





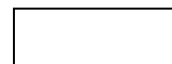
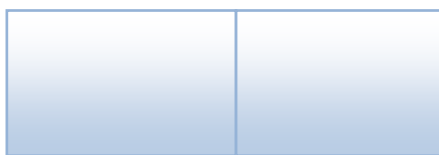
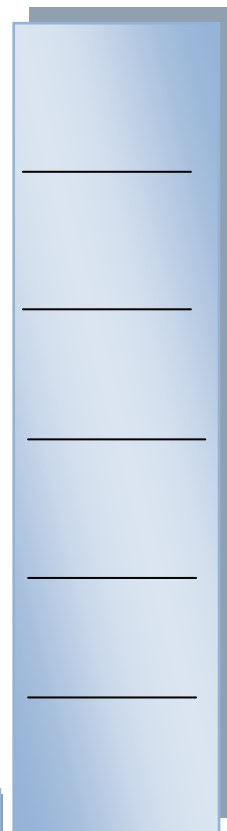
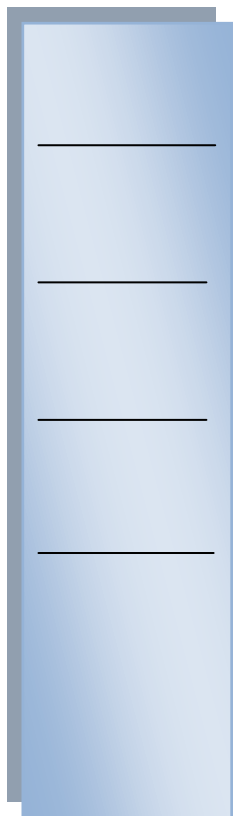
**Brighton & Hove  
City Council**

# Health Overview & Scrutiny Committee

|          |   |
|----------|---|
| Title:   | <b>Health Overview &amp; Scrutiny Committee</b>   |
| Date:    | <b>22 January 2020</b>  |
| Time:    | <b>4.00pm</b>   |
| Venue    | <b>Council Chamber, Hove Town Hall</b>  |
| Members: | <p><b>Councillors:</b><br/>Deane (Chair), Barnett, Druitt, Evans, Grimshaw, Hills, McNair, O'Quinn and Powell</p> <p><b>Co-opted Members:</b><br/>Caroline Ridley (Community Sector Representative), Fran McCabe (Healthwatch), Colin Vincent (Older People's Council), Brighton &amp; Hove Youth Council</p> |
| Contact: | <p><b>Giles Rossington</b><br/>Senior Policy, Partnerships &amp; Scrutiny Officer<br/>01273 295514<br/>giles.rossington@brighton-hove.gov.uk</p>  |

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# Democratic Services: Health Overview & Scrutiny Committee



## AGENDA

### 22 APOLOGIES AND DECLARATIONS OF INTEREST

- (a) **Declaration of Substitutes:** Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.
- (b) **Declarations of Interest:**
  - (a) Disclosable pecuniary interests;
  - (b) Any other interests required to be registered under the local code;
  - (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare:

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

- (c) **Exclusion of Press and Public:** To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

**NOTE:** *Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

*A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls and on-line in the Constitution at part 7.1.*

### 23 MINUTES

7 - 16

To consider the minutes of the last meeting held on the 16<sup>th</sup> October 2019 (copy attached)

### 24 CHAIRS COMMUNICATIONS

## OVERVIEW & SCRUTINY COMMITTEE

### 25 PUBLIC INVOLVEMENT

To consider the following matters raised by members of the public:

- (a) **Petitions:** to receive any petitions presented by members of the public to the full council or at the meeting itself;
- (b) **Written Questions:** to receive any questions submitted by the due date of 12 noon on the 17<sup>th</sup> January 2020
- (c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on the 17<sup>th</sup> January 2020.

### 26 MEMBER INVOLVEMENT

To consider the following matters raised by councillors:

- (a) **Petitions:** to receive any petitions submitted to the full Council or at the meeting itself;
- (b) **Written Questions:** to consider any written questions;
- (c) **Letters:** to consider any letters;
- (d) **Notices of Motion:** to consider any Notices of Motion referred from Council or submitted directly to the Committee.

### 27 HEALTHWATCH BRIGHTON & HOVE ANNUAL REPORT 2018-19 17 - 56

Report of the Executive Lead, Strategy, Governance & law (copy attached)

Contact Officer: Giles Rossington

Tel: 01273 295514

Ward Affected: All Wards

### 28 THE SUSSEX HEALTH & CARE PLAN - LOCAL RESPONSE TO THE NHS LONG TERM PLAN 57 - 72

Report of the Executive Lead, Strategy Governance & Law (copy attached)

Contact Officer: Giles Rossington

Tel: 01273 295514

Ward Affected: All Wards

### 29 OSC DRAFT WORK PLAN/SCRUTINY UPDATE 73 - 76

The draft HOSC work programme: for information

## OVERVIEW & SCRUTINY COMMITTEE

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions and deputations to committees and details of how questions and deputations can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fifth working day before the meeting.

Electronic agendas can also be accessed through our meetings app available through [www.moderngov](http://www.moderngov)

Agendas and minutes are published on the council's website [www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk). Agendas are available to view five working days prior to the meeting date.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

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For further details and general enquiries about this meeting contact Giles Rossington, (01273 295514, email [giles.rossington@brighton-hove.gov.uk](mailto:giles.rossington@brighton-hove.gov.uk)) or email [democratic.services@brighton-hove.gov.uk](mailto:democratic.services@brighton-hove.gov.uk)

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Date of Publication - Tuesday, 14 January 2020



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

**4.00pm 16 OCTOBER 2019**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor Deane (Chair)

**Also in attendance:** Councillor Barnett, Druitt, Evans, Grimshaw, Hills, Lewry, McNair, O'Quinn and Powell

**Other Members present:** Caroline Ridley (CVS representative), Fran McCabe (Healthwatch), Colin Vincent (Older People's Council)

**PART ONE**

**11 APOLOGIES AND DECLARATIONS OF INTEREST**

11.1 There were no apologies, substitutions or declarations of interest.

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

**12 MINUTES**

12.1 **RESOLVED** – that the minutes of the 17 July meeting be approved as an accurate record.

**13 CHAIRS COMMUNICATIONS**

13.1 The Chair noted that there had been really good uptake for the HOSC induction session on NHS finances to be held in Lewes on 01 November.

13.2 The Chair noted that, as resolved at the July HOSC meeting, she had written to the CCG to express the committee's concerns about and opposition to the CCG's decision to cease funding the Disability Advice Centre. It is disappointing that the CCG is not minded to revisit this decision.

13.3 The Chair noted that Healthwatch Brighton & Hove recently launched its annual report. Healthwatch will be invited to a future HOSC meeting to present their report.

13.4 The Chair noted that this was the last day that Dr David Supple would be in post as Chair of Brighton & Hove CCG. The committee extended its thanks to Dr Supple for his

really positive engagement over a number of years and welcomed the appointment of his replacement, Dr Andy Hodson.

## 14 PUBLIC INVOLVEMENT

14.1 There was a public question from Ms Liz Williamson. Ms Williamson was unable to attend the meeting and the question was asked on her behalf by Mr John Moore. Mr Moore asked:

“The HOSC has a responsibility to oversee health provision in the city. So far 10 GP surgeries have closed leaving Brighton and Hove with the lowest ratio of GP to head of population in the South East. The CCG revealed earlier this year (June 2019) the ratio as currently 1 GP: 2526 patients in Brighton and Hove compared to a national average 1:1780.

Currently many people are very concerned about the impact of the proposed closure of Matlock Road surgery. The CCG engagement meeting seemed to dismiss patients concerns in their response. For example, the transfer of patients to Beaconsfield practice affects those who do not drive and do not have a free bus pass. It will cost these people £5 to get 4 buses for a return journey from the Matlock area every time they need to get an appointment at the Beaconsfield practice. Regarding these concerns:-

- Can the HOSC make representations to the CCG to take on the lease of Matlock Road surgery and rent the premises to GPs who may be interested in taking on the practice?
- Can the HOSC ask the CCG to attend the next HOSC meeting to present their case for the development of primary care provision over the coming year and how they are going to ensure equality of access to provision in an increasingly unequal primary care landscape?
- Can the HOSC raise the transport issue with the relevant Council Committee and also raise it with the CCG as it was raised as an important issue at the consultation meeting?
- How is the Council together with the CCG going to improve the ratio of patients to GPs in the city which will inevitably worsen when Matlock closes and the current GP approaches retirement in Beaconsfield practice?”

14.2 The Chair responded:

Thank you for your question.

Regarding the Matlock Rd lease, This was explored at the July 2019 Health & Wellbeing Board and my understanding from reading the notes from that meeting is that the Matlock Rd practice advertised for, but was unsuccessful in attracting, a GP partner following the retirement of one of the practice partners. The remaining partner considered that the surgery was unsustainable as a single-handed practice, hence the merger with Beaconsfield Rd. Given this, there may not be a realistic prospect of attracting a new provider at Matlock Rd even if the CCG were to take on the lease. The HOSC does not have available to it detailed information regarding the financial viability



(or otherwise) of the Matlock Rd practice in its current form. As a result it is not well-placed to make recommendations to the CCG which could expose it to risk without a realistic prospect of success.

In terms of equality of access, we have a report on primary care in Brighton & Hove at this HOSC meeting. I do agree that the issue of equity of access to GP services is important and this is an issue I shall raise when we consider this item, and if necessary at future meetings.

In terms of transport, my understanding is that the CCG has attempted to address the transport issue by signposting Matlock Rd patients to other local GP practices which are further from the Matlock Rd area than the Beaconsfield Rd surgery, but which may be more accessible by public transport. While I am happy to raise this issue again with the CCG to see if anything more can be done, the matter is not one that it is within the power of a Council Committee to resolve.

In terms of patient ratios, the Council does not directly employ GPs and has no obvious influence on the GP to patient ratio. However, the Council is working with the CCG to develop Primary Care Networks across the city. These Networks will bring together multi-disciplinary teams, including GPs, nurses and social workers to provide better services for local people. The aim here is to give people swift access to the professional help that they need. This might be a GP, but depending on their health or care requirement, it might equally be a nurse, a pharmacist, a social worker or a physiotherapist. Ultimately, the ability to access the right care at the right time is a better determinant of the quality of local health and care services than the number of GPs employed locally.

- 14.3 The Chair asked Mr Moore if he had a supplementary question and Mr Moore responded that he was sceptical about the sign-posting to Matlock Rd patients of alternative GP practices as he had not been contacted. He asked that this issue be raised again with the CCG. The Chair promised to provide a written response to this question. The CCG subsequently informed the HOSC that they had checked with the Practice Manager at Matlock Rd Surgery who confirmed that the relevant information was available in the surgery waiting room and on the practice website.

## **15 MEMBER INVOLVEMENT**

- 15.1 There were no member involvement items.

