

# Agenda item 55

## BRIGHTON & HOVE CITY COUNCIL

### HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00PM 16 NOVEMBER 2011

### COUNCIL CHAMBER, HOVE TOWN HALL

#### MINUTES

**Present:** Councillors Rufus (Chair); Barnett, Bennett, Follett, Turton, Marsh, C Theobald (Deputy Chair) and Summers

**Co-opted Members:** Hazelgrove (Older People's Council) (Non-Voting Co-Optee)

#### PART ONE

#### 40. PROCEDURAL BUSINESS

##### 40A Declarations of Substitutes

40.1 Cllr Christina Summers attended as substitute for Cllr Alex Phillips

##### 40B Declarations of Interest

40.2 Cllr Carol Theobald declared a personal interest in Item 48 (Mental Health Acute Beds) as she is Chairman of Brighton & Hove MENCAP.

##### 40C Declarations of Party Whip

40.3 There were none.

##### 40D Exclusion of Press and Public

40.4 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.

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

**41. MINUTES OF THE PREVIOUS MEETING**

- 41.1 RESOLVED – That the minutes of the meeting held on 28 September 2011 be approved and signed by the Chairman.**

**42. CHAIR'S COMMUNICATIONS**

- 42.1 Mr Robert Brown, the LINK co-optee asked the Chair to consider the LINK's request that the Council appoints HOSC members for at least 2 years in recognition of the complexity of the health agenda.
- 42.2 The Chair suggested that the LINK should write directly to political group leaders with this request.

**43. PUBLIC QUESTIONS**

- 43.1 There were none.

**44. NOTICES OF MOTION REFERRED FROM COUNCIL**

- 44.1 There were none.

**45. WRITTEN QUESTIONS FROM COUNCILLORS**

- 45.1 There were none.

**46. SCREENING SERVICES**

- 46.1 This item was introduced by Dr Peter Wilkinson and Ms Martina Pickin from the NHS Sussex Public Health team.
- 46.2 In response to a question from Cllr Marsh on the likely impact on local screening uptake of the recently announced national review of breast cancer screening, Dr Wilkinson told members that it was possible that the national review would lead to a fall in breast screening uptake locally.
- 46.3 In answer to a question from Cllr Bennett on the use of mobile screening centres in the city, Dr Wilkinson told the committee that mobile centres had been discontinued at the time when the screening services was experiencing problems with its performance; it being thought necessary to focus attention on services provided from the main screening centre. Work is ongoing to determine whether the loss of the mobile centres has had an impact upon screening rates, particularly in the areas (e.g. Hollingbury) where mobile centres were previously located. Consideration would be given to

reintroducing mobile screening units if it was found that there has been a significant worsening of access for certain communities.

- 46.4 In response to questions from Cllr Follett on bowel cancer screening, Ms Pickin informed the committee that it was uncertain whether this year's targets would be met, as there was currently only one quarter's data from which to extrapolate (although this showed good performance). It was also necessary to differentiate between new screening referrals and returning users, as the latter were more likely to present for screening and might therefore give a skewed picture with regard to how successful the screening programme was in terms of encouraging new users to present.
- 46.5 In answer to a question from Cllr C Theobald on why the city rate for breast screening still lagged behind national and regional comparators, Dr Wilkinson told members that this was likely to be due to demographic factors. For example, the national discontinuation of screening for women under 24 was bound to have an impact on uptake figures for 24-30 year old women (as people who have used screening services before are more likely to present to services than are people who have never previously been screened), and this would impact disproportionately upon Brighton & Hove, given the relatively large number of women of this age in the city.
- 46.6 In response to a question from Cllr Barnett concerning self-referral for screening, Dr Wilkinson told members that people in some groups could self refer for screening in instances where they were not part of the targeted scanning cohort; for instance, over 65 men could self-refer to the aortic aneurysm programme. Rates of self-referral varied considerably from programme to programme, in part depending on the publicity a particular programme had received.
- 46.7 In response to a question from members as to the effectiveness of the 'Albion in the Community' bowel cancer campaign, Ms Pickin told the committee that there was little empirical evidence available, but anecdotal evidence was that the campaign had been effective.
- 46.8 The Chair thanked Dr Wilkinson and Ms Pickin for their contributions, noting particularly that the committee welcomed the comprehensive report they had compiled.

**46.9 RESOLVED – That members:**

- (1) Note the report and its appendices;**
- (2) Agree that recent city performance in breast screening is encouraging, and request an update on progress in 12 months' time (via a letter to the Chair if performance continues to be unproblematic).**

**47. BRIGHTON & HOVE HEALTH AND WELLBEING BOARD**

- 47.1 This Item was introduced by Dr Tom Scanlon, Brighton & Hove Director of Public Health, and by Ms Denise D'Souza, Director of Adult Social Services/Lead Commissioner, People.

- 47.2 Dr Scanlon explained to members that the draft model was 'live' and that it had been revised since the committee papers were published. The latest revision had seen the removal of 'observer' members, as it was felt that interested parties would be able to attend the public and open Health & Wellbeing Board (HWB) meetings without requiring formal 'observer' status.
- 47.3 In response to a question from Cllr Marsh about the future of the CYPT Board, Ms D'Souza told members that the shadow year of the HWB would feature an extensive mapping exercise with partnership bodies whose remits overlapped that of the HWB, the intention being to minimise unnecessary overlap and duplication.
- 47.4 In response to a question from Cllr Marsh regarding the potential impact on HWB plans of the Localism Bill (e.g. the possibility of the city council reverting back to a 'committee' system), Ms D'Souza told members that the implications of these were currently being assessed by the council's legal team.
- 47.5 The Chair thanked Dr Scanlon and Ms D'Souza for their contributions.

