

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 20 JULY 2016

THE RONUK HALL, PORTSLADE TOWN HALL

MINUTES

Present: Councillor Simson (Chair)

Also in attendance: Councillor Allen, Bennett, Cattell, Deane, Knight, Marsh, Peltzer Dunn, Taylor and Moonan

Other Members present: Caroline Ridley (Community & Voluntary Sector), Fran McCabe (Healthwatch), Colin Vincent (Older People's Council)

PART ONE

12 APOLOGIES AND DECLARATIONS OF INTEREST

(a) Declarations of Substitutes

12.1 Councillor Moonan was present in substitution for Councillor O'Quinn.

(b) Declarations of Interest

12.2 There were no declarations of interest.

(c) Exclusion of Press and Public

12.3 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Committee considered whether the public should be excluded from the meeting during consideration of any item of business on the grounds that it is likely in view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

12.4 **RESOLVED** - That the public are not excluded from any item of business on the agenda.

13 MINUTES

13.1 **RESOLVED** – That the Chair be authorised to sign the minutes of the meeting held on 25 May 2016 as a correct record.

14 CHAIRS COMMUNICATIONS

14.1 The Chair gave the following communications –

“Welcome everyone to the health overview and scrutiny meeting.

We will be looking at a range of important issues this afternoon, including the sustainability of primary care in the city, Patient Transport, and what the local System Resilience Group is doing to design an effective urgent care system for Brighton & Hove.

Some of you may have seen that Brighton & Sussex University Hospitals Trust (BSUH) was recently issued with a Section 29a warning notice by the Care Quality Commission (CQC).

A S29a warning notice is issued when an NHS provider needs urgently to improve specific services. We are not going to discuss the notice in detail today, as its contents are not in the public domain, and as we expect the full CQC inspection report to be published in August. We plan to hold a special meeting in September to discuss the CQC report findings and quality improvement planning in response to the report. A meeting date for this will be sent round in the next couple of weeks.”

15 PUBLIC INVOLVEMENT

15.1 The Chair noted that there were no items for consideration from the public for the current meeting.

16 MEMBER INVOLVEMENT

16.1 The Chair noted that there were no items for consideration from Members for the current meeting.

17 GP SUSTAINABILITY AND QUALITY

17.1 Steven Ingram, NHS England; and John Chard, Chief Operating Officer B&H CCG, introduced the report and gave a presentation. They highlighted the importance of ensuring the GP service in Brighton & Hove was sustainable for the future with all residents registered to a practice. GP services are under pressure across the country.

17.2 In response to Councillor Marsh it was explained that the workload for GPs has increased significantly in recent years. The main driver for this is demographic, with an ageing population meaning that there are more elderly, frail people in need of regular GP input. There are also significant workforce issues, with young doctors not choosing to enter into general practice, some existing GPs opting to emigrate, and older GPs increasingly looking to take early retirement.

17.3 The committee was informed that city GP practices have been brought together in six clusters, giving GPs the opportunity to work more closely together with similarly situated colleagues.

- 17.4 In response to Caroline Ridley's concerns for residents in the Bevendean area having access to transport to access GP services, following the closure of the Bevendean GP practice, Mr Chard explained that the CCG was working on securing a transport provider.
- 17.5 It was explained to Councillor Deane that there was a national problem with the partnership GP practice model as this was not necessarily an attractive model for younger doctors unwilling to take the financial risk or make the long term commitment that buying into a partnership entailed.
- 17.6 The Chair noted that she felt assured by the progress described by the presenters, although there were clearly major long term challenges facing primary care in the city. The Committee agreed to take a further report in six months or so time.
- 17.7 **RESOLVED** – That the Committee agreed to note the report.

18 GP SERVICES IN BRIGHTON & HOVE: HEALTHWATCH PERSPECTIVE

- 18.1 Roland Marsden introduced the report, telling members that a large scale survey had been undertaken across the city and around 500 responses had been received. Approximately 80% of respondents thought the quality of care by GPs and practice staff was good.
- 18.2 A number of concerns were raised by respondents. These included: accessibility; booking appointments (including waiting times); and waiting times for referrals (which approximately 50% of patients raised as a concern). Other findings were that there is a low awareness of preventative services; and sometimes poor communication from surgeries to their patients regarding available services.
- 18.3 In response to Councillor Deane it was explained that the expectation would be that if more residents had their full health checks, this would reduce demand on services in the long term. However, there was an additional resource requirement in the short term. Mr Marsden agreed that providing more options for booking and cancelling appointments would be positive for patients and would potentially reduce the pressure on GP phone lines.
- 18.4 Mr Marsden agreed to include information on where referrals were being delayed in a subsequent Healthwatch report. He added that patients felt that there was particularly poor communication regarding referrals. This is acknowledged by services and there are plans to address this problem.
- 18.5 In response to a question from Councillor Marsh on how the GP practices are inspected, it was explained that Healthwatch had worked closely with the Clinical Commissioning Group (CCG) and the Care Quality Commission (CQC) to identify which GP practices should be prioritised by the CQC.
- 18.6 In response to a question from Councillor Allen on continuity of care in primary care, it was explained that the majority of patients are happy to see any GP when they need to see a doctor. However, some respondents very much want to be able to see their own GP.