## **16 PRESENTATION FROM LOLA BANJOKO ON PLANS TO RECONFIGURE NHS COMMISSIONING ACROSS SUSSEX**

- 16.1 This item was introduced by Ashley Scarff, Director of Commissioning Brighton & Hove CCG (rather than by Lola Banjoko as stated in the meeting papers).
- 16.2 Mr Scarff explained that the seven CCGs currently operating across Sussex would merge into three: West Sussex, East Sussex and Brighton & Hove. There has been a strong national steer for there to be one CCG for each Integrated Commissioning System (there is a single Sussex ICS), but the Accountable Officer for Sussex CCGs

pushed hard for three CCGs so as have NHS commissioning organisations coterminous with upper-tier local authority boundaries.

- 16.3 In response to a question from Cllr McNair on variation between the existing CCGs, Mr Scarff told members that there has been some variation in terms of both financial performance and service provision.
- 16.4 In answer to a query from Cllr Druitt as to why the NHS engages in constant organisational change, Mr Scarff responded by saying that the 2012 Health & Social Care Act represented a significant move towards localism and towards putting clinicians at the heart of the NHS. This had many benefits, but inevitably also introduced undesirable variations between areas. The current move to scaling-up care should address some of these problems. The NHS does seem to oscillate between these two positions over time.
- 16.5 RESOLVED** – that the report be noted.

## **17 WINTER PLANNING**

- 17.1 This item was introduced by Katy Jackson, Director of Urgent Care & Systems Resilience, Central Sussex & East Surrey Commissioning Alliance-South; and Jayne Black, Chief Operating Officer, Brighton & Sussex University Hospitals Trust (BSUH). Ms Jackson outlined winter planning for 2019-20
- 17.2 Cllr Grimshaw noted that her aunt had been in the Royal Sussex County Hospital (RSCH) over the Easter period and that things had been chaotic, particularly in terms of out of hours availability of social workers. She was unconvinced that RSCH was able to cope effectively with demand in holiday periods. In response Ms Black told members that the local health and care system is working together to ensure that holiday periods are adequately staffed. This is about staff across the whole system not just RSCH.
- 17.3 In response to a question from Cllr O'Quinn on supplies of the flu vaccine, Ms Jackson informed members that the vaccine is released in batches, with GP practices only able to order a certain amount at any one time. It is consequently important that practice communication with patients is aligned with vaccine availability (i.e. by staggering vaccination appointments to tally with the arrival of supplies). It is vital that people at risk get vaccinated and that health and care system staff do also.
- 17.4 In answer to a query from Cllr O'Quinn on the retention of ambulance paramedics by South East Coast Ambulance NHS Foundation Trust (SECAMB), Ms Jackson told the committee that this is an issue, particularly as there is increasing demand for paramedics from non-ambulance providers – e.g. to work in GP practices. SECAMB is focusing more on supporting its paramedics through professional development with the aim of improving retention. Colin Vincent suggested that this was an issue that should be taken up with SECAMB and the Chair agreed that this will be discussed with the Trust when they next appear before the HOSC.
- 17.5 In response to a question from Cllr Druitt on funding, Ms Jackson confirmed that there was more money being invested in winter resilience than in previous years. There has

been no reduction in funding for community rehabilitation, with a number of additional bed spaces purchased.

- 17.6 In reply to a question from Cllr McNair on use of NHS 999 and 111 Services and on phone booking appointments at the Urgent Treatment Centre (UTC), Ms Jackson told members that members of the public do generally understand the purpose of the 111 number, but that many people choose to ignore it and present directly for treatment at A&E. More communication is planned about the appropriate use of 111 and 999, but changing behaviour is difficult. UTC phone booking should come on-line in early 2020 as planned.
- 17.7 In response to a query from Cllr McNair on severe weather planning, Ms Jackson confirmed that the NHS is working closely with the city council to plan for possible severe weather events. There is already good partnership working across many areas, including the Severe Weather Emergency Protocol (SWEP) shelter, the use of volunteer 4x4s in icy weather, support for care homes and services for frail elderly people.
- 17.8 In answer to a question from Cllr Lewry on the 18 week target, Ms Black confirmed that this is the Referral To Treatment (RTT) target for planned procedures. BSUH is challenged on meeting this target and on cancer care targets, but the intention is to meet winter demand pressures without further impacting on performance against RTT and cancer waits (e.g. by not using elective beds for emergency patients which could mean postponing planned operations). Fran McCabe noted that she was concerned about the system's ability to maintain elective performance, and Ms Black agreed that this will be challenging given the existence of a bed gap at RSCH. However, this is partly the reason for the purchase of additional community beds.
- 17.9 In response to a suggestion from Ms McCabe to develop an app offering real-time information on waiting times for emergency care, Ms Jackson told members that an app was an interesting idea, but it would require accurate, regularly updated information from the relevant departments which might prove challenging. The 111 Directory of Services (DOS) is already updated to reflect how busy city emergency services are. Ms Black added that there are also regular updates on facebook and twitter.

**17.10 RESOLVED** – that the report be noted.

## **18 KNOLL HOUSE RESOURCE CENTRE: FUTURE USE**

- 18.1 This item was introduced by Rob Persey, Executive Director Health & Adult Social Care (HASC).
- 18.2 Mr Persey told members that the post-hospital care model has changed considerably in recent years. In part, this is because services now try to support discharge direct to patients' homes wherever possible. In part, as the population ages, we have more very frail people who no longer need to be in acute care beds, but who do require some quite intensive nursing support in community beds. These factors mean that the profile of patients using community beds at Knoll House (KH) and Craven Vale (CV) has changed, with a much greater acuity of nursing need. Nursing care at KH and CV was being provided by Sussex Community Foundation NHS Trust (SCFT), but SCFT recently announced that it was unable to continue to provide nursing support due to the

higher than anticipated levels of care required. The suitability of KH and CV for higher needs nursing care has also been a concern, and NHS commissioners have now sourced beds in more clinically appropriate settings. Since people with lower levels of need are now being discharged directly to their homes and the people with highest needs are being placed in the beds that the CCG has commissioned, this has left the council with a surplus of beds at KH and CV. In consequence, a decision was made to focus services at CV for people with care needs, with KH to be used for other purposes.

- 18.3 In response to a question from Cllr Barnett on the potential use of KH for people with mental health needs, Mr Persey told members that a business case for the future use of KH was being developed, but that no decision has yet been made. One possibility is that KH is used to support people with mental health issues as part of their recovery journey. These would not be people whose primary health/care needs relate to substance misuse, although it is not possible to guarantee that no one placed at KH would have substance misuse issues. Mr Persey has already met with local residents to discuss the future uses of KH and has committed to further engagement as the preferred options become clearer.
- 18.4 In answer to a question from Colin Vincent on the number of community beds commissioned by the CCG, Mr Persey informed members that around 174 beds have been commissioned for Brighton & Hove residents. This is an interim position, as the whole of local step up and step down services are currently being reviewed. There has been no decrease in local beds: more are being commissioned now than previously and funding has not reduced. Not all of these beds are in Brighton & Hove, although Mr Persey stressed that these are short term beds, with an average stay of around 20 days.
- 18.5 In response to a question from Fran McCabe on the possible use of KH as step-down accommodation as part of the mental health supported housing pathway, Mr Persey told members that KH was not being considered for this purpose. The council is actively sourcing this type of accommodation via the Strategic Accommodation Board.
- 18.6 In answer to a question from Cllr Powell on the impact of changes on staff and patients, Mr Persey informed the committee that there will be no direct impact on patients as these are short-term beds, so no one has had to be transferred from one care setting to another. This has been a very anxious time for staff. The changes to KH and CV have been progressed swiftly in large part because the recent expansion of facilities at Ireland Lodge has created opportunities for staff transfer. This would not have been possible on a slower timeline – i.e. the council would have had to recruit to Ireland Lodge and would then have faced the problem of having excess staff once all community bed services were transferred to Craven Vale. The process has been managed without any compulsory redundancies, but this has meant that it has not been possible to involve members in decisions at an early stage.
- 18.7 In response to a query from Cllr Powell on whether there is pressure on the council to place people into long-term nursing care, Mr Persey told members that the Royal Sussex County Hospital is under extreme pressure and needs to ensure timely discharge of patients. However, the health and care system works together via the Operational Command Group to ensure that everyone is discharged into the accommodation that best fits their needs.

18.8 In answer to a question from Cllr Druitt on therapy, Mr Persey told members that both nursing care and therapy has been commissioned by the CCG. There has been no reduction in the amount or the quality of therapy offered to patients discharged into community beds. Some of the beds commissioned are at dedicated rehab facilities such as Newhaven Downs. In other instances the CCG has bought short-term beds from nursing homes. These beds are separate from long-term beds and specifically include elements of rehab/therapy. Cllr Barnett noted that she was sceptical about these arrangements.

18.9 Cllr McNair asked a question about the public consultation over opening a hostel in Hollingbury. Mr Persey responded that he was not able to answer this question at the meeting, but would be happy to provide a written response.

**18.10 RESOLVED** – that the report be noted.

## **19 PROCUREMENT OF A NEW NHS 111 SERVICE**

19.1 This item was introduced by Colin Simmons, Commissioning Lead for 111, 999 and Patient Transport, Sussex Integrated Urgent Care Transformation Programme.

19.2 Mr Simmons explained that the new 111 service would provide an improved experience, particularly in terms of the capacity for 111 staff to book appointments directly for callers.

19.3 The preferred bidder for the 111 contract is South East Coast Ambulance NHS Foundation Trust (SECAmb). Mobilisation is beginning, with the main risks being around workforce, digital and the impact of Brexit.

**19.4 RESOLVED** – that the report be noted.

## **20 PRIMARY CARE IN BRIGHTON & HOVE**

20.1 This item was introduced by Hugo Luck, CCG Deputy Director of Primary Care.

20.2 In response to a question from Fran McCabe about GP to patient ratios, Mr Luck told members that there is local work to recruit and retain GPs – for example, by supporting professional development opportunities for those working in smaller practices who might otherwise have limited development opportunities. There is also some new funding attached to the roll-out of Primary Care Networks (PCN). However, it needs to be recognised that there are limited numbers of medics and clinicians and they have to be used as efficiently as possible.

20.3 Ms McCabe commented that there is lots of variation in GP services across the city, with a real risk that the best performing practices will get better at the expense of poorly performing practices. Mr Luck acknowledged this risk; primary care commissioners are working with Public Health to support PCNs to understand their demographics and are delivering bespoke management support to each PCN.

- 20.4 In response to a question from Cllr McNair on why it was difficult to recruit GPs in Brighton & Hove, Mr Luck responded that the high cost of living is a factor as is the high number of smaller practices which offer limited training prospects.
- 20.4 In answer to a query from Colin Vincent about sudden practice closures, Mr Luck told members that commissioners are getting better at predicting closure, despite practices only having to give 3-6 months' notice. However, the CCG needs to be careful that it does not unduly alarm the public about a potential closure when recruitment is still being actively pursued.
- 20.5 In response to a question from Cllr Druitt on GP to patient ratios, Mr Luck told members that the number of practices in Brighton & Hove has reduced significantly in recent years: from 47 to 35. However, this does not necessarily mean that the ratio of GPs to patients has worsened. Also, the GP to patient ratio is only one measure of primary care capacity; equally important is how often patients consult their GPs. This can vary significantly depending on demographic factors within practice catchments.
- 20.6 In answer to a question from the Chair about encouraging young people, particularly girls, to take up medicine as a career, Mr Luck agreed that this approach may have merit, although there is already a good gender balance in general practice.
- 20.7 RESOLVED** – that the report be noted.

