

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 9 DECEMBER 2020

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Evans (Chair)

Also in attendance: Councillor Deane (Group Spokesperson), McNair (Group Spokesperson), Barnett, Brennan, Grimshaw, Lewry, Powell, West and Williams

Other Members present: Councillors

PART ONE

16 APOLOGIES AND DECLARATIONS OF INTEREST

16.1 Cllr Gilliane Williams attended as substitute for Cllr Garry Wilkinson.

16.2 There were no declarations of interest.

16.3 RESOLVED – that the press and public be not excluded from the meeting.

17 MINUTES

17.1 The minutes of the 14 October 2020 meeting were approved as an accurate record.

18 CHAIRS COMMUNICATIONS

18.1 The Chair made the following comments:

Please accept my apologies in advance for the somewhat ‘tetchy’ nature of my Chairs Coms this afternoon – my frustration is very much NOT aimed at any member of this committee or council, or any member of the NHS or care provider either locally or nationally.

But I am frustrated, angry even. The life of this committee and this council, but more importantly the lives of NHS staff, carers and all other residents of our city and our country continue to be dominated by Covid 19.

It is restricting our freedoms, damaging our mental health and obviously threatening our physical health and our very lives, not to mention the abject devastation it is wreaking on the local and national economy.

It is, of course, the greatest health crisis in a century, and we are far from alone in experiencing it with, as far as I am aware, not a single country on the planet completely untouched.

However, we are right up there leading the world in the worst possible way: amongst a tiny handful of countries with deaths per million of over 900 – for contrast, those in Denmark are around 150, Norway less than 70, Germany around 240, and China, where the story began or was at least first identified, way behind on less than 4 per million, with total deaths amongst their vast population of less than 5000. The only countries ahead of us appear to be those – like Belgium, for instance - who are counting differently, in listing all excess deaths as Covid 19.

I'm sure everyone here joins me in hoping that the several vaccines now approved for use represent the huge shining hope that we might someday soon be able to return to some semblance of normality. I further hope that the mass vaccination programme is left to health professionals to administer in its entirety, and therefore not horribly bungled as our TTI efforts continue to be, through no fault of the professionals who should be running them, but aren't.

Having got all that off my chest, I'll come back to today's agenda to say that it, too has been affected (which is what set me off in the first place) in as much as we cannot have the items we would like, in as much detail as we would like, since we recognize – and still very much appreciate and are grateful for – the fact that in the midst of this ongoing emergency everyone is too busy actively trying to provide services of all kinds to take up time to provide the kind of detailed answers to us that they normally would.

For example, we were hoping to have a report on dental services during this period at today's HOSC. Healthwatch Brighton & Hove have been contacted by a number of local residents – as have I, and probably every other Councillor - who have found NHS dentistry to be difficult or impossible to access in recent months; and I had invited them to present these issues to the committee, with NHS England, the dental commissioners, responding. However, I've been told by NHS England that no one is available to join today's call. After discussion with Healthwatch, I've reluctantly decided to postpone this item, and will be pressing NHSE England to attend the next HOSC.

I had also been hoping to be able to invite the Trust for Developing Communities to attend this meeting to present their recent report on the experiences of local BAME communities during the Covid crisis. Cllr Powell and I are both very keen for this to come to HOSC and agree that this is an important report that we should consider. However, I've been advised that it would be more useful to look at this report in the early new year when we can see both the report itself and responses from providers and commissioners – the latter are currently still being finalised.

I was reluctant to delay all consideration of this issue until February though, and have consequently asked the CCG to update the HOSC today on the work they have been leading to assess and address the impact of Covid on local BAME communities. In a similar vein, I've also asked for an update on the additional pressures on mental health services because of Covid. This is another hugely important issue, and one that members may wish to explore in more depth at the next HOSC meeting.

I'll finish by once again giving our heartfelt thanks to everyone providing reports to us today, even if they are not as thorough as they and we might prefer, and to all our NHS and care staff, medical and non-medical, working tirelessly for the wellbeing of us all.

