BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 17 OCTOBER 2018

THE RONUK HALL, PORTSLADE TOWN HALL - PORTSLADE TOWN HALL

MINUTES

Present: Councillor K Norman (Chair)

Also in attendance: Councillor Allen (Group Spokesperson), Bennett, Deane, Barnett, Greenbaum, Marsh, C Theobald and Hill

Other Members present: Zac Capewell (Youth Council), Colin Vincent (Older People's Council), Fran McCabe (Healthwatch)

PART ONE

12 APOLOGIES AND DECLARATIONS OF INTEREST

12.1 Apologies were received from Caroline Ridley.

12.2 Cllr Tracey Hill attended the meeting as substitute for Cllr Adrian Morris.

12.3 There were no declarations of interest.

12.4 It was resolved that the press and public be not excluded from the meeting.

13 MINUTES

13.1 Cllr Hill noted that the CCG had agreed at the previous meeting to circulate information on in-year CCG savings plans to members. The scrutiny officer confirmed that information had been circulated. This will be re-sent in case any members missed it.

13.2 Fran McCabe noted that the item on young people's mental health that members wanted to scrutinise was currently not on the committee work programme. The scrutiny officer promised to add it.

13.3 RESOLVED – that the minutes of the 27 June 2018 meeting be agreed as an accurate record.

14 CHAIRS COMMUNICATIONS

14.1 There were none.

15 PUBLIC INVOLVEMENT

15.1 There was a Public Question from Linda Miller. Ms Miller asked:

I would like to ask this committee if they are concerned:
· that the number of treatments the CCG is proposing to remove from NHS provision has increased from 39 to 107, and that the list is now open-ended
· that, when told a particular procedure is not available, patients will face a choice: pay and go private, or go without, which will greatly increase health inequality.
· that "noting" what NHS England and the CCG are doing to our NHS may not be an adequate response if we want to prevent the creation of a two-tier health service.

15.2 The Chair responded:

"The HOSC is interested in the Clinically Effective Commissioning initiative and has been following its development for several months.

We have noted the expansion of CEC, but it is important to recognise that the majority of procedures added are in tranches 0 and 1, where the NHS is recalibrating its approach to ensure that treatment is consistent and most importantly evidence-based. We recognise that CCGs are focused on ensuring that all policies are based on robust clinical evidence.

As you point out, we do not yet have details of the later tranches of CEC. Whilst there is little point in speculating about what this might involve, we are committed to undertaking robust scrutiny of any plans to substantially change services. To this end we intend to form a joint committee with HOSCs from East Sussex, West Sussex and Surrey which will examine any substantial change plans in depth and in public."

15.3 Ms Miller asked a supplementary question:

Treating people according to need and not ability to pay is one of the founding principles of the NHS – and we expect our Councillors to support our right to free treatment for all.

We would like to know how many people were referred for these 107 procedures in the last year, and exactly what changes are being proposed, so we can thereby estimate how many people are going to be affected by these cuts every year.

How many people need to be denied treatment for a change to represent a Substantial Variation in Service triggering a formal consultation?

15.4 The Chair told Ms Miller that a written answer to her question would be provided. The following response was subsequently sent to Ms Miller:

"Thank you for your supplementary question. Following the October 2018 HOSC meeting I have written to Brighton & Hove CCG to seek more information about the Clinically Effective Commissioning programme. For information, please see the attached

letter and response (these will be included in the January 2019 HOSC papers). I have asked the CCG to provide some additional clarification following their response and this will be brought to a future HOSC meeting.

In response to your question on definitions of Substantial Variations in Service (SViS), there is no definition in legislation of what constitutes a SViS, this being left largely for local agreement between HOSCs and NHS bodies. However it is broadly accepted that a change plan may constitute a SViS even if it only affects a few patients, should there be the potential for a significant detrimental impact on those patients. Change plans that have little or no impact on patients, or which will lead to improvements in outcomes, are unlikely to be categorised as SViS, particularly if they affect small numbers of people."