## **21 OSC DRAFT WORK PLAN/SCRUTINY UPDATE**

- 21.1 The Chair noted that the committee should not lose sight of the Knoll House situation and should receive update reports when a future use for Knoll House had been agreed and when the review of Step Up and Step Down services is completed. Cllr Grimshaw noted that it was important that rehabilitation services only aim to return people to their homes where this is achievable and appropriate. This is something the HOSC should bear in mind when scrutinising plans for these services.
- 21.2 Cllr Powell reminded members of the timings problem relating to the CCG decision to cease funding the Disability Advice Centre (i.e. that the decision was announced after the BHCC 2019-20 budget was set making it impossible for the council to assist).
- 21.3 Colin Vincent suggested that there should be an update on the plans for the Brighton General Hospital site. The scrutiny support officer noted that HOSC's remit extended only to the plans to develop health services on the site, not to housing development. He was unaware that the health service plans had changed enough to occasion a further report to the HOSC, but would check with Sussex Community NHS Foundation Trust.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of





|                          |  |  |                          |
|--------------------------|--|--|--------------------------|
| <b>Subject:</b>          | <b>Healthwatch Brighton &amp; Hove Annual Report 2018-19</b> |  |                          |
| <b>Date of Meeting:</b>  | <b>22 January 2020</b>                                       |  |                          |
| <b>Report of:</b>        | <b>Executive Lead, Strategy, Governance &amp; Law</b>        |  |                          |
| <b>Contact Officer:</b>  | <b>Name:</b>   | <b>Giles Rossington</b>                      | <b>Tel: 01273 295514</b> |
|                          | <b>Email:</b>  | <b>Giles.rossington@brighton-hove.gov.uk</b> |                          |
| <b>Ward(s) affected:</b> | <b>All</b>   |  |                          |

**FOR GENERAL RELEASE**

**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 Healthwatch is the local independent consumer champion for health and care.
- 1.2 Healthwatch is a co-opted member of both the Brighton & Hove HOSC and the Health & Wellbeing Board, and is this year presenting its annual report to both committees (the annual report is included as **Appendix 1**).

**2. RECOMMENDATIONS:**

- 2.1 That members note the Healthwatch annual report (**Appendix 1**).

**3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 The 2012 Health & Social Care Act required each upper-tier local authority in England to commission a Healthwatch organisation to undertake the statutory responsibility for being the independent consumer champion for health and social care.
- 3.2 Healthwatch Brighton & Hove is an independent Community Interest Company (CIC). Details of the activity of Healthwatch over the past year are included in the Healthwatch Annual Report (**Appendix 1**).
- 3.3 Healthwatch Brighton & Hove engages with thousands of health and care service users every year. It is therefore well placed to identify issues of concern to local people. HOSC members may wish to reflect these concerns in the committee work programme.

**4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

- 4.1 There is no statutory requirement for Healthwatch to present its annual report to the HOSC, but there are obvious benefits in Healthwatch sharing its intelligence with the HOSC.

## 5 COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 The development of the Annual Report is based on Healthwatch Brighton & Hove's consistent approach to seeking to hear people's stories about their experiences of health and social care services. They use their statutory powers to Enter and View any premises so that their authorised representatives can observe matters relating to health and social care services. They also gather information and insight through outreach and by sending trained volunteer representatives to a wide range of public meetings, specialist and strategic committees and decision-making forums to inform their work.

## 6. CONCLUSION

- 6.1 The Healthwatch annual report is presented for information.

## 7. FINANCIAL & OTHER IMPLICATIONS:

### Financial Implications:

- 7.1 There are none to this report for information

### Legal Implications:

- 7.2 There are no legal implications to this report

*Lawyer Consulted: Elizabeth Culbert Date: 02/01/2020*

### Equalities Implications:

- 7.3 Healthwatch Brighton & Hove represents all local residents, but as health and social care services are used more frequently by particular protected groups (e.g. older people; people with disabilities), there is an inevitable focus on these groups. This is reflected in this year's annual report by the sections on giving a voice to people receiving home care; on oral health in care homes; and on the process of applying for disability-related benefits (see **Appendix 1** for more details).

### Sustainability Implications:

- 7.4 None identified.

### Any Other Significant Implications:

### Crime & Disorder Implications:

7.5 None identified

Risk and Opportunity Management Implications:

7.6 The work of Healthwatch Brighton & Hove in capturing local people's experiences of health and care services offers an opportunity for the city council and for local NHS bodies to reflect these experiences in the design and operation of services. HOSC members may also wish to reflect on areas of concern identified by Healthwatch when setting the committee work plan.

Public Health Implications:

7.7 Evidence gathered by Healthwatch should, and regularly does, inform public health planning, particularly in terms of gathering data for the city Joint Strategic Needs Assessments and for specific needs assessments.

Corporate / Citywide Implications:

7.8 Evidence gathered by Healthwatch has the potential to inform Council and city planning, particularly in terms of evaluating strategic risks.

**SUPPORTING DOCUMENTATION**

**Appendices:**

1. Healthwatch Brighton & Hove Annual Report

**Background Documents**

None





# Healthwatch Brighton and Hove

Annual Report 2018-19









# Contents

|                             |    |
|-----------------------------|----|
| Message from our Chair      | 4  |
| About us                    | 5  |
| Highlights from our year    | 6  |
| How we've made a difference | 8  |
| Our plans for next year     | 20 |
| Our volunteers              | 23 |
| Our team and board          | 27 |
| Our finances                | 30 |
| Message from our CEO        | 32 |
| Thank you                   | 33 |
| Contact us                  | 34 |



# Message from our Chair

Healthwatch started in 2013 and became an independent, not for profit, organisation in Brighton and Hove in 2014.

In the last year our greatest achievement has been to reach out to more people than before - over 50,000 people have told us their personal stories or seen our reports.

## NHS

The NHS Long-Term Plan, and integrating health and care services, will be the big challenge for next year. In 2018-19, NHS services improved in the City and we have many excellent community services, despite national funding for social care failing to meet demands. However, NHS national targets are not being met, for example it's more difficult than ever to get a GP appointment and young people find it difficult to get the emotional and mental health support they need.

Healthwatch are also concerned that funds for the voluntary and community sector will reduce in the next year. The NHS and Brighton and Hove City Council (BHCC) have limited funds and it is therefore more important than ever that people who use health and care services can directly influence how that money is spent.

## New Directors

I am pleased to welcome two new people to the Healthwatch Brighton and Hove Board. **Howard Lewis** who lives locally and has been involved with Patient Liaison in the NHS for many years, he currently works for the General Medical Council (GMC). Also **Karen Barford** previously Chair of the Health and Wellbeing Board in the City and Chief Officer of a major local charity.

*"It's been a great year but there are many challenges ahead."*

## The year ahead, 2019 to 2020

It's been a great year but there are many challenges ahead and providing a greater voice for service users, and tackling health inequalities in the City must be the highest priorities.

Finally, I would like to thank our volunteers, staff, and my fellow Board members for their selfless work over this last year - together 'we made a difference'.



*Fran McCabe*

**Fran McCabe**  
Healthwatch Brighton and Hove Chair

You can learn more about the NHS Long Term Plan [here](#) and a great explanation of it by the King's Fund organisation [here](#).



# About us

## Healthwatch is here to make care better

We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

*As Chair of Healthwatch England, it's my role to make sure your Healthwatch gets effective support and that national decisions are informed by what people are saying all over England.*

*If you were one of the 400,000 people who shared their experiences with us last year, I want to say a personal thank you. Without your views, Healthwatch wouldn't be able to make a difference to health and social care services, both in your area and at a national level. One example of this is how we shared 85,000 views with the NHS, to highlight what matters most, and help shape its plans for the next decade.*

*If you're part of an organisation that's worked with, supported or responded to Healthwatch Brighton and Hove, thank you too. You've helped to make an even bigger difference.*

*None of this could have been possible without our dedicated staff and volunteers, who work in the community every day to understand what is working and what could be better when it comes to people's health and care.*

*If you've shared your views with us then please keep doing what you're doing. If you haven't, then this is your chance to step forward and help us make care better for your community. We all have a stake in our NHS and social care services: we can all really make a difference in this way.*



A handwritten signature in blue ink, which appears to read 'Sir Robert Francis'.

**Sir Robert Francis QC**  
Healthwatch England Chair



**Highlights from  
our year**

## Practice visits and engagement leading to service improvement

We undertook **28** visits to health and social care services to talk to people about their experiences

We reached **727** people to hear their views about services



We conducted interviews with **81** patients at Royal Sussex County Hospital and at their homes to ask them about their experience of discharge from hospital and care at home

We conducted assessments of **9** home care providers by talking to **149** people in their homes

We undertook **16** environmental audits and Patient-Led Assessments of the Care Environment (PLACE) in Brighton hospitals



## Communicating the voice of the patient through media



We did **57** interviews for local radio, newspapers and television



We produced **4** copies of the Healthwatch magazine, with **1,200** digital copies of each edition sent to subscribers reaching an estimated audience of **4,800** people across Brighton and Hove



We had **1,722** Twitter and **594** Facebook followers



**53,000**  
Our Facebook posts reached over **53,000** people

## Volunteer contribution



Our volunteers contributed many hours for service visits and strategic meetings attended by Healthwatch



Volunteers' contributed work worth a total of **£55,360** for an estimated total of **2,768** hours

**55,360**





**How we've made**

**a difference**

## Changes made for our community

Sharing your views with your local Healthwatch has led to positive changes to health and social care services in Brighton and Hove. When people speak up about what's important, and services listen, care is improved for all.

### Improving the A&E experience for adults and children

Two A&E reports resulted in 28 recommendations being acted upon by the Royal Sussex County Hospital (RSCH).

In 2018 we interviewed 89 people who attended the Accident and Emergency Department (A&E) or Children's Emergency Department (CED) at the RSCH.

We wanted to know why people came to the emergency departments rather than accessing other services, and about the quality of service they, or their child had received.

As a result of what patients and parents told us, we made 28 recommendations including:

- + Better promotion of alternative services to A&E and CED and clearer information about which services to use and when.
- + Improve service provision of the NHS 111 service and the walk-in centre.
- + Reduce waiting times by keeping patients and parents better informed using real time updates.
- + Improve access, especially by car.
- + More support for GPs to provide advice and deal with conditions that do not require people to go to CED or A&E.
- + More clinical support for staff on the NHS 111 service so they can provide advice on minor conditions, only referring to CED & A&E when appropriate.