- 18.8 In response to Councillor Moonan on Patient Participation Groups (PPG), it was explained that GP practices have an obligation to attempt to establish PPGs.
- 18.9 Councillor Cattell noted that she was shocked with the low figures of preventative care in the city, and suggested that letters should be sent to residents with booked appointments that could be cancelled, similar to women's breast cancer screening. NHS representatives acknowledged that adopting an "opt out" approach could be positive and would feed this back. Councillor Allen added that it was likely that the figures for preventative care would be even lower if the survey had been taken by all residents of Brighton and Hove.
- 18.10 It was agreed that a copy of the survey would be circulated to Committee Members.
- 18.11 The Committee agreed that a further report should be presented at a future Health Overview & Scrutiny Committee.
- 18.12 **RESOLVED** – That the Committee agreed to note the report.

19 URGENT CARE

- 19.1 Lola Banjoko and John Child, B&H CCG; Andrew Stanton, Brighton & Sussex University Hospitals Trust (BSUH); and James Pavey and Ben Banfield, South East Coast NHS Foundation Ambulance Trust (SECAMB), introduced the report.
- 19.2 In response to Colin Vincent, it was noted that the report presented was on behalf of the System Resilience Group (SRG) and included the areas the group had reviewed and improved. The SRG minutes are not routinely published as the SRG is an operational officer meeting. However, these could potentially be shared with HOSC members on request.
- 19.3 It was explained that it was recognised that moving patients into the hospital more quickly from ambulances would free up ambulance staff; however, there were internal problems within the hospital that needed to be solved before this could happen.
- 19.4 In response to Councillor Moonan, it was explained that an assessment would be completed by Adult Social Care if a homeless patient was to be discharged from a hospital bed. The hospital would work closely with the Housing department and street services to prevent patients being discharged without having any accommodation or support.
- 19.5 In response to a question from Councillor Cattell on delays in social care assessments, it was stated that the CCG worked closely with social workers and community health departments to ensure a seamless transfer of care for elderly patients.
- 19.6 **RESOLVED** – That the Committee agreed to note the report.

20 NHS PATIENT TRANSPORT: UPDATE

- 20.1 John Child, Brighton & Hove CCG; Sally Smith and Alan Beasley, High Wealds & Lewes Haven CCG; and Michael Clayton, Coperforma, introduced the report. It was highlighted that it was an update report and the data showed that the service was improving. A summary of actions since the last Committee were outlined, including: additional call handling capacity in the demand centres to improve resilience; and additional transport capacity and new providers introduced into the Sussex service to improve inbound and outbound performance. It was agreed that the presentation would be circulated to Members.
- 20.2 In response to the Healthwatch representative it was noted that it could be difficult to get through to the contact centre at certain times of the day. However, performance was improving and additional staff had been rotated for the busier times. It was added that since the last Committee an individual line for staff to contact the centre had been trialled and this had made a positive impact.
- 20.3 It was explained to Councillor Moonan that approximately 42 complaints per day were being received in the initial weeks of the contract, but that this had subsequently been reduced to approximately two per day.
- 20.4 In response to Councillor Taylor, members were told that there was a learning group reviewing the customer feedback and it was explained that online tools were being used more to improve the storage of feedback that was received.
- 20.5 In response to Councillor Allen, Mr Beasley explained that it was important to set a key performance indicator to improve the inbound time to narrow the window of patients arriving and departing. It was highlighted that the report stated that patients should not arrive earlier than 40 minutes before their appointment. It was added that there 100% of patients were collected within 45 minutes of their appointment and 95% were collected within 30 minutes.
- 20.6 In response to Councillor Peltzer Dunn, it was explained that abandoned calls were monitored and that performance had improved. It was agreed that these figures would be included in a future report.
- 20.7 The Committee agreed that an update report would be presented at the Health Overview & Scrutiny Committee in October 2016.

20.8 **RESOLVED** – That the Committee agreed to note the report.

21 A WORK PROGRAMME FOR THE HEALTH OVERVIEW & SCRUTINY COMMITTEE

- 21.1 Barbara Deacon, Public Health Business Manager, introduced and explained that the work programme was provisional and welcomed suggestions from the Members.
- 21.2 Councillor Peltzer Dunn noted that he wished for a report on the effectiveness of communication for residents.
- 21.3 Councillor Allen stated that an Adult Social Care report should be presented at the Health Overview & Scrutiny Committee.

- 21.4 Councillor Knight requested that a report should be presented with more information regarding Patient Participation Groups.
- 21.5 Councillor Deane noted that she wished to have a report on the referral delays that should detail the specific areas where there were concerns. Colin Vincent added that information on the appointment system should be included in this report.
- 21.6 **RESOLVED** – That the Committee noted the work programme.

The meeting concluded at 6:30pm

Signed

Chair

Dated this

day of