

Agenda Item 28

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4:30pm 23 JULY 2008

HOVE TOWN HALL

MINUTES

Present: Councillor Cobb (Chairman); Councillor Allen (Deputy Chairman);
Councillors Barnett, Kitcat, Harmer-Strange, Marsh, Rufus

Co-optees: Jack Hazelgrove (Older People's Council)

(Informal) Brighton & Hove Local Involvement Network (LINK) Representative:
Robert Brown

PART ONE

ACTION

16. PROCEDURAL BUSINESS

16A. Declarations of Substitutes

1.1 Councillor Mo Marsh declared that she was attending the meeting as Substitute Member for Councillor Craig Turton.

16B. Declarations of Interest

16.2 There were none.

16C. Declarations of Party Whip

16.3 There were none.

16D. Exclusion of Press and Public

16.4 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 Schedule 12A, Part 5A, Section 100A(4) or 100 1 of the Local Government Act 1972 (as amended).

16.5 **RESOLVED** - That the press and public be not excluded from the meeting.

17. MINUTES

17.1 **RESOLVED** – That the minutes of the meeting held on 11 June 2008 be approved and signed by the Chairman.

18. CHAIRMAN'S COMMUNICATIONS

18.1 The Chairman announced that she wished to organise an “awayday” for HOSC members, co-optees and officers to develop closer working links and advance the Committee work programme. A date will be arranged in the Autumn.

19. PUBLIC QUESTIONS

19.1 The Committee received a Public Question from the Older People's Council:

“The Older People's Council (OPC) is concerned that some older people in the city are not able to easily access the free eye testing to which they are entitled. Recognising the importance of maintaining good eyesight for the promotion of wellbeing and independence, the OPC would like to ask the Primary Care Trust (PCT):

- 1) How does the PCT promote free eye testing for older people and how does it monitor its delivery by local opticians?
- 2) What has been the take-up of free tests for each year over the past 5 years, identifying those older people who are:
 - aged 60+ exercising their right to a bi-annual free test;
 - aged 60 + receiving more frequent free eye tests on the recommendation of their optometrist;
 - aged 70+ exercising their right to an annual free test;
 - aged 70 + receiving more frequent free eye tests on the recommendation of their optometrist?
- 3) How does the city compare nationally, regionally and with comparator cities in respect of free eye testing? (Please provide figures for the same time-frame and for the same categories as requested in 2 above.)
- 4) Some older people have said that they feel they have been placed under pressure to purchase spectacles etc. when visiting an optician for their free eye test. Can the PCT detail the steps it takes to ensure that city opticians do not inappropriately use free eye testing sessions to push for sales?”

- 19.2 The Chairman welcomed the Public Question and told the Older People's Council representative that she would ensure this question was addressed at the September 2008 HOSC meeting.

20. LETTERS FROM COUNCILLORS

- 20.1 There were none.

21. NOTICE OF MOTION REFERRED FROM COUNCIL

- 21.1 There was none.

22. SUSSEX PARTNERSHIP TRUST (SPT): PLANNED DEVELOPMENT OF SERVICES

- 22.1 Richard Ford, Executive Director of SPT (Brighton & Hove locality), addressed the Committee in regard to a number of aspects of the development of the Trust's services. Terry Pegler of SPT also spoke to the Committee about the implications of the Mental Health Act (2007).

- 22.2 Members were informed that the new Mental Health Act contains provision for a broader range of officers to become involved in the process of approving detention under sections of the Mental Health Act than was formerly the case (responsibility may be extended to officers including occupational therapists rather than limited to certain social workers). It was stressed that these officers would be highly skilled and very experienced, and that this was not a dilution of the safeguards surrounding the sectioning process, but rather a reflection of the fact that mental health care was now much less medicalised and institutionally based than it used to be.

- 22.3 Robert Brown, representing the Brighton & Hove Local Involvement Network (LINK), noted that he had regular contact with occupational therapists and could vouch for their high levels of experience and ability.

- 22.4 In answer to a question regarding recruitment of occupational therapists, Mr Pegler told the Committee that there were no plans to greatly increase the numbers working in the city.

- 22.5 In response to a query as to whether the new Mental Health Act made it easier or more difficult to detain someone under a "section", the Committee was informed that there had been little if any practical alteration to the definition of who should be detained: the new Act simplified the terminology of the 1983 Mental Health Act to some degree and increased emphasis on treatment being made available for people held under a section rather than changing the basis of sectioning.

- 22.6 In answer to a question concerning the likely governance arrangements of the Sussex Partnership Trust (SPT) should it achieve NHS Foundation Trust status, Mr Ford explained that the Trust would

have 41 governors, a minority appointed by local “partners” (Local Authorities, NHS Trusts etc.); the majority elected by members of the public, service users, carers and staff. Mr Ford offered to provide more details of this governance structure to members.