**47.6 RESOLVED – That the report be noted.**

**48. MENTAL HEALTH: ACUTE BEDS**

- 48.1 Dr Richard Ford, Executive Director of Strategic Development, and Ms Samantha Allen, Service Director, Sussex Partnership NHS Foundation Trust (SPFT); and Ms Geraldine Hoban, Chief Operating Officer, Brighton & Hove Clinical Commissioning Group (CCG), were present to answer members' questions.
- 48.2 Members of the HOSC who had attended the 10 November scrutiny workshop on city mental health beds explained their views to the Committee. In addition, a letter setting out the LINK position was circulated. Generally, the views expressed were supportive of the initiative proposed by SPFT, although all members had concerns about elements of the plans, particularly in terms of the availability of supported housing, investment in community mental health services, dementia care, and out of area placement.
- 48.3 Dr Ford addressed these concerns, stressing that the initiative was the result of much planning and that its implementation would be closely monitored. Dr Ford acknowledged that housing was a crucial issue, but noted that a good deal had already been done to improve the availability of appropriate housing in the city. However, there was a good deal more to be done.
- 48.4 In terms of resourcing, Dr Ford told members that SPFT's key community mental health teams (e.g. the Assertive Outreach and Crisis Resolution and Home Treatment teams) were well-resourced.
- 48.5 In terms of out of area placements, Dr Ford averred that it was in SPFT's interests to keep these to a minimum, as a good deal of staff time and resources would otherwise be wasted travelling to treat and assess patients placed in out of city beds.

- 48.6 In terms of dementia care, Dr Ford stated that the trust intended to continue treating 100% of dementia patients within the city, and investing in improved early diagnosis and support.
- 48.7 Ms Allen told members that the planned bed reduction would be phased, and there would be contingency plans in place to pause or adapt the programme should performance be affected. A clinical taskforce will be set up to monitor the initiative, ensuring clinician involvement at every step.
- 48.8 Ms Hoban told members that the CCG had concerns about accommodation issues and was also keen to see the further development of SPFT community services. Dementia was also a key priority, particularly in terms of ensuring that the dementia care pathway runs as smoothly as possible. The CCG welcomed the phased reduction of beds, and would also welcome further scrutiny involvement in terms of monitoring the initiative.
- 48.9 Cllr Follett proposed an amendment to the report recommendation, replacing the second recommendation with a resolution to have a progress report brought to the HOSC at every committee meeting until the bed reduction initiative has been completed. This amendment was seconded by the Chair and unanimously agreed by members.

**48.10 RESOLVED – That members:**

- (1) Support Sussex Partnership NHS Foundation Trust plans to reduce acute bed capacity at Mill View Hospital, with the understanding that bed capacity will be urgently reviewed should the new arrangements impact significantly upon performance;**
- (2) Will require a report on implementation of the initiative to be tabled at each HOSC meeting until the bed reduction has been completed. This report should include relevant feedback from the Clinical Taskforce established to oversee the initiative.**

**49. BRIGHTON & HOVE ADULT AUTISM STRATEGY**

- 49.1 This item was introduced by Ms Jane Simmons, Head of Partnerships and Commissioning, Adult Social Care.
- 49.2 In response to a question from Cllr Follett on how realistic the strategy was given the current financial climate, Ms Simmons told members that a good deal of the strategy could be delivered with existing resources – i.e. by rationalising care pathways, encouraging closer working with children's services and re-jigging existing training programmes. Where extra resources would be needed, or instance in terms of broadening the scope of autism awareness training, the sums involved were not necessarily unrealistically large. In any case, strategies are, to some degree, inherently aspirational.
- 49.3 In response to a question from Cllr C Theobald on the rising cost of care for autistic adults, particularly those with complex needs, Ms Simmons told the committee that social care was provided on the basis of need rather than of a particular diagnosis. Thus people with autism were (and when the strategy is implemented will be) no more or less likely to receive social care than people without an autism diagnosis; it will depend

entirely on their level of need. Better diagnosis of autism would therefore not automatically lead to increased care costs: it would depend whether those diagnosed met the thresholds for care; thresholds which would be the same whether or not there was a diagnosis of any particular medical condition.

49.4 The Chair thanked Ms Simmons for her contribution.

**49.5 RESOLVED – That members:**

- (1) Note the contents of the strategy and its proposed strategic objectives, actions and outcomes;**
- (2) Require a further opportunity to discuss the adult autism strategy once consultation has been completed;**
- (3) Will submit a HOSC response to the consultation, based on the members' comments detailed above.**

**50. HOSC WORK PROGRAMME 2011-12**

50.1 Members considered the HOSC work programme and agreed that the next (January 2012) meeting should include items on:

- (a) the carers' strategy
- (b) the Short Term Services review
- (c) Sussex Community Trust (progress report on integration with West Sussex community services and new management structures for the trust)

**51. LETTERS TO THE CHAIR**

51.1 Members considered letters received from the CCG and Adult Social Care with regard to Short Term Services, the city carers' Strategy and the tender for Community Mental Health services. Members agreed to add all these items to the work programme, and also to receive a report on Long Term Conditions at a later date.

**52. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING**

52.1 There were none.

**53. ITEMS TO GO FORWARD TO COUNCIL**

53.1 There were none.

The meeting concluded at Time Not Specified

Signed

Chair



