BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 12 JULY 2023

COUNCIL CHAMBER, BRIGHTON TOWN HALL

MINUTES

Present: Councillor Fowler (Chair)

Also in attendance: Councillor Asaduzzaman, Evans, Hill, Lyons, Robins, Wilkinson, Nann and Davis

Other Members present: Nora Mzaoui (CVS representative), Geoffrey Bowden (Healthwatch Brighton & Hove)

PART ONE

1 PROCEDURAL BUSINESS

1.1 Substitutes

1.1.1 Cllr Davis attended as substitute for Cllr McLeay

Cllr Nann attended as substitute for Cllr Baghoth

1.2 Declarations of Interest

1.2.1 There were none.

1.3 Exclusion of the Press & Public

1.3.1 RESOLVED – that the Press & Public be not excluded from the meeting.

2 MINUTES

2.1 RESOLVED – that the minutes of the 12 April 2023 meeting be agreed as an accurate record.

3 CHAIR'S COMMUNICATIONS

3.1 The Chair gave the following communications:

I'd like to welcome everyone to the HOSC. All of the items on today's agenda are issues that have been considered in one way or another at previous HOSC meetings. I'm conscious that

most of our members didn't sit on the previous HOSC, but hopefully the reports explain the context for the items.

One thing I wanted to explain in a little bit more detail is the background to today's first item on children's cancer services. This initially came to HOSC in March where members were asked whether they wanted to be formally involved in scrutiny of these plans, and members agreed that they did.

Normally, formally scrutiny of a big regional service like this is undertaken by a Joint HOSC of all the committees that want to be involved. This is what was expected to happen here and we took a report to April Council to get permission to set up a Joint HOSC. However, the other committees involved have told NHS England that they wouldn't be able to set up a Joint HOSC in time to meet NHS England's planned timetable, and rather than delaying its plans, NHS England have agreed to consult separately with Brighton & Hove HOSC, with the standing South East London Joint HOSC and with the standing South West London & Surrey Joint HOSC.

On the plus side, this does mean that Brighton & Hove HOSC is able to concentrate on the impact NHSE England's plans will have on local people, and we have NHS England here today to talk us through their plans.

4 PUBLIC INVOLVEMENT

4.1 There were no public involvement items.

5 MEMBER INVOLVEMENT

5.1 There were no member involvement items.

6 RECONFIGURATION OF SPECIALIST CHILDREN'S CANCER SERVICES

6.1 This item was introduced by Dr Chris Streather, Regional Medical Director, NHSE London; Ailsa Willens, Programme Director, Children's Cancer Principal Treatment Centre, NHSE London; and Catherine Croucher, Consultant in Public Health, NHSE London. Also on the meeting call were Dr Christopher Tibbs, Medical Director, Specialised Commissioning NHSE South East; Sabahat Hassan, Head of Partnerships & Engagement, NHSE South East Commissioning Directorate; Fiona Gaylor, Transforming Partners for Healthcare; and Dr Dinesh Sinha, NHS Sussex Chief Medical Officer.

6.2 The NHSE representatives described current services, the rationale for change, and consultation plans to the committee:

- There are 13 Principal Treatment Centres (PTC) for children's cancer across England. The formal catchment areas for the PTC which this service change is about covers south London, Kent, Medway, most of Surrey, East Sussex and Brighton & Hove. Patients from areas such as West Sussex (which is part of the catchment area for the Southampton PTC) may also choose to receive their care from the PTC.
- PTCs operate shared care arrangements with local Paediatric Oncology Shared Care Units (POSCU) (e.g. the Royal Alexandra Children's Hospital, Brighton) ensuring that as

much care as possible is delivered locally, but that care is delivered from the regional hub when necessary.

