

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 12 APRIL 2023

COUNCIL CHAMBER, BRIGHTON TOWN HALL

MINUTES

Present: Councillor Moonan (Chair)

Also in attendance: Councillor West (Group Spokesperson), Grimshaw, John, O'Quinn and Rainey

Other Members present: Councillors

PART ONE

43 PROCEDURAL BUSINESS

43.1 There were no substitutes. Clls Barnett and Lewry sent apologies for the meeting.

43.2 There were no declarations of interest.

43.3 RESOLVED – that the press and public be no excluded from the meeting.

44 MINUTES

44.1 RESOLVED – that the minutes of the 15 March 2023 special meeting be agreed.

44.2 Cllr John noted that at point 33.16 of the draft minutes of the 25 January 2023 meeting, it stated that Cllr John has suggested to Southern Water that it might wish to assume some responsibility for collecting dog waste from beaches. This suggestion had in fact been made by Cllr O'Quinn. It was agreed to amend this error.

44.3 RESOLVED – that the minutes of the 25 January meeting be agreed (subject to the amendments detailed above).

45 CHAIR'S COMMUNICATIONS

45.1 The Chair gave the following communications:

Firstly, I wanted to give you a quick update on planning for the JHOSC on children's cancer. At our March special meeting, the HOSC agreed that it wanted to scrutinise NHS England plans, and this was subsequently approved at March 30 Full Council. HOSCs in East and West Sussex and Kent have decided that they don't want to scrutinise this issue, but the standing

South West London & Surrey HOSC does. We'll consequently probably seek to temporarily join the SW London JHOSC. However, it's not yet clear whether the standing South East London JHOSC wants to scrutinise. In any case, I think we're looking at early summer before anything formal happens.

Also, Anyone aged 75 or over or who has a weakened immune system will be eligible for a Spring booster vaccination to top up their protection against becoming seriously unwell from Covid. Anyone eligible can book now for appointments from next week. www.nhs.uk/covid-booster

From next week there will be free and low cost events running across the city until the end of April to help older people improve their strength and balance to prevent falls. You can pick up a Stay Strong, Stay Steady Stay Independent programme at libraries and other venues across the city or you can view the programme on the council or Ageing Well website. www.brighton-hove.gov.uk/stay-strong-events

46 PUBLIC INVOLVEMENT

46.1 There were no public questions.

47 MEMBER INVOLVEMENT

47.1 There were no member questions.

48 TRANS HEALTH CARE: SPECIALIST SERVICES

48.1 This item was presented by Jeremy Glyde (NHS England: NHSE); Dr Derek Glidden (Clinical Director at the Nottingham Centre for Transgender Health/NHS England National Speciality Adviser for Gender Dysphoria Services); Hugo Luck (NHS Sussex Primary Care Commissioning); and by Claire Newman (Sussex Partnership NHS Foundation Trust: SPFT Service Director). Gray Hutchins from the Clare Project was also in attendance. The Chair explained that The Clare Project were in attendance as Sussex's largest trans/TNBI-led VCISO who throughout their 23 years have witnessed and informed the development of gender affirming care within our locality. The charity has led on various NHS Sussex commissioned engagement pieces and continues to deliver Trans LCS training. Over the past 2 years alone, TCP has consulted over 1000 Brighton-based community members on navigating gender dysphoria treatment pathways. They currently host the postholder of VCISO TNBI Rep for Community Works, Chair the Trans Equip Sub-group, organise Sussex TNBI Organisers' Network and hold a seat at Trans Health Improvement Board.

48.2 In response to a question from Cllr O'Quinn about oversight/scrutiny of the new Sussex gender service, Mr Glyde told members that the contract would be managed in the usual way by the NHSE regional team. The Sussex gender service is one of a number of national pilots, and is the fifth pilot to go live, so there is already considerable learning which will be used to inform the Sussex model. The evaluation framework for the Sussex pilot will be co-designed by local stakeholders to ensure that it reflects local needs. Ms Newman added that SPFT would apply its usual governance arrangements to the Sussex pilot. The pilot will sit within the Trust's Brighton & Hove division for

governance purposes, although the service is Sussex-wide. Mr Luck told the committee that NHS Sussex would have oversight of the pilot via its Trans Healthcare Board.

