BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

4.00pm 25 MARCH 2015

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Rufus (Chair)

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

Other Members present: Co-optees from Healthwatch and the Youth Council.

PART ONE

30 PROCEDURAL BUSINESS

30a There were no declarations of substitutes.

30b There were no declarations of interest.

30c There were no declarations of party whip.

30d There was no exclusion of press and public.

31 MINUTES OF PREVIOUS MEETING

31.1 The minutes of the previous meeting were agreed, with the addition of one comment from Councillor Theobald about healthchecks.

32 CHAIR'S COMMUNICATIONS

32.1 There were apologies from Councillor Graham Cox and from the Older People's Council representative Colin Vincent.

32.2 This was the last Health & Wellbeing Overview & Scrutiny Committee; the Chair thanked all of the present and past members, co-optees, partner organisations and officers for their contributions and involvement in the committee's work. The Deputy Chair also thanked the Chair for all that he had done.

The Chair said that HWOSC had covered a huge range of subjects over the last four years and these would continue to be overseen in the new scrutiny structures that were coming in after the election.

32.3 The Chair also reminded all members and co-optees about the meeting with the Care Quality Commission and Brighton and Sussex University Hospitals Trust on 15 April.

33 UPDATE ON HOMELESS HEALTHCARE

33.1 Alistair Hill, Consultant in Public Health, Sue Forrest, Project Manager, Homelessness, Better Care and Dr Tim Worthley, GP from Morley Street, spoke to members about homeless healthcare.

33.2 The update had been requested following a scrutiny panel looking at homelessness, which had developed a homeless healthcare workstream. This was part of the Better Care Fund work focussing on the local frail population, which includes homeless people particularly the single homeless population.

Dr Hill gave some context about the homeless situation locally, and some of the healthcare models that had been put into place to try and address a high level of need. Brighton and Hove is very lucky to have a dedicated homeless GP practice at Morley St.

The team have involved service users as much as possible in designing services so that they are user friendly and person-centred.

33.3 Members asked questions and commented on the paper:

- Is the funding sufficient to provide the service needed? Dr Hill said that the homeless services were being set up to deal with other gaps in the support system, but they were focussing on prevention where possible.
- What different client groups make up the homeless population? Dr Worthley said that Morley St Practice had approximately 1200 people on their books, all who were in some state of homelessness. There was a minority of ex-forces personnel. There was a very high percentage of ex-offenders – Dr Worthley felt that for a lot of people, offending was part of the homeless journey as you may well have to commit an offence in order to survive. GPs are unable to access medical records from prison so the GP has to start medical notes from the beginning. There have been many attempts to address this with the local prison but more efforts will be made. Sharing information is a national issue. Dr Worthley said that he also deals with one or two new bail hostel residents every day. They have a lot of support in the early weeks to minimise re-offending rates, and then they are moved on, so they take a lot of resource.
- Members asked how services worked together- Dr Worthley said that he worked very closely with BHT and Equinox, he received 20-30 emails daily asking for GP support or involvement. They also have weekly meetings with clinicians in hospital who work with homeless clients. Brighton is the first city outside of London to have a Pathway team working in this way. The Pathway Plus team work to support people into temporary accommodation and attend health appointments. This has had huge benefits in reducing A&E callouts.

- Members asked for clarification on rough sleeper figures; Ms Forrest said there were two different ways of assessing figures, the rough sleepers' count in November where people go out and physically count people who are rough sleeping – but this may not be the most accurate way of gauging levels; it found 40 people rough sleeping last November. The second way is an estimated level, which is carried out by agencies in the city working with rough sleeper. This estimated 136 rough sleepers, 17% were female.
- Members asked about the average age of death for the local homeless population. Dr Worthley said that local ages were in line with national averages, ranging between 44 and 48 years of age. There had been 50 deaths out of approximately 1200 people in three years that he was aware of.
- Members asked about service user involvement- they heard that there was a group of 15 service users who had formed a group which was used to provide feedback to providers about proposals for new services.
- What changes were due to be made first? Dr Hill said that one example of a change that had already been made was the expansion of the Sussex Community Trust Team from two to five clinicians, plus a link worker. This would be co-located with Morley Street. They were taking opportunities as they arise.
- Were there different support services for ex-offenders? Dr Worthley said some people pass through homeless services very quickly, particularly if they have good support networks or are able to navigate the services available. For others who do not find it so easy to move on, hostels have effectively become wards in the community with residents with complex multiple needs. Until the resident has their physical/ mental health needs addressed, they will find it very difficult to move on.

33.4 The Chair thanked all of the officers for presenting the information and for all of the services that they have put in place. It is of huge interest to everyone and it is great to see the work that is underway across the city.

34 UPDATE ON MENTAL HEALTH SERVICE PROVISION IN BRIGHTON & HOVE

34.1 John Child, Service Director, Sussex Partnership NHS Foundation Trust, and Geraldine Hoban, Chief Executive, Clinical Commissioning Group, Brighton & Hove, spoke to the HWOSC members about mental health service provision in Brighton and Hove, providing an update on the paper that had come to HWOSC in September 2014.

Members heard that demand for services remained high, male beds being particularly in demand.

34.2 Members commented and asked questions about the service and report.

34.3 Members said that they were aware that there had been a 'step down' service previously, for people who needed some support but were no longer in need of acute care, but that this service had been closed.

Mr Child explained that the Intermediate Care beds in Hanover Crescent had been closed to new admissions following a CQC inspection which had found a number of issues that had to be addressed. SPFT was looking at how to re-provide this service and re-deploy the staff.

34.4 Members queried performance against the original target to accommodate 95% of patients in beds locally; this had only been achieved once since 2011, despite the extra investment in services. Mr Child said that the performance measures had to be seen in context, with evidence of much higher and more complex demand.

Ms Hoban commented that nationally there had been an increasing demand for beds. it should also be remembered that before the ward was closed, SPFT was still not reaching the 95% target despite having more bed capacity. However SPFT had now re-allocated the resources that were previously spent on the ward, meaning that the community services were improved.

Ms Hoban said that in 2011, an independent review of mental health services had shown that Brighton and Hove had had a bed-based model of mental health service, often with long stays. It was necessary to change the whole system and invest money differently to provide a preventative model.

Members also asked how many days patients spent in placements outside the county. Mr Child said it was very hard to quantify as figures fluctuated day by day depending on need. For example, there is no female psychiatric intensive care provision in Sussex, so anyone who needed this type of provision would have to be placed somewhere else.

34.5 Ms Hoban said that the mental health services discussed in this report were just part of the picture of national and regional mental health service provision.

34.6 The report was noted and Ms Hoban and Mr Child thanked for their attendance and presentation. He thanked both the CCG and SPFT for their willingness to attend HWOSC and speak so openly about matters over the years that HWOSC had been scrutinising mental health service provision.

The Chair of HWOSC commented that it was clear that there were increasing pressures on resources and HWOSC members appreciated the re-investment of money to provide better services. There was a certain level of disappointment that it had not been possible for the service to achieve its 95% target of in-county bed provision.

The Chair said that HWOSC members and colleagues had spent considerable time considering the issue of the ward closure and they would like future scrutiny committee members to keep reviewing the service provision. This was agreed by HWOSC members and by the CCG and SPFT.

The meeting concluded at 5.30

Signed Chair

Dated this day of