*"We can put trust in the A&E staff but more money needs to be put into the service."*

A&E Patient



#### Impact from A&E and CED reports:

- + Influencing decisions made by Brighton & Hove Clinical Commissioning Group (CCG) and Brighton and Sussex University Hospitals Trust (BSUH) when making improvements in the RSCH.
- + Provision of the CCG's new service for providing GPs in A&E and promotion of the walk-in centre as an alternative to A&E/CED.
- + Influencing the Care Quality Commission (CQC) review of the RSCH, including A&E.
- + Improvements in patient communication and comfort in A&E and CED.

Check out the reports at: [Royal Sussex County Hospital A&E Review.pdf](#) and [Royal Alexandra Childrens Hospital Emergency-Department Report.pdf](#)



## Improving the hospital discharge experience

“Why was Ernest admitted and why for so long?” Clarissa, carer and wife of Ernest.

In the summer of 2018, we visited 80 patients in hospital aged 65+ years and then re-visited them at home, following discharge from the hospital.

We wanted to find out whether they, their family and friends, felt prepared to go home, with enough information about what services they might expect to receive. Back at home, we asked them how things had worked out.

Clarissa was amongst the family members we spoke to and her story highlights some of the lessons that can be learned.

*“Ernest has dementia and recently had a stroke. The ambulance were called and the crew resolved the stroke but still suggested he go to hospital for knee pain he was experiencing due to an operation on his leg he had had earlier this year.*

*His hospital visit resulted in a nine-hour wait in A&E, due to no bed being available and followed with a five week admission for Ernest.*

*The hospital admission has put us back six months in terms of Ernest’s ability to walk and in his confidence in general.*

*Walking is now limited, requiring constant help to move around our bungalow and he no longer enjoys sitting in the conservatory.*

*He lost a stone of weight while in hospital.”*

*“Healthwatch channels the voice of patients and the public to steer our commissioning and service delivery. In the last year, Healthwatch has worked with us to shape and guide current and future healthcare services aimed at improving patients’ experience and outcomes”.*

*Lola Banjoko, Interim Managing Director South, Brighton and Hove CCG*

## “Why was Ernest admitted and why for so long?”

Clarissa also had to reinstate the care support in place before Ernest’s admission. When we spoke to Clarissa, they had not received the physio requested by Clarissa in hospital.



Healthwatch made recommendations for a more joined up service between what is promised in hospital and what is received when patients return home. We also asked for a review of delayed discharges to ensure patients are not in hospital any longer than they need to be.

In direct response to our ten recommendations, the CCG and BSUH jointly wrote an action plan to improve hospital discharge. The Trust is shortly due to report on progress.

## NHS Long Term Plan engagement

Healthwatch East Sussex, West Sussex and Brighton and Hove worked together from February to April 2019 to discuss the NHS Long Term Plan.

What people in Sussex told Healthwatch about their views on the NHS Long Term Plan.

648 people told their local Healthwatch what matters most to them about the NHS in Sussex.

This report is part of a national review requested by Healthwatch England and NHS England.

People commented on priorities for the NHS in Sussex at a time when plans are being drawn up by the NHS, County and City Councils.

Most people spoke about their individual experiences of NHS care and support, with some people talking about specific conditions.

Those conditions most commonly shared were people with:

- + Long-term conditions.
- + Mental health.
- + Cancer.

“Healthwatch in Sussex have worked hard to gain insight into what the public wants from the NHS of the future.

**John Routledge**  
Director of Healthwatch East Sussex

### What people said:

- + Experiences accessing cancer services were overwhelmingly positive.
- + Recognition of the benefits of diet and exercise in leading a healthy life and the need for individuals to take more responsibility of their own health as part of making the NHS more sustainable.
- + People spoke about a ‘more holistic approach’ to care, health and social care working closely together, plus the need and desire for more personalised care going forward.
- + Mental health support received most of the critical responses.





## Young Healthwatch

Young Healthwatch is delivered on our behalf by our partners, YMCA Downlink, as part of their YMCA Right Here health and wellbeing project.

They spoke to 280 young people across 3 local schools. The school students made suggestions to improve the school environment, create better relationships with teachers, and suggested that information on improving emotional and mental health be embedded in the curriculum and learning.

The Young Healthwatch Report will help to improve the School Wellbeing Service and inform a Sussex wide NHS review of Children and Young People’s access to psychological therapies.



Young people sharing their views on mental health and wellbeing.



In September 2018 YHA volunteers met with Imelda Redmond, the National Director of Healthwatch England. Imelda consulted them about Young Peoples issues while enjoying a trip on the i360.

Our young volunteers heard from local children and young people who wanted to be better informed about keeping safe and Children’s Safeguarding.

As a result they designed information leaflets to help explain how to stay safe, using cartoons to help. They also designed similar information specifically for ‘Cared for Children’.



A Young Healthwatch volunteer at the Brighton i360 Healthwatch event.



Young Healthwatch volunteers at a community engagement event, supporting the recruitment of new volunteers.



Young Volunteers marching on World Mental Health Day to break stigma as part of #IAMWHOLE



## Improving our hospitals

Every month over the last year our volunteers have conducted independent audits of our local hospitals.

Using our 'Enter and View' powers we've assessed whether wards and clinics at the BSUH were welcoming, safe, caring and well-organised, and provided recommendations to improve quality and safety.

We've designed our work around the NHS 15-Step Challenge and the Patient-Led Assessments of the Care Environment (PLACE). These survey tools measure good quality hospital environments.

Over the course of 2018-19 we carried out 10 separate visits covering over 20 wards and clinics; and we contributed to annual NHS PLACE assessment in May 2018.

Through our audit work we made **220** recommendations for ways to improve the physical environments of our hospitals and the Trust has been able to implement at least **75%** of these. We identified seven key themes.



*"We would like to thank Healthwatch for the ongoing work undertaken by a dedicated team of Healthwatch volunteers who. These audits lead to recommendations and an action plan, which is re-audited at a later date. This work has been the catalyst for positive change."*

**Caroline Davies,**  
Nurse Director, RSCH

### The 7 key themes identified:

- + Improving/identifying better storage facilities e.g. for linen and equipment.
- + Improving ventilation, heating and lighting on some wards e.g. maternity wards.
- + Ensuring consistently high cleaning standards
- + Improving aspects of ward security and safety e.g. always keeping fire doors shut.
- + Improving the standard of patient bathrooms.
- + Improving reception areas to ensure that patient privacy and dignity is maintained.
- + Ensuring the needs of dementia patients are met e.g. adopting dementia friendly colours in all bathrooms.

### An example of our work in 4 hospital wards at the RSCH

In July 2018, our volunteers visited four wards in BSUH which provide care to elderly patients. After the visit we expressed significant concerns to the Trust. We revisited these wards in February 2019 and observed that 85% of our recommendations had been actioned. This was a perfect example of Healthwatch supporting our local Acute Hospital Trust to improve the hospital environment and demonstrates the excellent working relationship between our two organisations. The improvements in the NHS 15-Step scores are shown below:

| Ward Names | 'welcoming' |          | 'caring'  |          | 'safe environment' |          | 'well organised environment' |          |
|------------|-------------|----------|-----------|----------|--------------------|----------|------------------------------|----------|
|            | July 2018   | Feb 2019 | July 2018 | Feb 2019 | July 2018          | Feb 2019 | July 2018                    | Feb 2019 |
| Chichester | 7           | 8 ↑      | 7         | 9 ↑      | 4                  | 8 ↑      | 5                            | 8 ↑      |
| Bristol    | 7           | 8 ↑      | 8         | 8        | 7                  | 9 ↑      | 5                            | 9 ↑      |
| Jowers     | 9           | 8        | 9         | 9        | 9                  | 10 ↑     | 9                            | 10 ↑     |
| Vallance   | 7           | 8 ↑      | 6         | 7 ↑      | 8                  | 8        | 6                            | 8 ↑      |

For an explanation of PLACE Assessments visit NHS Digital [here](#).

## A voice for people receiving home care

Our volunteers give a voice to people with home care services provided by independent companies. The Lay Assessors Scheme is commissioned by BHCC and has been running for several years, but in September 2019 we took on the project.

The original LAS volunteers, joined by Healthwatch volunteers, visit people each month. We report our findings to the Council who shares them with the care providers to let them know what they are doing well, and where they need to improve their service.



***"As I see her three times each week, we have become friends."***

Our team have visited over 149 people across the city, from nine different Home Care providers. We have found that, overall the quality of service provided in our city is high. People particularly value having the same carers visit, with time to build friendly relationships and when visits are made at reliable fixed times in the day.

### What they do well:

*"She wanted me to tell everyone that she was absolutely delighted with every aspect with the service."*

*"He likes his carers and enjoys their visits, doesn't want to get up until they arrive."*

*"As I see her three times each week, we have become friends."*

*"No one knows how hard it is to hand over personal care to someone else. These are really good girls."*

### What they need to do more:

*"Ensure carers arrive at the agreed time."*

*"Yes, can't fault them, but they sometimes have unrealistic travel."*

*"Sort out rotas so you know who is turning up. Need a weekly rota each week."*

*"Answer the office phones."*

*"Treat the carers better. Travelling time should be allowed. Too many calls to do."*

*"Ensure carers have proper training."*



When asked about the Survey:

*"It is so good to have someone listen for once about the issues."*

*"Excellent idea, people don't like to complain to the office."*

**Service Users**

## Smiling Matters

### Oral care in care homes in Brighton and Hove

Early in 2019 Healthwatch visited twenty care homes across Brighton and Hove.

We spoke to care staff and to residents, including frail older people, younger adults, and people of all ages with long-term ill health, Learning Disabilities and mental health conditions.

We wanted to know how staff assessed residents for oral health, whether they assisted residents with cleaning their mouths, including teeth and dentures and whether residents had regular and easy access to a dentist.



#### We discovered:

- + 55% of homes have no visiting dentist but 91% of residents are not well enough to visit a dentist surgery.
- + 48% of care home staff do not carry out routine oral health checks on admission.
- + 37% of care home staff have had no training in oral health.
- + 41% of care home staff did not know if their care home had a policy covering oral and dental health.
- + Specialist training improves oral health, but the training is not compulsory.

*"You can see a doctor, a physiotherapist, a chiropodist in the home, so why isn't it possible to see a dentist for a check-up?"*

#### Care Home Resident

*"We welcome this report from Healthwatch, which identifies recommendations - all in line with the council's approach to promoting oral health."*

**Rob Persey**, Executive Director of Health & Adult Social Care,  
and

**Alistair Hill**, Director of Public Health at Brighton & Hove City Council

Brighton and Hove provide an 'oral health promotion team' giving specialist training for care home staff.

20% of the homes we visited had benefited from that specialist training, provided by the SCFT.

Checking against four key quality measures all of these homes scored higher than Care Homes who had not received the training.

Healthwatch has made 18 recommendations to care home staff and management for improvements in routine checks and policy awareness and to commissioners for training to be considered as part of contract requirements.