19 PUBLIC INVOLVEMENT

19.1 There were no public questions.

20 MEMBER INVOLVEMENT

20.1 There were no member items.

21 BRIGHTON & SUSSEX UNIVERSITY HOSPITALS TRUST (BSUH) AND WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST (WSHT) MERGER PROPOSALS

21.1 This item was introduced by Carolyn Morrice, Chief Nurse; Dr Rob Haigh, Medical Director; and Oliver Phillips, Director of Strategy & Planning; at Brighton & Sussex University Hospitals Trust (BSUH).

21.2 Members were told that a management contract between BSUH and Western Sussex Hospitals NHS Foundation Trust (WSHT) has been in place for the past three and a half years. This was originally agreed after BSUH was placed in special measures following a critical Care Quality Commission (CQC) inspection report. Consequently there has been sustained improvement at BSUH, which is now rated Good by the CQC (and Outstanding for Caring). WSHT was previously a high-performing Trust and has continued on this trajectory, at its last CQC inspection becoming the first hospital Trust in England to be rated Outstanding across all quality domains.

However, the management contract will shortly expire and BSUH and WSHT have been considering future options: e.g. whether to end the partnership, extend current arrangements, or enter into a formal merger. The option chosen by the Boards of both Trusts is to formally merge.

Merging the Trusts will deliver significant benefits which include:

- Strengthening existing clinical networks
- Simplifying Trust governance
- Offering better career development opportunities for staff
- Making it easier for the merged Trust to recruit and retain staff
- Increasing opportunities for external research funding
- Offering opportunities to reduce duplication and waste
- Offering opportunities for innovative use of emerging technologies
- Enabling BSUH to adopt WSHT's successful 'Patient First' model of care
- An increased focus on environmental sustainability to achieve the goal of Trust carbon neutrality by 2040.

There has already been considerable staff and stakeholder engagement on the merger plans, with an overwhelming majority of positive responses.

There are no immediate plans to make significant changes to clinical services as part of the merger: hence there are no 'Substantial Variation in Services' plans requiring formal consultation with local HOSCs.

It is recognised that some people are concerned that a merger may mean that they will have to travel further to access hospital services. However, the intention is to actually reduce travel via strengthened Sussex clinical networks. In particular, the aim will be to provide a range of tertiary services in Sussex rather than in out of area hospitals in London, Southampton etc. where they are currently accessed.

The Trusts also acknowledge that some people will worry that the merger may lead to the eventual downgrading of key local acute services. This will not be the case and the Trusts have committed 'Strategic Boundaries': i.e. maintaining key clinical services at all hospital sites. These services include A&E, consultant-led maternity, teaching, tertiary services, paediatrics, stroke services, renal services, cancer services etc.

WSHT is currently an NHS Foundation Trust; BSUH is not, but when merged the entire new Trust will be a Foundation Trust. Foundation Trusts have a very different governance system to standard NHS Trusts and there will be a need to recruit both members and governors to the merged Trust to represent people and organisations within the BSUH catchment.

- 21.3 Cllr Deane asked a question about stroke services. Dr Haigh responded that the Trust is very happy with stroke services following their recent reconfiguration – with the Brighton Hyper-Acute Stroke Unit (HASU) graded A. No significant changes are planned at Brighton.
- 21.4 Cllr McNair asked a question about travel times. Dr Haigh responded that, under merger plans the individual hospitals will essentially continue to provide secondary care services for their local populations. Tertiary services will change, but the focus here will be on developing specialities that will enable West Sussex residents to receive treatment in Sussex rather than travelling to London hospitals. Mr Phillips gave an example of the cardiac surgical unit at the Royal Sussex County Hospital (RSCH). This is currently quite a small surgical centre and many Sussex patients are treated at major cardiac centres in London or Southampton instead. The hope is to treat more Sussex residents at the RSCH in the future (once the 3Ts RSCH improvement programme has been completed).
- 21.5 Cllr McNair asked a question about communication with the public. Ms Morrice responded that this is key and that the Trust would like to involve the HOSC as a critical friend in this work.
- 21.6 Cllr Powell asked a question about how the merged Trust would protect and promote its staff diversity. Ms Morrice responded that it will be important to retain learning from the existing BAME and LGBTQ networks, but that merger will also offer opportunities to benefit from working on a larger scale. Dr Haigh added that there has been good recent work on inclusivity, but there is more to be done. The merger will help spread some of the expertise held in the individual Trusts more widely (for example WSHT's nationally recognised work in elderly care). Mr Phillips noted that a full Equality Impact

