

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

4.00pm 26 FEBRUARY 2013

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Rufus (Chair)

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

Other Members present: Co-optees David Watkins (LINK); Jack Hazelgrove (OPC); and Youth Council

PART ONE

52. PROCEDURAL BUSINESS

52(a) Declaration of Substitutes

There were none. Apologies had been received from Amanda Mortensen and Susan Thompson.

52(b) Declarations of Interest

There were none

52(c) Exclusion of Press and Public

As per the agenda

Chair's Communications

The Chair began by apologising to the CCG and to Members for the late cancellation of the workshop on GP Performance; it had not been possible to clarify the course content satisfactorily and so the decision had been made to postpone it until it could be agreed. The Chair acknowledged that the late decision would have had a negative effect on attendees and presenters, and apologised for this. The rescheduled workshop will be co-produced between HWOSC and the CCG, to ensure that all of the necessary issues are addressed.

The Chair also noted that this was David Watkins' last meeting as LINK was closing at the start of April. Mr Watkins and LINK were thanked for all of the input and help that they had given to HWOSC.

Mr Watkins said that LINK had been a very unusual and useful organisation; Healthwatch would be taking over from April 2013, and it would be more proactive than LINK, as well as taking on children's services. Mr Watkins said that he hoped HWOSC would welcome a Healthwatch co-optee in due course, and thanked everyone for their help and support.

53. MINUTES OF THE PREVIOUS MEETING

53.1 The minutes were agreed.

54. AMBULANCE SERVICE: MAKE READY SCHEME

54.1 James Pavey, Senior Operations Manager, South East Coast Ambulance Service, gave a presentation on the proposed Make Ready Centre and answered members' questions.

Mr Pavey explained that currently paramedics can be based at a number of locations, and are expected to clean and restock their ambulances as part of their daily duties – this has an impact on the amount of paramedic calls that they can attend.

The Make Ready centre will be a new location where all ambulances will start and finish their shifts; a team of specialists will restock, clean and swab the ambulances so that they are ready for duty. This is the first significant estates investment in Sussex in over twenty years.

The Make Ready Centre will be located near the Amex stadium. The Ambulance Service has already begun engagement with Moulsecoomb and Bevendean residents, which has been mostly positive.

Mr Pavey then addressed Members' questions, which included:

54.2 How did the partnership arrangement with Harmoni come about?

Mr Pavey said that their medical expertise was needed to operate the 111 service, as they may need to despatch ambulances where necessary. Mr Pavey was unsure of the detail of how the competitive tendering process was carried out, but he would ask colleagues at the Ambulance Service to provide more detail.

54.3 What will happen with the unused land at Brighton General Hospital?

The land will be sold off so that the money can be invested into other projects.

54.4 Will there be disturbances to residents?

With regard to potential disturbance for residents, the Make Ready centre is not a primary response post, but a start and finish point for ambulances on shift. Once they have left the Make Ready station on call, they will not return until the end of shift. The

ambulance shifts have been staggered so that the vehicles do not all leave or return at the same time. The services and the impact will be monitored.

54.5 How many vehicles will be using the site?

There will be approximately seven double-manned ambulances, which operate around the clock, and up to six response vehicles, which will be using the Make Ready centre.

54.6 Do emergency services share information?

Yes the emergency services continue to work closely together, and there is a Resilience team looking at emergency planning issues.

54.7 The Chair thanked Mr Pavey for his presentation and his time.

55. CCG ANNUAL OPERATING PLAN AND STRATEGIC COMMISSIONING PLAN

55.1 Anne Foster from the Clinical Commissioning Group (CCG) gave a presentation on the CCG's Annual Operating Plan and Strategic Commissioning Plan on behalf of Geraldine Hoban, who was unable to attend. Ms Foster outlined the seven priority areas for the CCG, and the cross-cutting themes.

Ms Foster then addressed members' queries, which included:

55.2 How were the priority areas chosen?

They were chosen from the Health and Wellbeing Board priorities, and through GP input. However the CCG also monitors other areas closely.

55.3 One of the targets is to reduce unnecessary A&E visits, how will this be achieved?

There will be a number of initiatives, perhaps by reviewing GP opening hours. In addition, the Mental Health Urgent Response Service is aimed at providing urgent responses to people rather than visiting A&E.

55.4 What is the relationship between the CCG and the Health and Wellbeing Board?

The CCG sits on the Health and Wellbeing Board, and the Joint Health and Wellbeing Strategy is jointly produced, informed by the Joint Strategic Needs Assessment. The strategy has focus on the highest impact areas, where the CCG thinks that it can make the most difference.

55.5 Ms Foster was thanked for her presentation.

56. UPDATE ON THE ALCOHOL PROJECT BOARD

- 56.1 Tom Scanlon, Director of Public Health, and Kathy Caley, Commissioning Manager - Alcohol and Substance Misuse, presented a report on the work of the Alcohol Project Board and answered committee members' questions.

