

AGENDA ITEM 2

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4:OOPM 20 MAY 2009

BANQUETING SUITE, HOVE TOWN HALL

MINUTES

Present: Councillors Peltzer Dunn (Chairman), Alford, Harmer-Strange, Hawkes, Kitcat, Marsh, Rufus

Co-opted Members: Robert Brown (Brighton & Hove Local Involvement Network)

PART ONE

96. PROCEDURAL BUSINESS

96A Declarations of Substitutes

96.1 Councillor Mo Marsh announced that she was attending as substitute for Councillor Kevin Allen.

96.2 Apologies were received from Darren Grayson, Chief Executive of NHS Brighton & Hove.

96B Declarations of Interest

96.3 Councillor Marsh declared a prejudicial interest in agenda item 104: South Downs Health NHS Trust – Integration with West Sussex Community Services.

96C Declarations of Party Whip

96.4 There were none.

96D Exclusion of Press and Public

96.5 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.

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

97. MINUTES OF THE PREVIOUS MEETING

97.1 Councillor Kitcat informed members that, following the last HOSC meeting, he had been in contact with Duane Passman, 3T Programme Director for Brighton & Sussex University Hospitals Trust, to request the additional information referenced in the draft minutes to the 22 April 2009 meeting. Councillor Kitcat had not yet received this material, but had been assured of its imminent arrival.

97.2 **RESOLVED** – That the minutes of the meeting held on 22 April 2009 be approved and signed by the Chairman.

98. CHAIRMAN'S COMMUNICATIONS

98.1 There were none.

99. PUBLIC QUESTIONS

99.1 There were none.

100. COUNCILLOR QUESTIONS

100.1 There were none.

101. NOTICES OF MOTION REFERRED FROM COUNCIL

101.1 No Notices of Motion were referred.

102. SUSSEX PARTNERSHIP FOUNDATION TRUST: UPDATE

102.1 This item was introduced by Richard Ford, Executive Commercial Director, the Sussex Partnership NHS Foundation Trust.

102.2 Mr Ford informed committee members of some recent and other planned developments at the trust. These included:

- **Improving Access to Psychological Therapies.** This initiative, with additional funding support from NHS Brighton & Hove, is progressing well. The project has a particular focus on enabling people with mental health problems to stay in employment, and this is likely to be especially important given the current economic climate.

- **Accommodation Services.** Sussex Partnership is reviewing its housing support provision, particularly in light of recent cuts to national Supporting People grants and the increased national and local emphasis on personalisation of care. The trust is aiming to improve its housing services, particularly in the contexts of clients with a dual Diagnosis and of intermediate housing.
- **Mill View Hospital.** Funding for the next stage in the upgrade of Mill View hospital has been approved by the trust board. This will allow Sussex Partnership to improve facilities on the site, including providing a more secure perimeter fence and proceeding as planned with the creation of a 'Section 136' facility (to assess the needs of people detained by the police under Section 136 of the Mental Health Act).
- **Nevill Hospital.** Sussex Partnership plans to close the Nevill hospital, and will need to re-provide the 15 dementia beds currently situated at the Nevill (beds for older people with functional mental health problems will be re-provide at Mill View). However, the trust may choose not to re-provide these beds within Brighton & Hove. Sussex Partnership will come back to the HOSC to discuss this service once more detailed plans have been developed.
- **Secure and Forensic Services.** Currently, a number of secure and forensic mental health services are unavailable within Sussex, meaning that patients have to be treated out of the county. Sussex Partnership is developing services which will allow for the repatriation of many of these beds to sites within Sussex (although not to Brighton & Hove).
- **Children and Young People's Services.** Chalk Hill hospital, a superb new mental health facility for young people, was recently opened in Hayward's Heath. HOSC members (and potentially other interested Councillors) have been invited to tour this and other local acute mental health facilities.
- **Substance Misuse Services.** Sussex Partnership are pleased to have been re-commissioned to provide these services for Brighton & Hove and are seeking to expand some alcohol-related services.
- **Dementia.** City services have to be improved, with particular reference to the personalisation agenda, to ensuring more effective diagnosis of dementia at an early stage, better co-working with other agencies and improved end of life care.
- **Foundation Trust and Teaching Trust status.** Becoming a teaching trust has been particularly valuable in terms of Sussex Partnership's ability to recruit new staff.

102.3 In response to a question regarding plans to re-locate the trust's headquarters, Mr Ford informed members that plans to move from Swandean to the Mill View hospital site had been put on hold, as the

trust's priorities were to improve front-line services (and also because the sale of the Swanedan site in the current economic climate was unlikely to be straightforward).

- 102.4 In reply to queries about the closure of the Nevill hospital, members were told that any re-siting of acute older people's dementia beds outside the city would have to meet two criteria: that the new service improved on current services, and that there was excellent transport provision to and from the new site.
- 102.5 In answer to questions regarding the likely impact of a recession upon local mental health services, the Committee was told that more people would be expected to present with mental health issues during a recession. However, the trust was well placed to deal with this, having already significantly improved access to psychological therapies (e.g. the services which are likely to be most in demand by people presenting with depression/anxiety).
- 102.6 In response to a query about the soon to be formed Scrutiny Select Committee on dementia, Mr Ford told members that he welcomed this piece of work and that Sussex Partnership would engage fully with it.
- 102.7 In answer to questions concerning alternative accommodation for older people with functional mental health problems following the closure of the Nevill, members were told that it should prove possible to accommodate these patients at Mill View, although there would need to be robust planning to ensure that these vulnerable people were not placed at risk.

