

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

**4.00pm 26 JANUARY 2022**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor Moonan (Chair)

**Also in attendance:** Councillor Deane (Group Spokesperson), McNair (Group Spokesperson), Brennan, John, Lewry, West, Wilkinson and Barnett

**Other Members present:** Councillors

**PART ONE**

**16 APOLOGIES AND DECLARATIONS OF INTEREST**

16.1 Apologies were received from Cllr Grimshaw.

16.2 Cllr Dawn Barnett attended as substitute for Cllr Anne Meadows.

16.3 Cllr Wilkinson declared a personal interest in Item 23 Young People's Health Services, as he works in the field.

Frances McCabe declared a personal interest in Item 22 Care Quality Commission Report: University hospitals Sussex Maternity and Surgery Services at the Royal Sussex County Hospital, as she is a Governor of University Hospitals Sussex NHS Foundation Trust.

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

**17 MINUTES**

**17.1 RESOLVED** – that the draft minutes of the 24 November 2021 HOSC meeting be agreed as an accurate record.

**18 CHAIRS COMMUNICATIONS**

18.1 The Chair noted that this would be Frances McCabe's last meeting as a HOSC members as she is standing down as the Healthwatch Brighton & Hove Chair and hence as the Healthwatch HOSC co-optee. The Chair thanked Ms McCabe for her valuable contribution to the work of the HOSC. Ms McCabe responded by thanking HOSC

members for the positive way they have worked with Healthwatch to represent the interests of local people.

18.2 The Chair also told members:

One of the items at today's meeting is on the recent CQC inspection of selected services at University Hospitals Sussex sites in Brighton, Hayward's Heath, Worthing and Chichester. I'm sure that West Sussex HASC will have their own plans to scrutinise improvement planning at the hospitals in West Sussex; Brighton & Hove HOSC will of course focus on services at the Royal Sussex County. However, as RSCH surgery and maternity services have been rated as 'Requires Improvement', and as significant numbers of both West and East Sussex residents use the RSCH either as their local general hospital or as a specialist centre, I have invited the Chairs of West Sussex HASC and East Sussex HOSC to join today's meeting virtually to take part in the CQC report item.

I thought it would be a good opportunity to remind you all that if you haven't had your Covid vaccine yet, or you are due your second, or booster, there are appointments available to book, or walk-in sessions available every day. This includes walk-ins and same-day appointments at Churchill Square.

For anyone that was put off by long queues during December, please know there's plenty of capacity at all sessions so wherever is most convenient for you to go, you shouldn't have to wait very long.

## **19 PUBLIC INVOLVEMENT**

19.1 There was no public involvement.

## **20 ITEMS REFERRED FROM COUNCIL**

20.1 There were none.

## **21 MEMBER INVOLVEMENT**

21.1 Cllr Grimshaw submitted a member question. As Cllr Grimshaw was unable to attend the meeting in person, the Chair read out the question on her behalf:

I would like to know how many people have been removed from NHS dentists list of patients due to non-attendance in the Covid period?  
How many dentists currently have spaces for new registrations in the Brighton area as I have found none available and waiting lists are closed?

21.2 The Chair told members that she had passed these questions to NHS England dental commissioners and had received the following response:

Patients no longer register with NHS dentists like they do with GPs, though many dental practices do hold lists of patients that they consider are associated with their practice.

Because these lists are not held by the NHS and only by the practices themselves, it is unfortunately not possible to say how many patients have been removed from dentists' lists at any time.

Patients wishing to find a new dentist should contact the Sussex Dental Helpline on 0300 123 1663 or visit <https://www.nhs.uk/service-search/find-a-dentist> .

- 21.3 The Chair also told members that Cllr Grimshaw had submitted a supplementary question, which would be passed onto the dental commissioners for a response:

Firstly, are there any dental surgeries in the city who are taking on new NHS patients? When I rang the number provided, I was told there were no practices in the city taking on new NHS patients and I have heard this same problem from several other sources.

Also, the Health and Wellbeing Board was told that the new service established in Moulsecoomb was going to address this shortfall so secondly can you let me know if this service is up and running with a full complement of dental practitioners and why they aren't taking on NHS patients?

