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