103. RE-PROVISION OF HEALTHCARE SERVICES IN COMMUNITY SETTINGS

- 103.1 The Chairman decided that this item should be deferred until the 08 July HOSC meeting.

104. SOUTH DOWNS HEALTH NHS TRUST: INTEGRATION WITH WEST SUSSEX COMMUNITY SERVICES

- 104.1 John O'Sullivan, interim Chief Executive of South Downs Health NHS Trust (SDH) gave a presentation and answered members' questions on this issue.
- 104.2 Mr O'Sullivan told members that:
- Integration with West Sussex Health (i.e. West Sussex NHS community services) had come about because the Government had encouraged Primary Care Trusts (PCTs) to divest themselves of provider services so that they could focus on the 'World Class Commissioning' agenda. West Sussex PCT had considered a variety of new homes for its provider services, but had eventually opted for

integration with SDH. (This is an 'integration' rather than a merger, as in the context of NHS trusts, mergers can only occur between two or more statutory bodies; West Sussex Health is not a statutory body.)

- The first formal step in this process of integration is to develop a Management Contract, but this is by no means the end of the process: involved work will be needed over the next two years if integration is to be successful.
- It will also be necessary for West Sussex PCT to develop a commissioning strategy for West Sussex community services, as it must be able to demonstrate that it is committed to commissioning the best value and quality services available (i.e. it cannot simply commission the integrated SDH/West Sussex Health).
- The regional NHS cooperation and competition panel will almost certainly also want to examine the integration to ascertain that it does not impact upon local competitiveness.
- At a later point in the integration process it will also be necessary for SDH to work closely with NHS Brighton & Hove to ensure that the new organisation is able to operate in line with Brighton & Hove commissioning intentions.
- All West Sussex Health staff will second to SDH at the beginning of the integration process.
- East Sussex PCTs have expressed interest in integrating their community services with SDH and this idea is currently being explored.

104.3 In reply to a question about ensuring that the integrated trust focuses on local needs, members were told that SDH has a Service Level Agreement with NHS Brighton & Hove (and West Sussex Health a similar agreement with West Sussex PCT). This sets out levels of services which must be maintained by any integrated organisation.

104.4 In answer to a question concerning user involvement in the integration programme board, the Committee was informed that there was currently no such involvement as work was at a very technical stage. Users would be extensively involved at a stage when their input would be of greater value.

104.5 In response to a question about efficiency savings, members learnt that both SDH and West Sussex Health were committed to making significant efficiency savings and that integration might make this easier (e.g. via combining services such as ICT/administrative support). However, integration was not fundamentally driven by the opportunity to make this type of saving.

104.6 Mr O'Sullivan told members that an estimated £2 million per annum might be saved via integration. This would probably be reasonably proportionate across Brighton & Hove and West Sussex services.

104.7 In answer to a query about TUPE ('Transfer of Undertakings (Protection of Employment) Regulations 1981'), members were told that this should not pose too much of a problem, as all staff to be integrated are current NHS employees and employed on very similar contracts.

105. AD HOC PANEL ON THE BRIGHTON & HOVE GP-LED HEALTH CENTRE

105.1 Councillor Trevor Alford introduced this item, informing members that the ad hoc panel had held a meeting with officers of NHS Brighton & Hove to discuss the tender for the city GP-Led Health Centre contract.

105.2 Following this, the panel members had decided that there was no need for further meetings, although elements of the tender process were worthy of comment. A report on this issue is currently being prepared and will be presented to the Committee at its 08 July 2009 meeting.

106. HOSC WORK PROGRAMME 2008-2009

106.1 Members discussed the HOSC work programme for 2009/2010. Outstanding items which will need to feature in the work programme include: the ad hoc panel report on the GP-Led Health Centre, a report on provider organisations working in the local health economy, and a report on acute care re-provided in community/primary settings (deferred from the 20 May 2009 meeting).

106.2 The HOSC has also committed to receiving updates on the Sussex Orthopaedic Treatment Centre, the Brighton & Hove Local Involvement Network, city dentistry services, the '3T' development of the Royal Sussex County Hospital and the GP-Led Health Centre (i.e. a report on the operational success of the Centre after it has been running for a period of time).

106.3 Members also suggested instituting an ad hoc panel to investigate aspects of the public health agenda (it had formerly been agreed to set such a panel up, but the idea remains at a nascent stage of development).

106.4 A member also proposed that HOSC should examine the issue of immunisation (with particular reference to the prevalence of measles in the city and what, if any, relationship this bore to uptake of the 'MMR' jab).

107. REPORT OF THE DUAL DIAGNOSIS SCRUTINY PANEL

107.1 This item was introduced by Councillor Hawkes, who told members that key issues were the provision of appropriate supported housing and ensuring that services adequately addressed the needs of women and children.

107.2 Richard Ford, Executive Commercial Director at the Sussex Partnership NHS Foundation Trust (SPT), welcomed the report and told members that SPT was actively considering the Panel recommendations.

107.3 In answer to a question about the availability of residential mental health facilities for mothers and children, Mr Ford informed members that there was no such provision within the city, although independent sector services were commissioned on behalf of city residents.

108. ITEMS TO BE REFERRED TO CABINET

108.1 The Committee discussed referring Item 102: Sussex Partnership Foundation Trust – Update to the Cabinet Member for Health and Social Care for information.

108.2 Of particular concern to members were plans to close the Nevill Hospital and (potentially) to re-provide acute hospital beds for dementia outside city boundaries.

108.3 **RESOLVED** – That this item should be referred to the Cabinet Member for Health and Social Care.

109. ITEMS TO BE REFERRED TO FULL COUNCIL

109.1 There were none.

The meeting concluded at 6:30pm

Signed

Chair

Dated this

day of