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- 22.7 In response to a query concerning how SPT could improve its services, members were told that services were generally of a high standard, but that key areas for improvement included accommodation, clinical governance and staff-management procedures. The Trust is particularly keen to ensure that it is a “mindful employer”, doing all that it can to safeguard the mental health of its staff.
- 22.8 In answer to a question concerning the protection of Brighton & Hove interests within the Sussex-wide SPT, members were told that decisions on the future structure of SPT would be made by the Trust’s senior management. SPT management does recognise the value of a management structure which encourages a high degree of local autonomy, making it likely that a significant element of independence for each locality would be retained.
- Although locally managed and provided services are of key importance in many aspects of the Trust’s work, there is also a strong case for the provision of more specialised services on a county-wide basis when there is insufficient demand to make local services practicable (e.g. acute intensive care for women).
- 22.9 In response to a question concerning the large number of Governors that the new Foundation Trust would have, members were told that there was a challenge in dealing with so many Governors, and that innovative methods would have to be adopted to ensure that all Governors were fully involved in the strategic development of the Trust.
- 22.10 In answer to a query regarding the availability of enhanced access to psychological therapies for young people, the Committee was told that the pilot scheme for improving access to these therapies was targeted at adults, but that SPT was committed to improving access to Cognitive Behavioural Therapy (CBT) and related therapies for the whole 14-25 age group.
- 22.11 In response to a question concerning early intervention in instances of mild depression etc, members were told that this linked directly with improved access to psychological therapies, as the most effective treatment for mild depression was frequently CBT or an allied therapy. CBT is also key in tackling “worklessness” issues, as it may be the most appropriate intervention for people in danger of losing their jobs due to mental health issues, and the most effective way of helping those currently claiming Incapacity Benefit back into employment.
- 22.12 Mr Ford also informed the Committee about successful developments to SPT’s local vocational services, with many former users of vocational services now in mainstream employment. Changes are also planned to the Trust’s day services, with third sector organisations

being invited to tender to run these services. Mr Ford stressed that there would be no dilution of the quality of this support, although the focus will change with much greater emphasis being placed on developing services which are user-led. There was considerable national agreement that this sort of service was best run by third sector organisations, with NHS Trusts concentrating on providing clinical services.

22.13 Mr Ford also told the Committee that a greater emphasis on self-directed care would have a major impact upon SPT's services, particularly in terms of people with severe and long-standing mental health conditions living in long-term supported housing. These clients could prove very challenging to support, and a good deal of work needed to be done in this area, involving SPT working closely with the Primary Care Trust and the City Council to ensure that appropriate support could be provided at the same time as entrenching the principle of (a high degree of) client self-determination in the planning of such services.

22.14 In response to questions concerning the planned closure of the Nevill Hospital, Mr Ford told members that the planned provision of a dementia ward and a non-dementia older people's ward at Mill View Hospital would more than compensate for the loss of the Nevill facilities. Although there would be fewer acute beds than are currently available at the Nevill, the Nevill rarely operates to its true capacity. (Even when the Nevill is full, this tends to be due to delays in transferring patients who no longer require acute care into appropriate community settings, rather than because the hospital's full capacity is actually required to treat genuine acute cases.) In addition, better discharge planning and improved access for older people to the Community Mental Health Teams (particularly the Crisis Team) should mean that demand for beds can be better managed.

Space will be found on the Mill View site for these services by re-opening a currently "moth-balled" ward and by the new-build of a dementia ward.

22.15 In answer to members' questions concerning community support, members were told that high levels of community support were now in place, allowing people to receive the appropriate degree of care (up to the level of 24 hour a day support). Mr Ford stressed that community care, even with very high levels of support, was generally much cheaper than acute hospital care. There were also major negative factors associated with acute stays, including "institutionalisation"/loss of independence.

22.16 In response to a query regarding the re-siting at Mill View of the city's assessment suite for people detained by the police under Section 136 of the Mental Health Act, members were told that it was the Trust's intention to assess as many people as possible in the new suite. However, in instances where people manifested extremely violent behaviour, or were very intoxicated, it might be necessary to keep

people in police custody (all section 136 assessments are currently undertaken in police custody).

- 22.17 In answer to questions concerning public parking provision at the Mill View/Hove Polyclinic site, members were told that care would be taken whilst re-developing the site to retain or improve upon the current provision of public care parking spaces. SPT would seek to incentivise its own staff to access work via public transport and would also seek to work with local public transport providers to ensure that the site was well integrated with the public transport network.
- 22.18 In response to a query regarding psychiatric cover at the Royal Sussex County Hospital (RSCH) A&E department, the Committee was told that 7 day a week cover was available. Out Of Hours cover is provided by Senior Nurse Practitioners (with doctor-grade staff on hand at Mill View). Mr Ford noted that the main demand for Out Of Hours psychiatric services was in primary rather than secondary (hospital) care, and that resources were best spent accordingly.
- 22.19 Asked to comment on what he saw as the biggest challenge to the Local Health Economy, Mr Ford identified the problem of alcohol as being a particular priority for the city. Mr Ford saw limiting the proliferation of licensed premises, making soft drinks more widely available and more affordable than alcoholic alternatives and encouraging public health education as being key factors in improving the situation. However, there is a limit to what can directly be done at a local level.
- 22.20 **RESOLVED –**
- (i) That none of the plans for developing SPT services (in appendix A to the Item 22 report) should, at this point in time, be regarded as “significant variations in service” requiring more formal consultation with the Health Overview & Scrutiny Committee;
- (ii) That the Committee should continue to receive regular updates on SPT’s development plans.

The Committee thanked Mr Ford for his presentation.

23. HOSC WORK PROGRAMME

- 23.1 Members considered a report setting out the conclusions of the HOSC Working Group set up to formulate a draft 2008/2009 Committee Work Programme.
- 23.2 The Chairman noted that Committee members would seek to use part of the planned HOSC “away day” to discuss ideas for HOSC work programme ideas not previously considered by the HOSC Working Group (i.e. ideas generated by the Brighton & Hove LINK or by individual members of the public). To this end, a representative of the

Brighton & Hove LINK will be invited to attend the away day.

23.3 **RESOLVED** – That the draft 2008/2009 HOSC Work Programme be approved as the Committee Work Programme.

24. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING

24.1 There were none.

25. ITEMS TO GO FORWARD TO COUNCIL

25.1 There were none.

The meeting concluded at 6:30 pm

Signed

Chairman

Dated this

day of

2008