16 MEMBER INVOLVEMENT

16.1 There was none.

17 PATIENT TRANSPORT SERVICES (PTS): UPDATE

17.1 This item was introduced by Lola Banjoko, CCG Deputy Managing Director South. Ms Banjoko told members that South Coast Ambulance Service NHS Foundation Trust (SCAS) had continued to improve its performance, particularly in terms of services for renal patients. However, SCAS is not hitting all of its KPIs, and has consequently developed a Service Development Improvement Plan. Feedback from users and from hospital staff on SCAS is generally good. SCAS is due to launch a patient forum in the near future.

17.2 Members were also informed that it was still not possible to discuss financial details of the previous Patient Transport contract as legal proceedings in relation to this contract are ongoing.

17.3 In response to a question from Cllr Theobald expressing disappointment at performance against some indicators, members were told that SCAS does need to address areas of underperformance. The trust has been running this PTS contract for long enough to understand the demand levels.

17.4 In answer to a query from Cllr Hill as to why renal performance is separate from other performance indicators, Ms Banjoko explained that dialysis is a critical service (i.e. patients must be able to access it at the right time or risk their health deteriorating), whereas most PTS services are non-critical.

17.5 In response to a question from Cllr Hill on different types of PTS pick-up at discharge, members were told that it was relatively easy to prepare for discharge from electives; more complex for the discharge of in-patients; and harder still for discharge from A&E.

17.6 In answer to a question from Fran McCabe as to whether significant performance improvement was possible within the current financial envelope, members were told that improved performance is achievable: there is a good deal that can be done to get SCAS and hospitals working more smoothly together.

17.7 In response to a query from Colin Vincent on engagement, members were told that this work is progressing with the assistance of CCG and acute trust engagement staff. Healthwatch will be included in this.

17.8 In answer to a question from Cllr Hill on KPIs underperformance relating to data recording, members were informed that SCAS records all calls, but sometimes does not correctly code the nature of the call. This issue will be addressed via the Improvement Plan.

17.9 RESOLVED – that the report be noted.

18 CLINICALLY EFFECTIVE COMMISSIONING (CEC): UPDATE

18.1 This item was introduced by Lola Banjoko, CCG Deputy Managing Director South. Members were told that the Clinically Effective Commissioning (CEC) initiative aims to standardise clinical practice and thresholds across Sussex, ensuring that NHS services follow best practice and that providers are not required to work to multiple commissioner policies.

18.2 Cllr Greenbaum argued that HOSC members had not been given sufficient information on CEC to date, and in particular had not been consulted on whether any of the changes in CEC tranches 0, 1 and 2 should be deemed to be Substantial Variations in Service (SViS).

18.3 Cllr Allen echoed Cllr Greenbaum's concerns, noting that this was effectively rationing of NHS services.

18.4 Cllr Marsh and Cllr Deane concurred. Cllr Deane noted that she was also interested in finding out what the local NHS exposure to pfi costs is, but has not received an answer to this question from the CCG.

18.5 Cllr Theobald agreed, noting that she was concerned about the availability on the NHS of routine procedures such as varicose vein surgery and joint replacements. Ms Banjoko noted that varicose vein surgery and other procedures would continue to be available on the NHS, but that there may be changes to the threshold at which NHS patients could access them.

18.6 Cllr Greenbaum proposed the following amendment (to be added as point 2 to the resolution): "That members request that the CCG provides the HOSC with detailed evidence for each treatment area in all tranches of the CEC initiative as soon as it becomes available."

18.7 The amendment was seconded by Cllr Allen and unanimously agreed.

18.8 RESOLVED – that:

(1) the report be noted; and
(2) members request that the CCG provides the HOSC with detailed evidence of each treatment area in all tranches of the CEC initiative as soon as it becomes available.

19 ESTABLISHMENT OF A JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (JHOSC)

19.1 This item was introduced by the scrutiny officer, who explained that under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, councils must establish a joint health overview and scrutiny committee (JHOSC) to respond to consultation on proposals for substantial variation in health services (SViS) affecting more than one local authority area.