## **22 CARE QUALITY COMMISSION INSPECTION REPORT: UNIVERSITY HOSPITALS SUSSEX MATERNITY AND SURGERY SERVICES AT THE ROYAL SUSSEX COUNTY HOSPITAL**

- 22.1 This item was presented by Dr Maggie Davies, University Hospitals Sussex NHS Foundation Trust (UHS) Chief Nurse; Dr Andy Heeps, UHS Managing Director; and by Dr Charlotte Hopkins, UHS Chief Medical Officer. Dr Davies told the committee that the Care Quality Commission (CQC) had conducted an unannounced inspection of maternity at all four UHS general hospitals, and of surgery at the Royal Sussex County Hospital (RSCH), on 28 September 2021.
- 22.2 Following the inspections, a warning notice was issued to the Trust, requiring significant improvements be made in certain areas by 03 December 2021. Areas for urgent improvement included: the safe storage of medicines; the safe storage of patient records; infection prevention; and management of clinical risk. UHS undertook urgent actions in these areas by 03 December, all of which met with CQC approval.
- 22.3 The CQC also required the Trust to take measures on governance and on safe staffing-levels by April 2022. UHS reports good progress to implementing the required actions here.
- 22.4 A QCQ oversight committee, chaired by Adam Doyle, the CE of the Sussex Integrated Care System (ICS), meets monthly to review the progress of UHS's improvement work. Within the Trust, a CQC Improvement Working Group has been established which reports regularly to the UHS Board and to the UHS Quality Committee.
- 22.5 Cllr John noted that she would imminently be using RSCH maternity services. She asked questions about how improvement is being monitored and about recruitment. Dr Davies responded that there is a daily call with maternity units to ensure that safe

staffing levels are maintained. There is also weekly monitoring of staff undertaking training and of recruitment. The Trust is in the process of recruiting more midwives and is making good progress in improving maternity despite the additional pressures of Covid on services. Dr Heeps added that the Trust's focus is on supporting local leadership teams to drive improvement work. This includes re-building leadership teams where necessary, and offering incentives for staff to complete required training swiftly.

- 22.6 In response to a question from Cllr John on what the Trust is doing to involve staff more, Dr Davies told members that UHS has established a number of zoom listening events with both senior and more junior staff. A new Director of Midwifery has been appointed and will be starting soon. Senior leaders are also regularly visiting front-line units, and daily staff huddles are taking place at all units.
- 22.7 Cllr West asked a question about how confident that Trust was that it would improve as required given the long-standing problems in recruiting experienced staff. Dr Davies responded that the Trust is very busy, in part due to Covid and also to delays in discharging patients to the community or to care settings. However, UHS is working hard and innovatively on recruitment: e.g. by developing new staff roles in surgery which may be easier to recruit to. Dr Hopkins added that there is no quick-fix for recruitment, but that the Trust has recently been successful in recruiting some junior doctors and also mid-level locum medics who will free up consultants to do more teaching and training.
- 22.8 In response to a query from Cllr West on the lack of detailed data in the presentation to the HOSC, Dr Davies noted that much more granular data is examined by the CQC Oversight Committee. Dr Hopkins added that quantitative data is important, but so is qualitative data – e.g. peer review. This type of activity has been limited by the need to respond to Covid, but will be resumed as soon as feasible. The Chair asked if it was possible for more data to be shared with the committee, and Dr Davies said she would check and respond at a later date.
- 22.9 Cllr McNair asked a question about the relative impact of staff shortages on managers and front-line staff at RSCH. Dr Heeps responded that most management at the hospital is in fact by front-line clinicians. There are shortages in both management and the front-line, and Covid has impacted on the ability of clinicians to carry out managerial duties in addition to their clinical work. The Trusts vacancy rate is currently around 7%. However, it needs to be understood that some staff want to work additional hours or bank shifts even in normal circumstances, and that this is factored into recruitment management, hence Trusts typically expect to work with some level of vacancies to accommodate this. Covid has caused a specific staffing problem in that the staff most qualified to meeting increased intensive care demand are theatre staff, so Covid demands have a disproportionate impact on theatre activity.
- 22.10 Cllr Wilkinson asked a question about disproportionate impacts of staffing issues on patients from black and minority ethnic communities using maternity services. Dr Heeps responded that there are no inherent maternity risks linked to ethnicity. However, there is a recognised heightened risk to some black and minority ethnic patients if they do not receive continuity of care. The Trust is working hard to address this and to implement the recommendations of the Ockendon report. Dr Davies added that an exemplar midwife is working at RSCH and this is delivering good results.