Assessment has been conducted as part of the merger process. It has also been pleasing to see that staff engaged on the merger plans have identified inclusiveness as a priority going forward. Cllr Powell said that she would like more information on all protected characteristics and Ms Morrice agreed to share detailed information outside the meeting.

- 21.7 Cllr Powell asked a question about the impact of Brexit on merger plans. Mr Phillips responded that this is impossible to fully answer at the current time, as details of any trade agreement are not available. However, Brexit is bound to pose challenges, particularly in terms of workforce. The merger will make the Trust a more attractive place to work and should make recruitment and retention easier than it would have been with separate Trusts.
- 21.8 Cllr Williams noted that the city has problems recruiting and retaining key workers due to high house prices and a lack of key worker homes. This is particularly a problem for people from BAME communities, who tend on average to be in lower paid jobs. It would be good to explore the potential for joint schemes to address this. Ms Morrice responded that the Trust would welcome the opportunity to work jointly with the council on this type of initiative. Recruitment is an issue for the Trust, particularly for nursing.
- 21.9 Cllr Grimshaw asked a question about plans to rationalise estates. Mr Phillips responded that there are no plans to centralise estates as part of the merger. Dr Haigh added that there are excellent new ophthalmology facilities at Southlands Hospital which could provide a better and more convenient services for local people than current arrangements.
- 21.10 Cllr West asked a question about patient travel and carbon reduction. Mr Phillips responded that he would not expect the merger to have a negative impact on patient travel, with some potential benefits if fewer Sussex residents are required to travel to London for tertiary services. The Trust has a new strategic theme to be more sustainable in order to meet the NHS 2040 carbon neutral target. This work is still at an early stage, but the commitment is there. Ms Morrice added that there had been some concern from staff that the merger might mean they would have to travel further. However this is not something that will happen: there would be a negative impact on retention if staff were obliged to travel further to work. Dr Haigh added that mutual aid between hospitals had been a really strong feature of the local Covid response and this is something that will be built on in future procurement which could see carbon benefits.
- 21.11 Fran McCabe asked a question about any further merger plans (e.g. with East Sussex Hospitals NHS Trust: ESHT). Mr Phillips responded that there are no plans to merge with ESHT. There is the possibility of closer working arrangements with Queen Victoria Hospital (QVH) in East Grinstead. The QVH Board is currently considering proposals to link more closely with BSUH. Dr Haigh added that BSUH has a very close relationship with ESHT for tertiary services and there are no changes required to this.
- 21.12 Fran McCabe asked a question about the progress of the 3Ts development of the RSCH. Dr Haigh responded that Covid has caused delays to the programme.
- 21.13 Ms McCabe asked a question about how the very different demographics of West Sussex and of Brighton & Hove would be reflected in a merged Trust. Ms Morrice

agreed that this was an important point. The merged Trust will benefit from its increased scale but will also need effective place leadership and plans are in place to deliver this, for example by having a Chief Nurse operating at a place level.

21.14 Cllr McNair asked a question about whether safe discharge was a public rather than a staff priority. Ms Morrice responded that this is a priority objective for the Trust. It is recognised that discharge is not always perfect and there is very active planning to improve the consistency of performance.

21.15 The Chair thanked Ms Morrice. Dr Haigh and Mr Phillips for their full and informative presentation and responses to questioning.

21.16 RESOLVED – that the report be noted.

22 COVID 19 AND BAME COMMUNITIES

22.1 This item was presented by Jane Lodge, Associate Director of Public Involvement, Sussex CCGs. Ms Lodge outlined the work that the NHS has undertaken across Sussex to understand and to mitigate the disproportionate impact that Covid has had on BAME communities.