*"Oral health training while not mandatory, is recommended for all care home staff. The Special Dental Service recommends that new staff would benefit [from training and] ideally a yearly update."*

**Ali McNealy**,  
Oral Health Promotion Team Leader  
Brighton & Hove City Council



## Working to improve the local benefits system - impact update

In February 2018, we reported that vulnerable people were being treated unfairly when applying for Personal Independence Payments (PIP) and Employment Support Allowance (ESA).

Our report identified serious concerns and we made 10 recommendations to improve these assessments. Throughout 2018/19 we continued to bring these issues to the attention of providers, decision-makers and the public, achieving a number of successes.

*“Some clients with mental health problems and other conditions that effective cognitive function experience problems with their memory, thinking and orientation, making it difficult to understand and talk about how their condition affects them on a daily basis.”*

All our local MPs were interested in the issues we highlighted asking us to encourage people to contact them to share their stories; giving vulnerable people a stronger voice.

One MP was interviewed by our Board Member, **Geoffrey Bowden**, leading to our report being picked up by the local press and increasing media impact of the problems people faced.

*“I’ve had at least 3 of these [assessments] and each time I end up feeling worthless afterwards because they don’t look at me as a person, just firing off questions and cutting me off when I tried to qualify or elaborate.”*

Nationally, our report was shared with the Parliamentary Select Committee Chaired by Frank Field reporting on PIP and ESA. We also sent a joint letter with the Chair of Safeguarding Adults Board to the Secretary of State at the Dept’ of Work and Pensions (DWP).

We used our influence to set up, for the first-time, meetings between DWP officials, representatives from ATOS (PIP assessment providers) and local charities and groups advocating on behalf of vulnerable adults.

This created direct routes of contact, provided ‘top tips’ for caseworkers, and better explained some application processes. We have been told that the PIP system is beginning to show signs of improvement.



Read the full report [PIP-&-ESA-Report-Feb-2018.pdf](#)

## Representing the patient and public voice

Our volunteers and staff provide the patient and public voice on around 25 decision making Committees and consultation forums.

This includes:

- + [The BHCC Health and Well Being Board](#)
- + [The BHCC Health Overview and Scrutiny Committee](#)
- + [The Safeguarding Adults Board](#)
- + [Sussex and East Surrey Sustainability & Transformation Partnership \(STP\)](#)
- + The NHS A&E Delivery Board
- + The NHS Cancer and Planned Care Board
- + The NHS Primary Care Commissioning Committee
- + The NHS Mental Health Programme Board

### Healthwatch Representatives:

- + make sure that the voice of patients and the public influence every aspect of how health and care services are provided, planned and paid for.
- + provide information to, and take advice from, local voluntary and community organisations and other local Healthwatch in East and West Sussex.
- + make sure decision makers keep their promises.
- + escalate issues to Healthwatch England and if necessary, to the Secretary of State for Health and Social Care.



### Have Your Say

Share your health and social care experiences, what was good, what wasn't.

01273 234 040

[office@healthwatchbrightonandhove.co.uk](mailto:office@healthwatchbrightonandhove.co.uk)

[www.healthwatchbrightonandhove.co.uk](http://www.healthwatchbrightonandhove.co.uk)

**BRIGHTON**  
**PULSE**

Or use our anonymous  
[online survey](#)



## Changes you wanted

Last year we heard from and reached 54,708 people, and many told us in detail about their experience of health and social care.

### + It should be easier to get a GP appointment



You told us how difficult it could be getting a GP appointment, so we've kept this issue in the public eye, reminding decision makers about your concerns in radio and newspapers interviews throughout the year.

The NHS now have a plan to improve GP recruitment in the City and to help GP's work in 'clusters' to share skills and resources

### + It should be easier to make a complaint or give feedback to Health and Care Services

Healthwatch volunteers support some NHS Patient Liaison Services (PALS) to improve the quality and content of their complaints response letters to patients.

In the coming year we will extend our remit to support local Mental Health Services deal with Complaints. We are investigating how local complaints systems across all NHS services can be improved.



### + People were concerned about new 'online' pharmacy services



When asked about online pharmacy services, 60 out of 91 people told us they had received marketing about them by post or leaflet. Many people found the marketing information confusing including use of the NHS logo in what was private business advertising.

When we passed on these concerns nationally, the ensuing social media discussions received 25,000 hits, more than any issue we've raised.

### + People should have a voice in decisions about Health and Social



648 people across the whole of Sussex told their local Healthwatch:

The NHS should give priority to:

- + Availability and timeliness of medical appointments.
- + Being able to see any medically appropriate health professional, whilst recognising the need for continuity of care.
- + More joined up understanding between physical and mental health.
- + Communication with patients, staff and between organisations needs to significantly improve.

### + People want good quality, safe and dignified care on discharge from hospital

Healthwatch volunteers interviewed 80 older frail people in hospital and followed up 49 after hospital discharge.

- + 41% of those who took part were over 80yrs old.
- + 59% people felt they were not involved or only partly in decisions about their care. Over half of these patients 53% felt they had not been asked for their opinion.
- + 39% of all patients felt the advice they had received while in hospital was not good enough to prepare them for being at home.
- + 44% of all patients felt they were either not ready or only partly ready to return home.
- + At the time we spoke to hospital patients, only 34% had received written advice on discharge planning, 11 people had received a hospital discharge letter, and only two people had received a written care plan.





**Our plans for**

**next year**



## Our priorities for next year

- + Reach out to people and communities who find it difficult to speak up for themselves. Particularly in 'End of Life' Care.
- + Revisit services we have reviewed and check that our recommendations are being implemented and permanent improvements are in place.
- + Strengthen advocacy services in the City particularly Independent Health Complaints Advocacy.
- + Build community partnerships particularly with the Universities, Community Leaders and Housing organisations.
- + Help public and patient engagement in the plans to integrate Health and Social Care in the City.
- + Work closer with Healthwatch In East and West Sussex to provide joint projects across the whole of Sussex - sharing skills and resources on:
  - Improving A&E services.
  - Influencing NHS investment in Mental Health Services.
  - Assisting the NHS Review into Children and Young Peoples access to psychological therapies.



## Our plans for next year

### Healthwatch will:

- + Publish annual reports on our Hospital Environmental Visits, and Home Care visits.
- + Publish a 5 year review of NHS hospital PLACE reports for Brighton and Sussex Hospitals Trust and Sussex Partnership Foundation Trust, the mental health Trust.
- + Re-visit A&E departments to check improvements have been made.
- + Check that the City wide plan to improve hospital discharge and community support has been implemented.
- + Complete and publish our review of every GP practice in the City.
- + Publish briefing papers on 'Sexual Health Services' and another on 'Improving NHS complaints processes'.
- + Review the system for booking outpatient appointments in Brighton and Hove.

### Young Healthwatch will continue to hold 'listening labs' all over the City and focus on:

- + Young people affected by cancer.
- + Sexual Health.
- + Minority Communities.



## GP Review 2019 - Interim Results

Early findings from Healthwatch Brighton and Hove's GP Patient survey indicate longer waits to get a GP appointment.

These are interim results from an on-line survey, with 450 responses to date.

### We found:

- + Fewer people are getting a routine appointment within three days (39% compared to 51% in 2017).
- + Fewer people getting an appointment the same day for an urgent problem (67% compared to 86% in 2017).

### Waiting to see a GP at the appointment time

- + 84% saw GP within 20 minutes of scheduled appointment time (84% in 2017).

### Overall satisfaction

- + 83% were satisfied with GP service (83% 2017).
- + 89% would recommend GP practice to a friend/family member (86% 2017).

### Practice closure/merger

We asked people who had been affected by a GP Practice closure, merger or other change if they found their new surgery convenient:

- + 50% said 'yes' the new practice was convenient for them with 25% saying it was OK.

### Opening hours

Satisfaction with hours when people could access a GP:

- + 76% were happy with the hours a GP was available (72% 2017).
- + Extended hours - 16% of people surveyed had used the Extended hours GP service and 72% of users were satisfied with the service.

### Mental health

We asked about GP practices (doctors and nurses) responses to enquires at consultations about mental health or emotional wellbeing:

- + 33% of people surveyed had raised this kind of issue at a consultation.
- + 81% were satisfied with the response they received from the health professional.



The online survey will remain open until September 2019  
[GP Patient Online Survey](#)





# Our volunteers

## Meet our volunteers

We asked four of our fantastic volunteers to tell us about their perspective on the work they do.

### Lynne Shields

I have been involved in a variety of research projects, but the one I get a real kick out of are the hospital visits.

We have a checklist to record positive changes compared to the last visit. This gives me a great sense of achievement, as a volunteer.

I love working with the team, volunteers and staff. Most of all, I enjoy meeting patients.

Memorable moments are created any time I “bond” with a patient, gaining their trust and uncovering a nugget of information that clarifies the source of a problem.

This happens when you get beyond the set questions, and to the narrative of ‘tell me more’. It is satisfying when some solutions can be found relatively easily.

Healthwatch gets things done. Healthwatch research and reports regularly result in action. Even if the changes are sometimes small, they are changes for the better.



### Adam Mason



In the last 22 years this amazing city has given me so much, that I wanted to give a little back. I’ve spent time with the team who are full of energy and passion about Healthwatch in Brighton. The flexibility around my availability is also helpful.

Since my time with Healthwatch, I have met staff and residents in a variety of residential homes, listening to their views on their own experience about local health services.

I recently met an amazing care home manager, a truly dedicated person and I could see she had made a real difference in the lives of the people she cared for. The staff and standards in the home were exceptional. This was a really inspirational experience about what a care home should be!

Volunteering for Healthwatch has given me a huge insight into the variety of health and social care services in our city, and the opportunity to get more experience in sectors I have not worked in before.

Being a volunteer, I am able to reach out to people in the community and ensure that their voice is heard.

## Cindy Willey

My previous volunteering role with Macmillan brought me into contact with people who often had multiple health issues often relied on care. It was apparent that the services they received could have been more effective if a more integrated approach was adopted.

This led to my interest in the LAS, originally managed through Impetus, but I continued when it was transferred to Healthwatch. I felt it was critical that more attention be paid to a service that was increasingly in demand.

The project brings me into contact with a wide range of people who depend on their carers to bring support and stability to their lives. I enjoy this engagement with the community and it helps me to better appreciate the scale of the problem.

I find the experience of meeting people very humbling as in the main they remain positive and appreciative in spite of all their problems.

The thought that I can offer a voice for someone is very rewarding.



## Neil McIntosh

I joined Healthwatch in 2014. Heading up mental health representation, means I participate in a huge variety of meetings.

These can be hosted by the mental health trust or local health and social care commissioners.



My job is to make sure that patient voices are heard. I am passionate about ensuring the needs of patients, their families and carers, are central to any decisions that are taken.

Hearing first hand from patients about their personal experiences, is at the heart of my role. It is also important to get the perspective from mental health staff and managers.

Playing a part in helping to strengthen mental health care across the city, is what motivates me.

Joining the CQC team on an inspection visit to a local mental health service, was a great opportunity to see at first hand the way our mental health services are evaluated and helped to improve.