Members heard about the impact of alcohol on crime and health in the city, balanced against the economic benefits, it is a key part of our day and night time economy.

The Alcohol Project Board has been in place since late 2010, bringing together bodies from across the city with a responsibility for alcohol-related problems. It has also managed to involve retailers for the first time, which has brought an added dimension to the Board's work. The Board has had a number of successes already, including the appointment of nurses dedicated to working in hostels, and alcohol liaison nurses in A&E.

The members heard, despite preconceptions, that the vast majority of alcohol problems were caused by Brighton and Hove residents not by visitors.

- 56.2 Mr Scanlon and Ms Caley were thanked for the informative report. Questions and comments included:

- HWOSC members would like to see democratically elected members represented on the Alcohol Programme Board.
- Changing the city's culture would be the biggest problem
- Would a late-night levy help?
- Could there be more alcohol free spaces open late at night?
- It was important to keep the funding for the Safe Space

- 56.3 Members asked what outcomes might be achieved by retailers' involvement in the Project Board?

Dr Scanlon said that retailers were committed to removing millions of alcohol units from sale by promoting lower alcoholic alternatives. By retailers becoming involved in the Project Board, they can demonstrate that they are responsible retailers.

The Project Board was trying to look at things in an alternative and creative way. For example, the Events team would be coming to the next Project Board meeting to talk about why event sponsors tend to bring more alcohol to an event in addition to that which is already available in the city.

- 56.4 Members asked for more information about the Bevy pub. Ms Caley offered to send a YouTube link to members to a film which Public Health had funded (http://www.youtube.com/watch?v=Qsp3qmlO_pQ)

Public Health are also looking to run some community services from the Bevy when it is open.

- 56.5 How can we change the drinking culture that we have in Brighton and Hove? How do we present ourselves to people outside, should we look to change the focus of our tourism approach?

Dr Scanlon said that it would be helpful to change the culture to something more manageable. He was keen to get better engagement with the universities, and hoped that they would promote themselves as more than just somewhere with lots of bars.

Dr Scanlon said that, the more that alcohol is available, the more people will drink. There is a very high concentration of alcohol in the centre of the city. Maybe alternatives could be to promote more events as family friendly, or alcohol-free, but without being 'anti-fun'.

The Local Alcohol Profile for the city showed Brighton and Hove as significantly worse on a number of performance indicators including alcohol specific mortality and hospital admissions.

- 56.6 Could Dr Scanlon give some more information on the effect of alcohol on young people?

Dr Scanlon said that studies across entire populations of young people showed that alcohol caused a differentiation in brain development in younger people. Locally, 9% of 14/15 year olds had been drunk three or more times in a month, in comparison with 5% nationally.

- 56.7 The Chair thanked Dr Scanlon and Ms Caley for their report and assistance. HWOSC had been asked to hold a scrutiny panel looking at alcohol in the city and there was a lot of information in the report that would prove very useful in directing the panel's attention. The report had suggested three specific areas that could usefully be looked at through a review panel – these were:

- Development of alcohol free events
- Development of best practice retailers
- Improving the environment by encouraging responsible drinking

The Chair said that he would like to add a fourth suggestion:

- How Brighton and Hove brands itself as a party town.

The four panel theme suggestions were agreed by HWOSC members.

57. RELOCATION OF SERVICES FROM BUCKINGHAM ROAD

- 57.1 Sam Allen, Sussex Partnership NHS Foundation Trust, updated HWOSC members on the planned relocation of services from Buckingham Road, which coincides with the closure of day services there. Ms Allen provided members with a report with more detail on the proposals.

- 57.2 Members commented that they were pleased to see that the new proposals would be age-friendly.

- 57.3 Would there be an impact for service users due to the new location of the service?

Ms Allen said there would be new Day Service providers at Buckingham Road, who would be offering enhanced opening hours so this would prove to be an improvement for clients. They would monitor any problems that clients had in accessing the new venues, although it was important to note that a significant amount of services were provided at people's homes so this would be not affected.

57.4 Ms Allen was thanked for her report.

58. UPDATE ON MENTAL HEALTH BEDS

58.1 Anne Foster from the CCG and Dr Becky Jarvis provided a brief summary for HWOSC members regarding the situation with the mental health beds. They remained encouraged by the metrics and had also recruited to a number of additional posts.

58.2 Ms Foster and Dr Jarvis were thanked for the update.

59. HWOSC WORK PROGRAMME

59.1 Members heard that there were a number of items outstanding on the work programme. Officers would meet with the Chair soon to consider the best way to move forward with this.

The meeting concluded at 6pm

Signed

Chair

Dated this

day of