- Our PTC is jointly operated by The Royal Marsden from its Sutton site alongside, St George's Hospital, Tooting who provides the Paediatric Intensive Care Unit for patients alongside other services, such as surgery.
- However, there are risks inherent in having separate PTC and PICU, and there is now a requirement for all PTCs and PICU to be on a single site to remove the need to transfer patients who need PICU. It would not be feasible to create a PICU on the Royal Marsden's Sutton site, so a new location for the PTC must be found.
- NHSE have considered potential providers and have narrowed this down to a shortlist of two: St George's Hospital, Tooting; and the Evelina Children's Hospital (part of Guy's & St Thomas's).
- Both potential providers have been evaluated by NHSE against four domains (clinical/patient & carer experience/enabling/research); the Evelina currently scores higher than St George's, but both bids score well and both are viable providers. NHSE will consult on both options.
- NHSE will conduct a 12 week consultation with current and former patients and carers, stakeholders and the public. This will include a mid-period review of the consultation process to seek to ensure NHSE hear from as many stakeholders as possible. A final decision on the provider will be made in early 2024.
- There has been extensive clinical input to date and will be more as the consultation progresses.
- It will take around 2 and a half years from contract award to the full launch of the new service, in part because capital works would be required at either of the future PTC providers.
- A full Equality & Health Inequalities Impact Assessment (EHIA) has been conducted. This includes a focus on travel. Both options will, on average, have shorter journey times by public transport for most patients, but longer journey times by car, particularly the Evelina (Westminster).
- A range of mitigations have been identified including helping families to plan their travel arrangements: helping families access national NHS reimbursement schemes for travel costs (including for the congestion charge and ULEZ), or provision of hospital transport. Additional mitigations include remote consultations (where appropriate) and shared care closer to home.
- The consultation will include patients, carers, staff, community & voluntary sector groups (CVS), stakeholder groups etc.
- There is a high percentage of families in the area covered by the PTC for whom English is not a first language, and much thought has been given to developing accessible consultation materials.

6.3 Dr Dinesh Sinha told the committee that NHS Sussex (Sussex Integrated Care Board) is fully supportive of the PTC consultation process.

6.4 Cllr Evans asked whether the incidence of children's cancer is higher in certain communities. Dr Streather responded that, unlike adult cancers, the incidence of children's cancer does not particularly vary according to deprivation status or ethnicity.

6.4 Cllr Evans asked a question about the involvement of local CVS organisations. Ms Willens responded that NHSE are linking with the local CVS to help target the

consultation. Materials will be available in a variety of languages (most commonly spoken) and there will be scope to do translation on demand also.

6.5 Cllr Lyons asked whether it was true that 23% of the communities being consulted do not have English as their first language. Dr Streather replied that this is accurate, according to a recent survey carried out with families whose children are currently receiving specialist cancer treatment.

6.6 Cllr Evans asked about the relative scores of the Evelina and St George's. Dr Streather responded that he did not have the precise figures to hand, but that there was approximately 4-5% difference overall, in favour of the Evelina London, with around 2% difference on the clinical domain (in favour of Evelina London); and a 1.5% difference on the patient & carer experience domain (in favour of St George's).

6.7 Cllr Evans questioned whether modelling of public transport to the potential sites was all that relevant, given that families were likely to drive if they had the option. Dr Streather replied that the current 75/25 split (in survey data gathered so far) between cars/public transport may reflect the fact that The Royal Marsden in Sutton site has poor public transport links for anyone not living locally, and there could be an upswing in public transport use for either of the new sites. Some communities have expressed strong views about access to one or another of the sites. These views are valid, but they have to be balanced against the access needs of everyone in the catchment area. Ultimately, the decision on the site needs to be principally informed by clinical outcomes; and other factors alongside consideration to the convenience of travel.

6.7 Geoffrey Bowden asked a question about overnight accommodation. Ms Croucher responded that this is part of the mitigation measures that will be put in place. Both sites have the facility for parents to stay on wards, and both have some nearby accommodation for families (e.g. Ronald McDonald House). There may also be opportunities for the providers to partner with local hotels. Another issue that will need to be addressed is how to ensure that all families are made aware of the support on offer.

6.8 In answer to questions from Mr Bowden on problems people might have with having travel costs reimbursed if they are unable to meet up-front costs, and on childcare costs for other children in the family, Ms Croucher responded that both providers have indicated their willingness to explore schemes that provides up-front funding for travel costs. There is potential learning from Surrey Heartlands who have also explored this type of scheme. There is nothing specific available (through the NHS) in terms of childcare costs, but supporting for families to access benefits, charitable help etc. is a key recommendation for mitigation of adverse impacts.

6.9 Cllr Robins asked what ages the service covers. Ms Willens responded that the service is 1-15. Young babies (under the age of 1) receive services at Great Ormond Street Hospital; and there is a teenager & young adult service at The Royal Marsden. There is some flexibility around transition from the children's service to this service.

6.10 In response to a question from Cllr Robins on why West Sussex residents are not part of this service, Dr Streather responded that West Sussex residents have the option to use either the Southampton or the South London PTC. They formally sit in the catchment area to the Southampton PTC.

6.11 In response to a question from Cllr Robins on the most common types of childhood cancer, Dr Streather replied that these tended to be blood cancers and also brain cancer.