- 22.11 In response to a question from Cllr Wilkinson on what can be done to tackle surgical backlogs, Dr Heeps noted that delays in discharging patients from hospital have a significant impact on the Trust's ability to deal with backlogs. This is something that the Council can help with.
- 22.12 Cllr Colin Belsey, Chairman of East Sussex HOSC, asked whether the merger of Brighton & Hove University Hospitals Trust and Western Sussex Hospitals NHS Foundation Trust had impacted on performance. Dr Heeps responded that it was difficult to assess this, as the merger coincided with the Covid emergency. However, looking forward, the merger offers opportunities to share good practice across the Trust and to more easily arrange and deliver staff training. A key factor in the success of the merged Trust will be to ensure that local leadership is supported.
- 22.13 Mr Garry Wall, Chairman of West Sussex HASC, thanked the Chair for inviting him to this meeting and noted that it would provide a useful basis for West Sussex HASC's own scrutiny of UHS improvement plans.
- 22.14 The Chair asked a question about issues with staffing and recruitment of maternity at RSCH, and what the Council could do to help. Dr Heeps responded that there is a national shortage of midwives which results in push-pull problems across the UK (i.e. when one area is successful in recruiting this tends to have a negative impact on other areas). Problems specific to Brighton & Hove include its geographically limited catchment due to being bounded by the sea to the South, and its proximity to London where wages are significantly higher. Staff retention bonuses can help here, as can more joined-up work with the Medical Schools. However, key is ensuring that RSCH remains a good place to work. Dr Davies added that Covid is still having a short-term impact on staffing levels, but that the situation is improving. Operating across four hospital sites is a positive as it provides lots of room to flex staffing to ensure that there are enough staff at each site at any given time. Dr Hopkins noted that, whilst Covid restrictions were beginning to ease in general society, the situation in healthcare settings was different. Public Health messaging that reminded members of the public attending hospital to wear masks would be helpful.
- 22.15 Cllr Deane noted that she would like to see an update on the situation at UHS soon. The Chair agreed, noting that the committee had received a good deal of assurance, but that there were still significant concerns, and that the committee needed to see more data on improvement. Dr Davies noted that the next major performance reporting deadline was the end of April, so it might make sense to schedule an update after this. The Chair said that she would liaise with the Trust to identify a suitable date for an update, but that she might herself meet UHS in the interim. The Chair thanked the presenters for attending the meeting.

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

### **23 YOUNG PEOPLE'S MENTAL HEALTH SERVICES**

- 23.1 This item was presented by Rachel Walker, SPFT Operational Director - CAMHS, Specialist, Learning Disability/Neurodevelopmental Services; Alison Wallis, SPFT Clinical Director, Children and Young Peoples Services; and Paula Gorvett, Director of

Mental Health Commissioning, Sussex Clinical Commissioning Groups. Deb Austin, BHCC Executive Director, Children, Families & Schools; John Child, SPFT Chief Delivery Officer; and Lizzie Izzard, Selma Stafford and Jayne Lodge (CCG) were also in attendance.

23.2 Ms Gorvett outlined a number of system priorities for young people's mental health services. These include:

- A focus on prevention and on maintaining good emotional health
- Effective integration of services
- A focus on effectively managing the transition from children's to adult services
- Implementation of the recommendations of the Foundations For Our Future review
- Sussex wide service transformation planning
- Moving away from the traditional tiered approach to a new model – 'Thrive'
- Working actively with young people to improve services
- Addressing health inequalities
- Ensuring that additional investment into young people's mental health services is used effectively.

23.3 Ms Walker outlines some of the major service impacts and issues caused by Covid. These include:

- Young people have suffered multiple impacts from Covid, losing educational and social opportunities, and in some instances being trapped in difficult household circumstances.
- Social isolation and loneliness are particular issues
- Not all young people are happy for services to be provided digitally; only a small percentage are comfortable with 100% digital services, with most people preferring a blended approach
- Some young people struggle to use digital services because of a lack of privacy at home
- People who do present for treatment are doing so at a later stage than before Covid and with higher levels of acuity
- There is increased demand for wellbeing services and there are long waiting lists for some services
- There has been an 11% increase in referrals to Child & Adolescent mental Health Services (CAMHS).
- Schools have an important role to play in identifying young people potentially in need of CAMHS interventions, so referrals dropped when schools were closed. This is one of the causes of late presentation/high acuity
- Waiting times for CAMHS assessment have increased, particularly for autism where face to face assessment is a necessity
- Current CAMHS waits are up to 63 days from assessment and 100 days for treatment commencing. These are not acceptable waiting times
- There has been a reduction in the discharge of cases, with practitioners finding it more difficult to be sure that clients and their families are ready to move on from services when all contact is virtual
- Face to face contact fell sharply during Covid peaks, but most services are now offering a blended approach with face to face where required
- There has been a spike in demand for eating disorder services and investment is being made here

- There has been an increase in demand for specialist 'Tier 4' mental health services.