### Interested in volunteering?

We are always looking for more volunteers, so if you are interested please do get in touch and come in for a chat and find out how you can help.

[healthwatchbrightonandhove.co.uk](http://healthwatchbrightonandhove.co.uk)

01273 234 041

[office@healthwatch.co.uk](mailto:office@healthwatch.co.uk)





## Authorised Representatives

Healthwatch Brighton and Hove has 44 Authorised Representatives who review services, attended decision-making forums and speak up for patients and care service users. They include Healthwatch board members, staff and volunteers.

|                  |                      |
|------------------|----------------------|
| Adam Mason       | Jacqueline Goodchild |
| Alan Boyd        | Jane Gray            |
| Allison Willmore | John MacKeith        |
| Angelika Wydra   | Karen Barford        |
| Barbara Harris   | Louise Spry          |
| Barbara Marshall | Lynne Shields        |
| Barbara Myers    | Maureen Smalldridge  |
| Bob Deschene     | Mazzie Sharp         |
| Carol King       | Michael Doodson      |
| Catherine Swann  | Michelle Kay         |
| Chris Jennings   | Naomi Schubert       |
| Christine D'Cruz | Neil McIntosh        |
| Cindy Willey     | Nicholas Gorvett     |
| Dave Romaine     | Nick Goslett         |
| David Liley      | Robin Guilleret      |
| Denise Bartup    | Roger Squier         |
| Elaine Crush     | Roland Marden        |
| Elizabeth Kemp   | Sophie Reilly        |
| Francis McCabe   | Sue Seymour          |
| Geoffrey Bowden  | Sylvia New           |
| Hilary Martin    | Tony Benton          |
| Howard Lewis     | Will Anjos           |





# Our Board And Team

# Chair & Directors



**Frances McCabe**  
Independent Chair

Chair since 2013 and former Chair of Age UK B&H, working for over 40 years in health and social care.



**Bob Deschene**  
Director

15 years of experience in senior NHS Management in a variety of roles across East & West Sussex.



**Geoffrey Bowden**  
Director

Started a successful healthcare firm and is a former Councillor with significant experience of health & social care scrutiny.



**Neil McIntosh**  
Director

Joined 2014 after a 30 year public sector career at a senior level in the Ministry of Justice, Dept of Health and NHS.



**Catherine Swann**  
Director

Over 20 years' experience in national NHS and academia, a senior public health civil servant and chartered psychologist.



**Sophie Reilly**  
Director

Since 2013, working locally and nationally, in the voluntary and statutory sectors to improve health and social care services.



**Christine D'Cruz**  
Director

An international corporate background focused on service delivery with over 20 years volunteering in arts and hospices.



**Karen Barford**  
Director

Former Chair of the City's Health and Wellbeing Board. Operational and leadership roles in adult social care.



**Howard Lewis**  
Director

Over 20 years' experience of information provision, advocacy, patient engagement, and recently in medical regulation.

# Board Advisors



**Barbara Harris**  
Board Advisor

Head of Equality, Diversity and Human Rights for Brighton and Sussex University Hospitals NHS Trust since 2007.



**Carol King**  
Board Advisor

Considerable years of experience in the NHS and Children’s Services at Brighton & Hove City Council.



**Tony Benton**  
Board Advisor

Our safeguarding expert, with 30 years’ experience of working in social care and health.

# Staff Team



**David Liley**  
Chief Executive Officer

Over 40 years working in Health and Social Care. In 1980’s set up NSPCC National Child Protection Helpline.



**Roland Marden**  
Evidence & Insight Manager

Over 20 years’ research experience, an academic social scientist, now working in charity project evaluation.



**Michelle Kay**  
Project Co-ordinator

A project manager in academia and international development. Managed £130m government grant.



**Alan Boyd**  
Project Co-ordinator

A background in mental & public health with 16-years’ civil-service experience designing policy & running projects.



**Will Anjos**  
Project Co-ordinator

An experienced business project manager, also set up local community fundraising charity, Brighton Soup.





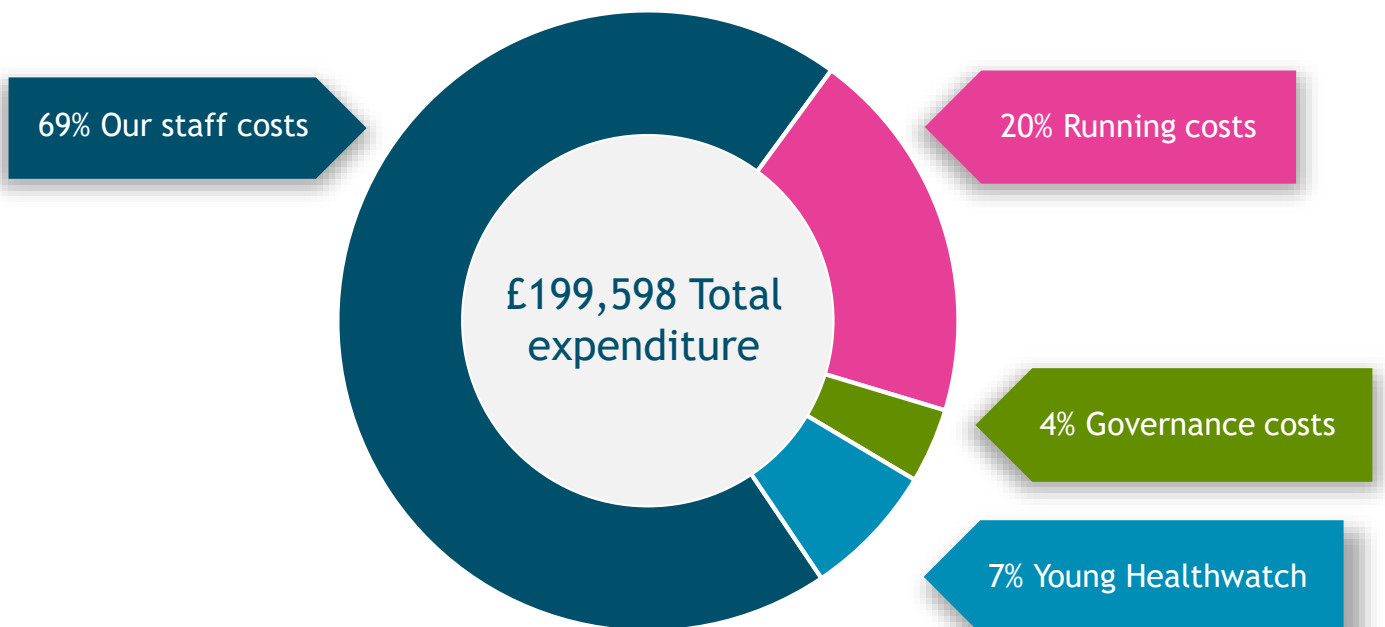
## Our finances



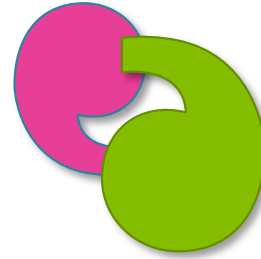
## How we use our money

Healthwatch Brighton and Hove is commissioned by the city council and in 2018-19 we received £190,000, which represents a 5% reduction in funding from last year.

We also received £2,500 from Healthwatch England to engage local people with the NHS Long Term Plan and £5,300 from BHCC to review Home Care services.



# Message from our CEO



Healthwatch Brighton and Hove has spent the last three years dealing with a series of major problems and issues in the NHS and local services.

From the failure of the Patient Transport Services to GP Practice closures, hospital services in special measures and concerns over safety and quality of care.

The good news is that this last year has seen more financial stability and some improvements in local services. People using health and social care services and people working in those services have regained pride in what we provide in Brighton and Hove.

In the last year Healthwatch Brighton and Hove has faced new challenges:

- + We have focused more than ever before on social care services - starting a new project checking on the quality of private sector Home Care Services in the City.
- + Our volunteers have been visiting Care Homes to check on oral and dental health helping drive local and national improvements in services alongside the CQC.
- + For the first time we worked alongside CQC Inspectors when they carried out a review of Mental Health Services provided by the SPFT.

We have recruited new volunteers and new Board members and Young Healthwatch has helped us reach school age children and cared for children.

With 75% of our recommendations being implemented by the City Council, the NHS, and other decision makers we know that Healthwatch is making an impact and improving local health and care services.

As an organisation we are financially stable and with a strong staff team. We can always use new volunteers and we want our Board, volunteers and the whole team to reflect the diversity and special nature of the City of Brighton and Hove.



**David Liley**  
Healthwatch Brighton and Hove Chief Officer

***"It has been great to see local hospitals come out of special measures, and recognised as providing outstanding care."***

# Thank you

We have to thank a lot of people for helping us do what we do, and the proof of that is in this report.

So thank you to everyone that has helped us put people at the heart of health and social care:

- + A massive thanks to our amazing volunteers and Board who are the engine room that delivers all of our projects and service reviews through the year.
- + Our staff team who all work much harder than we can expect, and for much less tangible reward than they deserve.
- + The health and social organisations that we report on, who work with us even when it may not be positive.
- + The voluntary organisations that have contributed to our work.
- + The many members of the public who gave their time to share their views and experience with us, even in what were sometimes difficult times.



# Contact us

## Healthwatch Brighton and Hove

Community Base

113 Queen's Road, Brighton

BN1 3XG

+ 01273 234 041

+ [office@healthwatchbrightonandhove.co.uk](mailto:office@healthwatchbrightonandhove.co.uk)

+ [healthwatchbrightonandhove.co.uk](http://healthwatchbrightonandhove.co.uk)



## Young Healthwatch Brighton and Hove

YMCA DownsLink Group

Reed House

47 Church Road, Hove

BN3 2BE

+ 01273 222 550

+ [reed.house@ymcadlg.org](mailto:reed.house@ymcadlg.org)

+ [ymcadlg.org/what-we-do/support-and-advice/right-here](http://ymcadlg.org/what-we-do/support-and-advice/right-here)



## Independent Health Complaints Advocacy Service (IHCAS)

Brighton & Hove Impetus

65-67 Western Rd, Hove

BN3 2JQ

+ 01273 229 002

+ [info@bh-icas.org](mailto:info@bh-icas.org)

+ [bh-impetus.org/projects/independent-health-complaints-advocacy-service-ihcas](http://bh-impetus.org/projects/independent-health-complaints-advocacy-service-ihcas)



Our annual report will be publicly available on our website by 30th June 2019. We will also be sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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|                          |  |  |                          |
|--------------------------|--|--|--------------------------|
| <b>Subject:</b>          | <b>The Local Response to the NHS Long Term Plan: the Sussex Health &amp; Care Plan</b> |  |                          |
| <b>Date of Meeting:</b>  | <b>22 January 2020</b>   |  |                          |
| <b>Report of:</b>        | <b>Executive Lead for Strategy, Governance &amp; Law</b>                               |  |                          |
| <b>Contact Officer:</b>  | <b>Name:</b>   | <b>Giles Rossington</b>                      | <b>Tel: 01273 295514</b> |
|                          | <b>Email:</b>  | <b>Giles.rossington@brighton-hove.gov.uk</b> |                          |
| <b>Ward(s) affected:</b> | <b>All</b>   |  |                          |

**FOR GENERAL RELEASE****Glossary:**

NHS England (NHSE) – oversees NHS across England

NHS Long Term Plan (LTP) – strategic ten year plan for the NHS in England

Sussex Health & Care Plan (SHCP) – Sussex response to the LTP (separate plans for Brighton & Hove, East Sussex and West Sussex will support the SHCP)

CCG Annual Operating Plan (AOP) – CCG business/operational plan for the coming year

Primary Care Network (PCN) – PCNs are clusters of GP practices, community health, social care and third sector services based on communities of around 50,000 people

Integrated Care System (ICS) – ICSs are regional (e.g. Sussex) partnerships of health and care commissioners and providers

NHS Five Year Forward View – the long term NHS plan that preceded the 2019 NHS LTP

NHS Mandate – the NHS budget allocation and strategic objectives, set annually by Government

**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 NHS England (NHSE) published the NHS Long Term Plan (LTP) in 2019. The LTP sets out the strategic vision for the NHS for the next ten years. Local areas (e.g. Sussex) were required to submit their plans to implement the LTP in November 2019. These are currently undergoing a process of evaluation by NHSE, with revised local plans expected to be signed-off in early 2020.

