members on mental health services in the city, the current provisions and proposals to reinvest money back into services.

He summarised the position since the ward had been permanently closed; 45 patients had been placed out of area since then, as well as some people being placed in the Priory or elsewhere in Sussex. The demand is mainly for male beds; the Priory also has other demands on its bed capacity. Length of stay out of area could range between a day to two weeks.

At section 3.8 of the report, four recommendations for reinvestment had been outlined. Mr Child hoped that HWOSC would support the proposals.

- 15.2 HWOSC members commented on the report and raised questions.

Q –the proposals were all welcomed and it was hoped that they would reduce A&E attendance.

Mr Child commented that one of the consequences of increased mental health services at A&E is an increase in people presenting with mental health problems. The clinicians have to deal with them more quickly.

He clarified that the number of people not known to mental health services when they presented is far higher in Brighton and Hove than in any other Sussex unit. This may be to do with a combination of the transient population, drug and alcohol issues and homelessness amongst other things.

Q – members queried the psychology service specifically for people with psychosis.

Mr Child said that there was a lot of psychological provision for other mental health services,. There has been a national drive to support people with lower level mental health issues eg anxiety and depression ; this has had a knock on effect of reducing support for people with psychosis.

- 15.3 The Chair of HWOSC concluded that HWOSC members supported the proposals; they were starting to drill down to the additional support needed. He asked for updates to come back to HWOSC as appropriate.

The meeting concluded at 6.00pm

Signed

Chair

Dated this

day of