- 48.3 In response to a question from the Chair as to where these different governance strands joined up, Mr Glyde responded that there is no formal join-up. However, NHSE has a national group on which each of the Regional Directors of Specialised Commissioning sit, so there will be national NHSE oversight of the progression of all the regional pilots.
- 48.4 Cllr John thanked Cllrs Powell and Allbrooke for bringing this issue to the attention of the HOSC, and also expressed her solidarity with all those who have been waiting for years for gender reassignment. Cllr John noted that it was good to see that people with lived experience had been involved in the design of the Sussex pilot and asked for more information about engagement. Ms Newman responded that SPFT had worked with many NHS organisations, with the Clare Project and with LGBT Switchboard. This included a survey of the Trans, Non-Binary and Intersex Community (TNBI), managed by The Clare Project, which had gained over 700 responses in a very short period of time. SPFT is in the early stages of developing an engagement plan, working together with the TNBI community and with the Sussex Integrated Care Board (ICB). This has been a learning journey for SPFT, and the Trust is grateful to the community for its support. Gray Hutchins added that there has been lots of community engagement to date. However, there are no formal plans in place for future engagement and this is a concern. Claire Newman responded that there are resources to do further engagement and that community organisations will be commissioned to manage this.
- 48.5 Cllr John highlighted some of the terminology used in the report, querying whether it might be deemed offensive. Dr Glidden explained that there is a lag between the language used by the TNBI community, which evolves quite quickly and the language used in formal diagnostic classifications, which remains fixed for several years. This is unfortunate, but unavoidable.
- 48.6 In response to a question from Cllr John on how success of the pilot will be measured, Jeremy Glyde told members that KPIs are yet to be agreed with SPFT as part of the contract mobilisation period. However, waiting times will be a key factor; there is likely to be a focus on ensuring that services are inclusive and respectful; on developing and maintaining a good relationship with primary care services; and on ensuring that there is a focus on training staff. Claire Newman agreed, noting that workforce training and links with primary care will be vital. Hugo Luck added that the Locally Commissioned Service (LCS) that is being rolled out across GP practices is unique to Sussex, and integrating with and learning from the LCS (particularly in terms of its staff training offer, supported by The Clare Project) will be key to the success of the pilot. Dr Glidden added that the Nottingham centre will provide support for the Sussex pilot: e.g. in terms of clinical supervision.
- 48.7 Cllr Grimshaw welcomed the report and the launch of a Sussex pilot. Cllr Grimshaw asked how the current positive community engagement can be continued into the future. Gray Hutchins told the committee that the TNBI community needs to feel safe and valued. This will require a formal commitment around engagement from NHS partners, with adequate budget and a timeline. The HOSC could also play a role in ensuring that engagement continues as the contract is rolled out: e.g. an update to the HOSC a year after the pilot starts. Claire Newman responded that SPFT had not initially fully

appreciated how much engagement was required. However, the Trust is committed to future engagement and recognises that this requires community organisations to be commissioned to deliver an engagement plan, with appropriate funding in place.

48.8 Cllr West welcomed the pilot and noted that he was particularly glad to see The Clare Project's involvement, as he had worked closely with them in his time as Mayor since they were one of the mayoral charities he had chosen. He also drew members' attention to the pioneering work of the 2012 BHCC Scrutiny Panel, which had included Cllrs Mac Cafferty and Morgan. Cllr West noted that he had concerns about primary care training and support and about potential gaps in primary care cover and would welcome an update report to cover these issues. The Chair agreed, suggesting an update after the pilot had been in operation for 12 months (autumn 24).

48.9 The Chair asked a question about young people services and the transition to adult services. Gray Hutchins added that it was important that services honour the time young people have spent on waiting lists when they transfer to adult services. Dr Glidden responded that the pilots are focused on adult services, but that the East of England pilot is exploring taking some clients from young people waiting lists. The time spent on young people waiting lists will be honoured when people transfer to adult waiting lists.

48.10 Gray Hutchins told the committee that a figure of 8-900 hundred adults on the Sussex waiting list was often quoted, but that this is a gross underestimate of the actual number of people requiring services. Dr Glidden responded that NHSE acknowledges that this number will inevitably rise; this has happened in other pilots and NHSE are open to discussing how to cope with larger numbers of clients: the service has to be able to see people in a timely manner and to provide ongoing care. Claire Newman agreed, telling members that SPFT does not want to run a service that is not adequate to meet demand.