- 1.2 It is anticipated that Sussex HOSCs will be in a position to individually scrutinise the definitive version of the Sussex Health & Care Plan (SHCP) in March 2020. In addition, HOSCs will then be able to scrutinise the three local plans (for Brighton & Hove, East Sussex and West Sussex) that feed into the SHCP as well as individual CCG Annual Operating Plans (AOP) for 2020-21 which are effectively the Year 1 implementation plans for the SHCP.
- 1.3 In the meantime, CCG colleagues have been asked to explain some of the key aspects of the LTP, including: the increased focus on 'neighbourhoods as key units for health and care service delivery; and the creation of new local and regional NHS structures: Primary Care Networks (PCN) and Integrated Care Systems (ICS). Slides provided by the CCG are included as **Appendix 1** to this report.

## **2. RECOMMENDATIONS:**

- 2.1 That members note the CCG presentation on key aspects of the NHS Long Term Plan; and
- 2.2 That members note that there will be more substantive scrutiny of the local response to the NHS Long Term Plan once this response (The Sussex Health & Care Plan) has been finalised.

## **3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 NHSE is responsible for setting the strategic direction of NHS services in England in accordance with the NHS Mandate. The NHS Long Term Plan (LTP) published in 2019 supersedes the NHS Five Year Forward View (2014-19) as the key document setting out NHSE's vision. The LTP will be complemented by annual NHS planning guidance.
- 3.2 The LTP is in many respects a continuation of the vision expressed in the NHS Five Year Forward View. However, there are a number of areas in which the LTP requires a different focus or the development of new NHS structures. There is a particular focus on population health/prevention going forward. This is strongly linked to plans to improve data collection, sharing and analysis, enabling services to identify people at risk of poor health and better target services. There is additionally a focus on delivering services to 'neighbourhoods' of 30 – 50,000 people.
- 3.3 The strategic vision of the LTP will be underpinned by new NHS structures. Primary Care Networks (PCNs) will bring together primary and community health and care services for communities of around 50,000 people – there are seven PCNs already operating across Brighton & Hove. Integrated Care Systems will be informal partnerships of health and care commissioners and providers, organised on a regional basis (e.g. Sussex).
- 3.4 The Sussex Health & Care Plan will provide more details on these structures and on planning for a wide range of individual service areas (cancer, mental health etc.). The intention is to bring the plan to the March 2020 HOSC meeting.

## **4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**



- 4.1 The Sussex Health & Care Plan is currently being revised and has not yet been finalised. The intention is that the final plan is presented at the March 2020 HOSC meeting.
- 4.2 The current report presents an opportunity for members to familiarise themselves with some of the key concepts and structures that will underpin the SHCP. This is a report to note so there are no alternative options to consider.

## 5. **COMMUNITY ENGAGEMENT & CONSULTATION**

- 5.1 None undertaken in relation to this report. Members may wish to discuss with the CCG their plans to engage or consult on elements of the SHCP.

## 6. **CONCLUSION**

- 6.1 This report presents an opportunity for members to familiarise themselves with some of the key concepts and organisational structures that will underpin the NHS's long term strategic planning.

## 7. **FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

- 7.1 None to this report for information

### Legal Implications:

- 7.2 There are no legal implications.

*Lawyer Consulted: Elizabeth Culbert Date: 02/01/2020*

### Equalities Implications:

- 7.3 None at this stage. It is anticipated that the Sussex Health & Care Plan will address equalities issues and members may be particularly interested in CCG plans to engage with protected groups and harder to reach communities on aspects of the SHCP.

### Sustainability Implications:

- 7.4 None at this stage. Implementation of the NHS LTP is likely to require greater integration of health services across Sussex and this may lead to longer journeys for treatment for some patients. The degree to which this may be balanced by the delivery of more services at home or in the community is currently unclear, but where there is an expectation that people may need to travel further to access services, members may wish to explore what planning has taken place to ensure

that sustainable and affordable travel options are developed alongside new treatment pathways.

Any Other Significant Implications:

Crime & Disorder Implications:

7.5 None identified at this stage.

Risk and Opportunity Management Implications:

7.6 None at this stage. The NHS LTP will require significant changes to current ways of working, in particular the development of more regional partnership working and the re-orientation of many local services to the 'communities' served by PCNs. As local LTP planning develops, this will need to be reflected in organisational and citywide risk and opportunity planning.

Public Health Implications:

7.7 Public health is intrinsic to the delivery of the NHS LTP. AS local LTP planning develops, members may be interested to explore the degree to which nationally set public health funding arrangements support the LTP vision.

Corporate / Citywide Implications:

7.8 See 7.6 above.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Presentation from Brighton & Hove CCG

### **Background Documents**

1. The NHS Long Term Plan (2019) <https://www.longtermplan.nhs.uk/>









# Sussex

Clinical Commissioning Groups

## **Sussex Health and Care Strategic Plan & Response to the NHS Long Term Plan - Summary Information and New Ways of Working**

**Brighton and Hove Health Overview Scrutiny Committee**

**January 22nd 2020**

# Contents

---

1. Brighton & Hove response to the NHS Long Term Plan
2. What objectives for Brighton & Hove have we set out in the response to the NHS LTP?
3. What is our ambition for partnership working in Brighton & Hove?
4. What activities will we need to support improved partnership working in Brighton & Hove?
5. What are neighbourhoods and what will their role be in improving outcomes?
6. What are Primary Care Networks and what will they be doing?
7. What is Sussex Health and Care Partnership?
8. What is the timeline for partnership development in Brighton and Hove?

# Brighton & Hove response to the NHS Long Term Plan



Brighton and Hove  
Clinical Commissioning Group



- ✓ Describes our collective vision for the Brighton & Hove system and outlines how, by working together, we can achieve the commitments set out in the Long Term Plan.
- ✓ Supports delivery of our local Brighton & Hove Joint Health and Wellbeing Strategy, reflecting the prevention agenda necessary to support the health of our population over a life course.

- ✓ Articulates the actions we will take to support improvements throughout the four stages of life, namely Starting Well, Living Well, Ageing Well and Dying Well.
- ✓ Sets out how, using improved partnership working amongst existing organisations and with communities, we will address the jointly agreed top local 4 health and care priorities for the city (Cancer, Mental Health, Multiple Long Term Conditions, Children and young people).

- ✓ Sets out that we will work collaboratively on prevention; integrating care through Primary Care Networks and improving the quality and provision of secondary care for long term conditions including cancer.

|   |  |
|---|--|
| Partnership and collaboration                         | Individuals, communities and organisations across the city will work together to deliver our shared vision.  |
| Health is everyone's business                         | Services and plans will reflect the contributions that factors such as education and learning, housing, employment, environment, leisure and culture, and transport make to improving health and wellbeing.  |
| Health and work                                       | Fulfilling work, including volunteering, contributes to good health and wellbeing – and local employers, communities and the economy will benefit from healthy workplaces and a healthy workforce.   |
| Prevention and empowerment                            | Communities will be supported to develop networks and local solutions that lessen social isolation and improve wellbeing, and reduce the need for more specialist services. People will be encouraged and empowered to take responsibility for their health and wellbeing where they can. Early action will help people to live well for longer and to remain independent. |
| Reducing health inequalities                          | The physical and mental health of those with the poorest outcomes will improve the fastest. Services will be accessible to those who need them in all parts of the city, including people with learning and physical disabilities and those who are socially isolated.   |
| The right care, in the right place, at the right time | Health and care services will provide high quality care, feel more joined up and will be delivered in the most appropriate place. Often, this will mean that more services are delivered in or close to people's homes.  |
| Engagement and involvement                            | Local people of all ages will be active partners in the design, development and delivery of health and care services and supported to manage their health.   |
| Keeping people safe                                   | We want everyone to be safe from avoidable harm, taking particular care of our most vulnerable residents.  |



# What objectives for Brighton & Hove have we set out in the response to the NHS LTP?



Brighton and Hove  
Clinical Commissioning Group



- ✓ Reduced health inequalities, with better health and care outcomes and a more positive experience for all residents.
- ✓ A strengths-based approach which maximises independence, self-care and utilises our local assets to contribute to health and wellbeing.
- ✓ A stable and healthy workforce able to operate in a multi-disciplinary approach, unhindered by organisational boundaries.
- ✓ Long term joint financial plan to underpin investment commitments into programmes such as prevention.
- ✓ Reduced demand on emergency and specialist health care, similarly and on residential and long term care.
- ✓ Robust and transparent governance, scrutiny and oversight that allows for appropriate local leadership of health and care, and governance that enables further collaboration and integration.
- ✓ Financial stability for health and adult social care within commissioning and provider organisations.
- ✓ Moving from shadow joint investment to truly pooled programme budgets with clearly defined outcomes.
- ✓ Provider market stability and collaborative working relationships with the community voluntary sector.
- ✓ A productive and influential partnership within the Sussex Health and Care Partnership (SHCP), shaping the strategic future of health and care provision to come.



# What is our ambition for partnership working in Brighton & Hove?

1

To develop a shared vision and objectives, tailored to the needs of different neighbourhoods, aligned to the needs and wants of the population of Brighton & Hove and reflecting our Joint Health and Wellbeing Strategy and the strategic outcomes for improving health and care agreed by a wider group of partners across Sussex.



2

To set out how our priorities for the city as a whole and for neighbourhoods will be delivered through a plan which targets interventions at the most significant of health inequalities.



3

To deliver improved outcomes which matter to people, through collaboration between existing providers and commissioners of health and care and the communities which they serve and by building relationships between the NHS, the City Council, voluntary sector partners and community groups, and other public services supporting people across the wider determinants of health.