6.12 Cllr Nann asked a question about what potential there was to change elements of planning in response to information from the consultation. Dr Streather replied that NHSE has an open mind about the choice of future provider, so the consultation could definitely affect this. There is also a long run-in time before any new service will be operational and this will allow for learning from the consultation to be fed into mobilisation plans by the future provider, particularly in terms of patient experience and access considerations.

6.13 Cllr Hill asked about the research scores for the two sites. Dr Streather replied that St George's has a partnership with the University of London, and the Evelina with King's College, London. The latter is a larger provider offering more research opportunities, so if St George's became the future provider work would be needed to grow research opportunities there. The Evelina scored 3.8% higher than St George's in this domain.

6.14 Cllr Hill asked a question about work that could be done to improve the Evelina's score in terms of patient & carer experience. Differences between the two providers in this domain relate to: quality of facilities (specifically patient privacy and dignity), patient travel times (particularly by road). Dr Streather responded that some of the difference in scoring between the Evelina and St George's may be due to St George's being part of the current service. However, there is also time for learning to be embedded in the new model. Members of the South West London & Surrey Joint HOSC have been invited to visit the Evelina to explore what is being done to improve patient experience.

6.15 RESOLVED - That Committee has reviewed the plans described here to reconfigure specialist children's cancer services and has determined that it does not wish to make specific comments or require additional responses, as it considers that on balance the changes mooted will not be detrimental to the health of city residents; and

That Committee formally agrees that it does not wish to undertake further formal scrutiny of these plans, but asks officers to indicate to NHSE its desire to be kept informed of their progress.

6.16 The Chair thanked guests from NHSE and from NHS Sussex for attending the meeting and for providing such a wealth of information on plans to improve children's cancer services.

7 CARE QUALITY COMMISSION INSPECTION REPORT: UNIVERSITY HOSPITALS SUSSEX (MAY 2023)

6.1 This item was presented by Dr George Findlay, Chief Executive Officer, University Hospitals Sussex NHS Foundation Trust (UHSx). Dr Findlay told the committee that UHSx had recently been inspected by the Care Quality Commission (CQC). The CQC published a summary inspection report in May 2023. The report was mixed, with UHSx services rated outstanding in the 'caring' and 'effective' domains, but with real concerns across other domains.

6.2 Dr Findlay presented ratings for all the Trust's sites. The Royal Sussex County Hospital (RSCH) is an outlier in terms of performance. In part this may reflect the fact that the RSCH has been subject to several recent inspections: the more a hospital is inspected the more faults tend to be found. However, the Trust takes the CQC's findings very seriously and is committed to action. The CQC found particular problems in terms of leadership visibility, support for staff speaking up, and culture at the RSCH. Of particular concern was the fact that a number of staff members had reported concerns direct to the CQC rather than feeling able to use UHSx internal procedures.

6.3 It is important to recognise that the CQC found good as well as bad practice, and that they believe that the right executive team and operating model are in place. There were no surprises in the CQC report: Dr Findlay had commissioned external due diligence when he re-joined the Trust as Chief Executive, and this audit had identified similar problems. It should also be recognised that the inspection was some months ago and at a particularly difficult time for the delivery of healthcare. Subsequent to this, the Trust has seen much improved staff engagement scores.

6.4 The CQC had recommended that the Trust go into what would effectively be special measures. However, this has not been supported by organisations in the local health and care system.

6.5 In response to member questions, Dr Findlay told the committee:

- Surgery at the Trust had seen real improvements in recent months. Clinical outcomes have always been good.

- UHSx takes staff reports of experiencing racism very seriously. The Trust's Equality, Diversity & Inclusion team has been refreshed, and there is a focus on promoting diversity through recruitment and promotion.

- UHSx has outsourced its speak-up guardian service and is also investing in a major leadership programme.

- The Trust would be happy to come back to the HOSC to provide further updates about its improvement planning.

- There is an active police investigation into whistleblowing allegations and it is not possible to discuss these in public at the current time.

6.6 RESOLVED – that the report be noted.

8 UNIVERSITY HOSPITALS SUSSEX: CAPITAL INVESTMENT PROGRAMME

7.1 This item was introduced by Peter Larsen-Disney, UHSx Clinical Director, 3Ts Redevelopment Programme; and James Millar, UHSx Deputy Director Capital Development & Property. Also on the call were Gordon Houliston, UHSx Deputy Divisional Director of Operations; and Dr Maria Grech, UHSx Consultant in Emergency Medicine.