48.11 The Chair thanked everyone for their contributions, noting that there has been considerable progress in the provision of TNBI services over recent years, but that much more still needs to be done. She would recommend to the incoming HOSC Chair that an update be scheduled for autumn 2024.

48.12 RESOLVED – that the report be noted.

49 GP SERVICES IN BRIGHTON & HOVE

49.1 This item was presented by Hugo Luck (NHS Sussex primary care commissioning); by Liz Davis (NHS Sussex Director of Primary Care: Brighton & Hove); by Lola Banjoko (NHS Sussex Managing Director: Brighton & Hove); and by Rob Persey (BHCC Executive Director, Health & Adult Social Care).

49.2 Mr Luck outlined some of the challenges facing general practice in the city, including the GP/patient ratio, variance in performance across practices, recruitment and resilience, and access. Recent measures taken to improve performance have included additional winter funding for all practices, the development of a locum workforce bank, and the introduction of Respiratory Hubs. There are currently more GP appointments taking place than pre-pandemic. The city GP workforce is fairly static, but there has been an increase in non-GP clinical staff at practices. All city practices are part of a Primary Care

Network (PCN), with all PCNS offering enhanced services, later appointments etc. The Sussex Integrated Care Strategy has priorities for improving GP access and availability.

- 49.3 In response to a question from Cllr West on demand pressures, Mr Luck responded that demand has increased. However, commissioners have a much better understanding of capacity data than they do demand data, and work is under way to improve the data extraction of demand information from practices. Ms Davis added that work is planned to better communicate to residents the range of services available from GP surgeries in addition to GPs.
- 49.4 Cllr West noted that he would value input at future meetings from practitioners: e.g. current or former GPs, community pharmacists etc. The Chair agreed, noting that she had originally asked for the GP update to reference other aspects of primary care, but had been advised that the breadth of the topics meant it was more sensible to have a further update on other aspects of primary care at a later HOSC.
- 49.5 Cllr O'Quinn raised concerns about digitally excluded people. Mr Luck and Mr Persey both agreed that this is a significant issue, particularly amongst older people. The council has a digital workstream which seeks to address exclusion, and there is also Public Health funding support for older people.
- 49.6 Michael Whitty (Older People's Council) expressed concerns about the GP/patient ratio and about the loss of a number of practices in recent years, asking whether the system was in crisis. Mr Luck responded that the reduction in practices needs to be seen in context: the main reason for the reduction is because practices have merged, but this does not necessarily mean that there are fewer GPs or premises. Ms Davis added that recruitment is challenging, but that there is an active push to recruit and retain GPs. Ms Banjoko told members that the GP/patient ratio has improved in recent years. Long term workforce planning is key here – e.g. knowing when GPs may retire and planning accordingly. A focus on neighbourhood working is also critical, and there will be a stakeholder workshop on this on 15 May.
- 49.7 Nora Mzaoui (CVS representative) asked a question about the role of PCNs. Ms Davis replied that PCN development is a priority. She would be happy to come back to a future HOSC to talk in more depth about PCNs. Mr Luck added that there are different challenges for different PCNs, so while there are commonalities, all PCNs need to be supported to develop systems that suit their particular circumstances.
- 49.8 Geoffrey Bowden (Healthwatch) noted that digital exclusion can be just as much about people not being able to afford technology as having problems operating it; and also noted that financial pressures exacerbate access problems. Ms Banjoko agreed with this, and told members that there is lots of work with the VCS to target specific communities which are experiencing inequalities.
- 49.9 Cllr Rainey asked a question about recruitment of GPs. Mr Luck responded that this was a national issue, although there may be specific issues with Brighton & Hove given the relatively high cost of living. There are steps to be taken to make the city more attractive: e.g. by investing in estates; and by encouraging trainee GP posts.

49.10 In response to a query from the Chair about the process for complaining about GP services, Mr Luck told members that there is a formal process, but that Councillors also have the option to reach out directly to him or to Lola. Cllr Grimshaw noted that she had had occasion to escalate issues to Lola and Hugo and had always been impressed at how quick and thorough their responses were.

49.11 RESOLVED – that the report be noted.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of