19.2 Chairs of the HOSCs within the STP footprint have been advised by local NHS leaders that there are likely to be SViS affecting more than one local authority area emerging in the near future; hence there is a requirement for a JHOSC to be established. Suggested Terms of Reference and Ways of Working for the JHOSC had been drawn up by support officers and approved by HOSC Chairs and were presented to the committee for its approval.

19.3 Because of the way that the Brighton & Hove HOSC is constituted, its formal legal powers are held by Full Council rather than by the HOSC. This means that any decision to establish a JHOSC would need to be taken by the Full Council following a HOSC recommendation.

19.4 Cllr Allen stated that he was sceptical of the wisdom of the HOSC considering issues relating to a JHOSC when there were local elections in May 2019. Rather than seeking to bind a future HOSC it would be more sensible to defer any decisions until after the local elections.

19.5 In response to a question from Cllr Marsh on whether the HOSC was obliged to join a JHOSC, the scrutiny officer explained that the HOSC could not be required to actively participate in the JHOSC. However, there is no way in which an individual HOSC can formally scrutinise an issue in parallel to a JHOSC, since HOSC statutory scrutiny powers relating to SViS affecting more than one local authority area are automatically delegated to the JHOSC. Therefore, if the HOSC wants to scrutinise substantial cross-boundary change plans, it can only practically do so via a JHOSC.

19.6 In answer to a question from Colin Vincent on having co-optees on the JHOSC, members were told that this had been discussed, but that it would be difficult to include co-optees from all four STP footprint HOSCs on the JHOSC without making it unmanageable. However, this is an issue that can be explored again with the other HOSCs.

19.7 In answer to a query from Mr Vincent on how the JHOSC would be reported to local people, the scrutiny officer noted that the JHOSC would meet in public and would have publicly accessible papers etc. It would be up to the HOSC to determine whether there should be additional local measures: e.g. a briefing on JHOSC activity at each HOSC meeting or agreeing that the HOSC's JHOSC members would present issues of local concern at JHOSC meetings. As these arrangements would apply only to individual HOSCs there would be no need for all JHOSC HOSCs to jointly agree to adopt the same measures.

19.8 Fran McCabe told members that she shared Mr Vincent's concerns. She specifically noted that a JHOSC which would presumably be meeting in several different locations would not be easy for local people to access; and that co-optees could potentially provide an in-depth understanding of issues that newly elected Cllrs may not possess.

19.9 The Chair noted that he saw little point in appointing members of the HOSC to the JHOSC if there was no prospect of those members remaining on a post-May JHOSC.

19.10 There was discussion as to whether it was practically possible to defer this decision until the next (January 2019) HOSC meeting. The scrutiny officer confirmed that this would be possible. This would mean that Brighton & Hove would be amongst the last councils to make decisions on the JHOSC, but it would not significantly delay its establishment. There was general agreement that it would be sensible to defer these decisions. This would give officers time to talk with the council's lawyers and with their counterparts in other authorities to produce an improved report. Issues that should be considered include: the precise legal requirements regarding JHOSCs; the issue of having JHOSC co-optees; means of ensuring that there is appropriate local influence on the JHOSC; how to ensure that local residents have means to engage with the JHOSC.

19.11 RESOLVED – that this decision be deferred until the January 2019 HOSC meeting.

20 OSC DRAFT WORK PLAN/SCRUTINY UPDATE

20.1 Fran McCabe suggested that there should be an item on cancer added to the HOSC work plan (for March 2019).

20.2 Cllr Deane suggested that the HOSC should look at the appointment cancellation rate at the Royal Sussex County Hospital. Ms McCabe added that this might usefully be expanded to look at waiting times across the planned care referral process. Cllr Theobald noted that one of the problems was that it was extremely difficult for patients to cancel appointments, since phone calls to RSCH departments frequently go unanswered.

20.3 members agreed that items on young people's mental health, cancer and RSCH cancellations/planned care waiting times should be added to the HOSC work plan for the March 2019 meeting.

The meeting concluded at 6:30pm

Signed Chair

Dated this day of