22.2 Cllr McNair asked a question about outreach to students at language schools etc., of whom a large proportion are BAME. Jane Lodge responded that she was not aware of any specific involvement with international students, but that she would check.

22.3 Cllr McNair asked a question about the accessibility of NHS literature. Ms Lodge responded that literacy is a recognised issue with some groups. Efforts are made to use plain English in NHS materials and work is ongoing with communities to check that material is accessible.

22.4 Cllr Powell asked a question about vaccination take-up across BAME communities. Ms Lodge responded that the NHS has identified community champions to help encourage take-up of vaccines.

22.5 Cllr Powell asked a question about the involvement of BAME NHS staff in outreach work. Ms Lodge confirmed that NHS staff from BAME communities are being used as a resource.

22.6 Cllr Powell asked a question about outreach to migrants and refugees. Ms Lodge confirmed that these groups will specifically be amongst those targeted.

22.7 The Chair thanked Ms Lodge for her update and noted that this is an issue that the HOSC will return to at future meetings.

23 COVID 19 AND MENTAL HEALTH

23.1 This item was presented by Ashley Scarff, Deputy Managing Director, Brighton & Hove CCG. Mr Scarff outlined the measures being taken to address additional demand for mental health services arising from the Covid emergency and answered members' questions.

- 23.2 The Chair asked a question about patient reaction to the increased reliance on digital consultation and treatment in response to the Covid emergency. Ashley Scarff responded that, although some patients had initially expressed reservations about the move to digital, there has generally been positive feedback. However, it is recognised that digital is not appropriate for everyone, and that face-to-face interactions should be an option where possible.
- 23.2 Cllr McNair asked a question about recruitment to the mental health workforce. Mr Scarff responded that there is a constant process of recruiting for mental health. There are challenges in certain workforce areas.
- 23.3 Cllr Grimshaw noted with concern a recent incident where a local patient was admitted to an acute mental health in-patient bed in Darlington because no provision was available more locally. Mr Scarff responded that the system is working hard to place as many patients as possible in Sussex acute beds, for example by buying-in additional private sector capacity. However, the system is currently under intense pressure due to Covid, and it is sometimes necessary to use out of area provision. It should also be recognised that some specialist bedded services operate on a large geographic footprint because demand is too low to support localised provision. Therefore, some patients may need to be placed out of area to receive the appropriate level of specialist care.
- 23.4 Fran McCabe noted that Healthwatch have had increased contacts from students whose mental health is suffering due to having to self-isolate and work remotely. Mr Scarff agreed that this was an important point and one he would take up.
- 23.5 Cllr Brennan made several points about mental health services:
- Query whether we genuinely have the parity between physical and mental health services that the Government has promised.
 - That access to the mental health crisis line is not as easy as it should be.
 - That there are problems accessing services for anxiety, with excessive waits.
 - That out of hours mental health services need to be more responsive.
- Mr Scarff agreed to consider all of these points and incorporate into future HOSC scrutiny of mental health.
- 23.6 The Chair thanked Mr Scarff for his contribution, noting that this was an area that the HOSC would need to keep monitoring.

24 HEALTHWATCH POST DISCHARGE PATIENT PROJECT

- 24.1 This item was introduced by David Liley, Healthwatch Brighton & Hove Chief Officer. Mr Liley outlined the survey project and answered members' questions.

- 24.2 Cllr McNair asked a question about the use of volunteers. Mr Liley responded that Healthwatch uses its own volunteers for the project, but has also developed links with local NHS Trust volunteers and with volunteers from the city universities.
- 24.3 Cllr McNair asked a question about the expansion of the project. Mr Liley responded that the project was dependant on funding from the NHS and the city council, and that Healthwatch is currently talking to both about future funding.
- 24.4 Cllr Grimshaw asked a question about the accuracy of the information Healthwatch received on the needs of patients referred to the project, particularly in terms of whether additional sensory needs or dementia are being picked up. Mr Liley responded that Healthwatch has only had to escalate serious concerns about four of over 2000 patients surveyed. This suggests that NHS providers are accurately assessing and recording patient needs.
- 24.5 The Chair thanked Mr Liley for his contribution to the meeting.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of