# What activities will we need to support improved partnership working in Brighton & Hove?

## Collaborative planning...

We want to bring all partners across Brighton & Hove with an interest in improving the health of our population together to...

- Agree a shared vision for delivering better outcomes
- Confirm our priorities for the city as a whole
- Set priorities for each neighbourhood
- Set out a plan with clear timescales for addressing the most significant of our health inequalities, aligned to our Joint Health and Wellbeing Strategy

## Commissioning for population health...

We want to embrace an approach which raises the value of strategic commissioning and establishes a unique role for commissioners across health and care in improving outcomes at a whole population level.



## Integrating care...

We want organisations from all sectors to work together with communities to model care delivery, integrate care, and address health inequalities.

**Integrate Care & Address Health Inequalities**  
Co-ordination of self care activity, care planning & management, integration of care records, public & patient navigation, population education etc

**Model Care Delivery**  
Develop operational plans, manage & plan demand & capacity, optimise whole system pathways, & allocate resources against delivery of contracted outcomes.

**Manage & Evaluate Quality & Performance**  
Managing regulatory compliance of partners & services, safeguarding, system wide quality surveillance, and ensuring delivery of constitutional standards.

# What are neighbourhoods and what will their role be in improving outcomes?



Focus for prevention, self-care, and supporting people to make choices about their care and look after their own health priorities.



Focus upon addressing primary behavioural, metabolic, and environmental risks.

69



Asset-based approach assuming that every community has strengths, relationships and resources that can be mobilised to benefit outcomes.



MDTs formed around PCNs will support residents to access support for other areas which affect their health and wellbeing

## What do we mean by neighbourhood?



Areas across which Primary Care Networks (PCNs), other care services, community groups and the wider public sector will work together to ensure the delivery of joined-up care tailored to the needs of the local population.

Likely to be formed around natural communities and serving populations of around 30,000 to 50,000.

Will be small enough to provide personal care, but large enough to provide a broad range of resilient services.

Will have a set of priorities based on the health and social needs of their particular area and may work with other neighbourhoods where this benefits outcomes.

Will have a team made up of local GPs, nurses, social workers, pharmacists and the voluntary sector.

PCNs will provide leadership, resource and capability for wider primary care teams to support communities.



Local people will be empowered to lead health improvement.



Financial support for grassroots activities will be a priority as a lever to reduce future demand for services.



Co-location will be promoted. Each neighbourhood will have a base that staff from participating agencies can choose to work out of.



# What are Primary Care Networks and what will they be doing?

## What are PCNs...?

A key building block of the NHS long-term plan in bringing general practices together to work at scale.

Focused on service delivery. Not commissioning bodies.

Funded from a directed enhanced services payment (DES), which is an extension of the core GP contract.

Will be the mechanism by which primary care representation is made stronger in integrated care systems.

Practices are accountable to their commissioner for the delivery of network services.

Since July 2019 Brighton & Hove has had 7 PCNs covering 35 practices across the city.

## What will PCNs do...?

Will deliver a set of 7 national service specifications. 5 will start by April 2020 and the remaining 2 will start by 2021.

Provide a wider range of primary care services to patients, involving a wider set of staff roles than might be feasible in individual practices.

The footprint around which integrated community-based teams will develop to provide services to people with more complex needs.

Expected to think about the wider health of their population, taking a proactive approach to addressing health inequalities.

Responsibility for providing the enhanced access services, which pays GPs to give patients access to consultations outside core hours, will transfer to PCNs by April 2021.

## Why are PCNs so important...?

Potential to benefit patients by offering improved access and extending the range of services available to them, and by helping to integrate primary care with wider health and community services.

Potential to strengthen resilience of primary care by improving the ability of practices to recruit and retain staff and to manage financial and estates pressures.





# What is Sussex Health and Care Partnership?

**SHCP** is an aspiring integrated care system (ICS) aiming to provide a forum for leadership, strategic oversight and collective decision making in Sussex...

## What is an ICS...?

A way for NHS and Local Authority partners to jointly give greater priority to the prevention of ill health by working together to tackle the wider determinants of health and wellbeing

Builds from existing partnerships to develop plans on how to improve health and care for the populations they serve

Provides organisations with the opportunity to think and act as part of a wider system to deliver faster improvements in care and shared performance goals

Supports a wider approach to establishing sustainability across health and care by providing a flexible finance framework within which to support transformation over the longer term

Creates the opportunity for effective collective decision-making around the wider determinants of care, aligned with accountabilities of constituent bodies, to maximise the opportunity for improving outcomes for populations.

Deploys rigorous and validated population health management capabilities to improve prevention, manage avoidable demand and reduce unwarranted variations

### Planning for the future

Developing plans for improving health and wellbeing of populations



### Managing performance

Overseeing performance, setting local standards and monitoring progress towards achieving shared goals.

### Optimising our acute care services

Standardise clinical practice; make better use of clinical support services; & more creatively and flexibly use the skills of staff.



### Owning and resolving system challenges

Encouraging partner organisations and associates to come together to create solutions by working together as a system

### Integrating regulation

Over time, develop "self-assurance" for the Sussex health and care system.



### Providing system leadership

Supporting a shift to a focus on places and populations and with providers taking more responsibility for shaping services and improving quality of care.



# What is the timeline for partnership development in Brighton and Hove?

## B&H Health & Wellbeing Board Review

January 2020

CCG GB seminar to agree approach to partnership working, the design principles supporting development of “place”, & timescale for change

February 2020

First meeting of Brighton & Hove Partnership Executive Group formed from CCG, Primary Care, BHCC, BSUH, SPFT, & SCFT

March 2020

Partnership Executive Group workshop to:

- Confirm priorities set out in response to NHS LTP
- Agree the measures which will define successful delivery of priorities.

April 2020

Partnership Executive Group workshop to agree:

- The geography of neighbourhoods
- The local application of principles of subsidiarity setting out functions at place and in neighbourhoods
- Governance and leadership framework to support partnership working across Brighton and Hove
- The support offer from partners to neighbourhoods and neighbourhood development

July 2020

Partnership Executive Group to agree detailed delivery plan for Brighton and Hove against agreed priorities, for onward agreement by statutory bodies

| Item   | Description  | Referred By  | Notes   |
|--|--|--|---|
| <b>18 March 2020 HOSC Meeting</b>  |  |  |   |
| Patient Transport Services (PTS)   | Report on plans to tender PTS (end of contract)  | Sussex Integrated Urgency Care Transformation Programme (NHS commissioning)      | <b>Contacts:</b><br>Colin Simmons (CCGs)<br><br>HOSCs will be watching this re-procurement closely given major problems with tender of previous PTS contract  |
| Sussex-wide Review of Mental Health Services for Children & Young People | CCG report on review of YP MH services   | CCGs   | <b>Contacts:</b><br>Sarah Lotts (CCGs)  |
| Local Response to NHS Long Term Plan                                     | Scrutiny of local responses to NHS LTP (potentially to include scrutiny of CCG annual operating plans for coming year) | Agreed by HOSC Chairs and Adam Doyle   | <b>Contacts:</b><br>CCG   |
| Healthwatch Report on Older Patient Experience of Discharge from RSCH    | Monitor implementation of report action plan   | Healthwatch BH<br><b>HOSC has legal duty to scrutinise local NHS performance</b> | At March 19 HOSC members considered HW report on hospital discharge and agreed to monitor implementation of joint CCG/BSUH/BHCC action plan (autumn 19?)<br><br><b>Contacts:</b><br>Jayne Black (BSUH)<br>Grace Hanley (HASC)<br>SCFT |

David Liley (Healthwatch)

**Additional Activity Spring 2020**

**04 Feb 2020** Performance Information Group (PIG) meeting (HOSC and HWB members' informal meeting to discuss performance, work planning etc.)

**Date TBC** STP HOSC Chairs Meeting (meeting with STP leaders)

**HOSC Items 2020/21**

15 JULY 2020 HOSC

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|--|---|---|---|
| <p>Establishment of a Joint HOSC (JHOSC) – potentially required for Clinically Effective Commissioning tranche 3 (see below)</p> | <p>BH HOSC is required to join a JHOSC to scrutinise NHS SViS plans that cut across HOSC boundaries</p>           | <p><b>HOSC has legal duty to consult with NHS re: SViS plans</b></p>  | <p>BH HOSC rejected (Jan 19) proposals to join a voluntary JHOSC, but will be required to join a mandatory JHOSC if and when NHS bodies announce cross-boundary SViS plans (e.g. re: CEC tranche 3)</p> <p>NB: HOSC will need to approve plans for JHOSC, but FC is final BHCC decision-maker</p> |
| <p>Clinically Effective Commissioning (tranche 3)</p>  | <p>CEC is Sussex-wide programme to standardise commissioning and ensure it aligns with best clinical practice</p> | <p>Anticipated referral by CCG (summer 19?)<br/><b>HOSC has legal duty to consult with NHS re: SViS plans</b></p> | <p>CCGs have indicated that they anticipate that CEC tranche 3 will include cross-border SViS and will consequently require scrutiny by a joint HOSC (JHOSC) of B&amp;H, East Sussex and West Sussex HOSCs.</p>   |

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|  |   |   | <p>Although this will be for a JHOSC rather than HOSC, HOSC will need to determine how it wants to be updated.</p> <p><b>Contacts:</b><br/> Peter Kottlar, Wendy Hughes,<br/> Raheem Anwar (CCGs)<br/> Helena Cox (West Sussex HASC)<br/> Harvey Winder (East Sussex HOSC)</p> |
| Royal Sussex County Hospital (RSCH): Improving Outpatient Services | BSUH plans to improve OP services   | HOSC has legal duty to scrutinise local NHS performance         | <p>CQC rates OP services as requires improvement. Improvement planning discussed at March 19 HOSC – HOSC to follow-up and monitor improvement trajectory?</p> <p><b>Contacts:</b><br/> Oliver Phillips (BSUH)<br/> Ben Stevens (BSUH)<br/> Jayne Black (BSUH)</p>              |
| Cancer   | Monitor local performance re: screening (bowel, cervical, breast) and treatment | HOSC<br>HOSC has legal duty to scrutinise local NHS performance | <p>CQC identifies local cancer performance as a concern and BH performance re: screening and re: treatment is poor. Report at March 19 HOSC – HOSC follow-up/monitoring?</p>   |

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|                      |                           |  | <b>Contacts:</b><br>Becky Woodiwiss (BHCC PH)<br>Max Kammerling (NHS<br>England)<br>Ben Stevens/Oliver<br>Phillips/Jayne Black (BSUH)<br>Lola Banjoko/Dr Alex Mancey-<br>Barratt) CCG |
| 14 OCTOBER 2020 HOSC |                           |  |   |
| NHS 999              | Report on 999 performance | Sussex Integrated Urgency<br>Care Transformation<br>Programme (NHS<br>commissioning) | <b>Contacts:</b><br>Colin Simmons (CCGs)<br>Helen Wilshaw (SECAMB)  |