7.2 Mr Larsen-Disney presented on the progress of 3Ts. Stage 1, the Louisa Martindale building, is now open for use, offering state of the art facilities unparalleled nationally. Work is progressing on stage 2, the Sussex Cancer Centre. This will serve city residents as well as operating as a Sussex-wide tertiary centre, supported by cancer hubs across Sussex. Stage 3 of 3Ts will see the development of a new facilities yard. Mr Millar updated the committee on initiatives including paediatric audiology, the completion of the new helideck and improving imaging systems. Mr Houliston and Dr Grech outlined plans to redevelop the emergency department to improve patient experience and help achieve treatment targets.

7.3 The Chair asked whether the opening of the Sussex Cancer Centre would mean fewer city residents having to travel to Hayward's Heath for treatment. Mr Larsen-Disney responded that in the future, all tertiary services would be provided at the Sussex Cancer Centre.

7.4 Cllr Robins enquired whether the Sussex Cancer Centre could be used for young people, rather than them being referred to a Primary Treatment Centre in London. Mr Larsen-Disney replied that the incidence of children's cancers is too low for a Sussex-based service to be feasible, hence the need for a regional service for South London and the South East.

7.5 Cllr Hill asked whether the redesign of the emergency department would solve current problems with the Royal Sussex A&E. Mr Houliston responded that the changes will provide much more space for activity which will definitely help with current capacity issues. However, improvement in discharge is also required.

7.6 Cllr Hill asked about issues with x-ray systems, and was told that this will be addressed as part of diagnostic improvements.

7.7 Cllr Hill asked a question about the helipad, and was told that the helipad was not yet in operation.

7.8 Cllr Evans asked a question about whether lung cancer surgery would continue to be delivered outside the city, and was told that this would remain the case: there is insufficient local demand to make anything other than a regional surgical service for thoracic cancers feasible. However, all wrap-around care for lung cancer will continue to be locally delivered.

7.9 The Chair thanked all the presenters, and noted that members would appreciate the opportunity to visit the Louisa Martindale building. A tour had been arranged for

members of the HOSC earlier in the year and had been greatly appreciated, but there were now a number of new members on the committee.

9 WINTER PRESSURES 2022/23: UPDATE

8.1 This item was introduced by Ash Scarff, Deputy Managing Director, NHS Sussex (Brighton & Hove); Rob Persey, BHCC Executive Director, Health & Adult Social Care; and Dr Rob Haigh, UHSx Medical Director.

8.2 Mr Scarff told the committee that:

- The Sussex Integrated Care System winter plan for 2022-23 had been presented to the November 2022 HOSC
- Additional national funding for winter 22-23 had been received and used to provide more capacity
- Community & Voluntary sector organisations had played a vital role in winter services (e.g. St John's Ambulance providing podiatry and wound care services)
- The Brighton Urgent Treatment Centre, walk-in centre and GP capacity had all been utilised to help manage pressure on acute care
- The system was required to cope with lots of mental health need, but had nonetheless managed to reduce out of area placements
- There has been concentrated work on infection prevention.

8.3 Dr Haigh told the committee that:

- Integration with BHCC adult social care and with community and voluntary sector organisations had been key to successfully managing winter demand
- Elective stays had been reduced despite this having been a challenging winter because of covid, flu, strep in children and the impact of industrial action
- The level of system integration bodes well for future years, particularly given the additional capacity that will be provided by 3Ts stage 1.

8.4 Nora Mzaoui asked what more primary care could do to support systems over the winter. Dr Haigh responded that primary care had played a really effective role in providing an alternative to hospital care, via the Urgent Treatment Centre, the walk-in centre, virtual wards, support provided to ambulance crews etc.

8.5 RESOLVED – that the report be noted.

10 HEALTHWATCH BRIGHTON & HOVE ANNUAL REPORT

9.1 This item was presented by Geoffrey Bowden, Chair of Healthwatch Brighton & Hove.

9.2 Mr Bowden outlined the statutory role of Healthwatch, explaining that it operates as a critical friend for local NHS and care services. Healthwatch endeavours to support services, but ca be a robust critic when it needs to be. Healthwatch has only 5 full time employees, and relies heavily on its dedicated volunteers. Healthwatch works very closely with the Care Quality Commission (CQC), contributing to the CQC's provider inspection programme.

9.3 Mr Bowden told members that issues of particular local concern include access to GP and dental services.

9.4 Members thanked Healthwatch for the excellent work it had carried out in the past year.

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of