23.4 Ms Wallis told members that:

- There have been recent workforce impacts, with services struggling to recruit to specialist roles, and an increase in staff absences due to Covid and its impacts
- Covid has both suppressed activity (e.g. fewer referrals in lockdown) and increased it (e.g. additional demand from young people dealing with bereavement or the effects of social isolation)
- The evidence-base for some treatments (e.g. Cognitive Behavioural Therapies: CBT) is better for face to face delivery than for virtual
- Some assessments (e.g. for an autism diagnosis) are simply impossible to undertake virtually
- Services have at times had to divert resources to acute care
- Investment is being made and is being targeted to increase capacity, to focus on people who have been on waiting lists the longest, to reduce waiting times, to improve access for eating disorder services, and to improve crisis support
- New clinical care pathways are being rolled-out, including a stepped care model with CBT offered as a first line of intervention
- Workforce development measures include virtual recruitment, the appointments of an SPFT Talent Acquisition Manager, more use of social media, and more investment in professional leadership
- An eating disorder day service is being introduced
- A new clinical model for crisis care will be introduced
- There will be more focus on conducting physical health assessments
- Communications are being improved, with the introduction of a Sussex mental health phoneline, digital wellbeing services, an online guide to services, and an improved website.

23.5 Ms Gorvett told the committee that in terms of performance:

- There are real challenges dealing with the increased demand for eating disorders. The current national target is for 95% of referrals to be seen within four weeks, but local performance is around 60%
- Access to CAMHS is improving
- Services are trying to institute long term improvement plans, including a single point of access, better early help, eating disorder, specialist CAMHS, crisis, transition and suicide & self-harm services.

23.6 The Chair asked whether it was realistic to suppose that mental health services for young people could ever deliver effectively given the long history of underfunding and the stigma that still surrounds mental illness. Ms Gorvett responded that there is an increased openness about mental health in society which is a real positive. Services do need to be strategic and have a real focus on prevention. Historically this has been difficult as the funding to do this may not have been there, but investment in mental health services is increasing. John Child added that mental health services still need more attention and oversight: things will improve when mental health is seen as being as important as acute physical services. Ms Walker noted that recent transformation

funding was really welcome, but needs to be supported by an effective workforce strategy.

- 23.7 Frances McCabe thanks NHS colleagues for an excellent presentation. She noted that there were real concerns about youth services; the role of parenting; and waiting times for young people with complex needs, particularly in terms of the impact on schools. Ms Wallis agreed that parenting is key: parents need to be supported to understand what normal development looks like and to ask for help. Health Visitors do an excellent job, but not everyone uses them. Deb Austin added that the city council supports the Thrive model and is currently reviewing early help services.
- 23.8 In response to a question from Cllr McNair on the comparative merits of face to face and virtual services, Ms Walker told members that most treatments currently use a combination of face to face and virtual delivery. The mix is determined in large part by service users and their families. Ms Wallis added that face to face interactions have continued through lockdown where there was a clinical need. Also, services do recognise that digital exclusion may mean that digital services are not suitable for everyone. However, a blended approach can be very effective, and there are some instances where digital really works: e.g. for medication monitoring where regular virtual check-ins can be quicker and less disruptive than repeated face to face appointments. Similarly, virtual has a role to play in CBT: e.g. for quick check-ins in between face to face sessions.
- 23.9 In answer to a query on waiting times from Cllr Brennan, Ms Walker told the committee that neurodevelopmental waiting times are currently lengthy. This is being addressed, in part through additional capacity offered by an independent provider. Mr Child added that there had been a full response in January to the mASCot complain about CAMHS services for young people with autism. There will be a follow-up meeting with mASCot in February 2022.
- 23.10 Cllr Wilkinson asked a question about delays in discharging non-acute patients. Ms Wallis replied that there has definitely been an impact on discharge during the Covid emergency. This is a complex issue, but it seems likely that practitioners are showing caution in ending treatment where the relationship with young people and their families has been entirely virtual. Where a relationship had been established in face to face meetings before services moved to virtual, practitioners may feel more confident that they know service users well enough to make a discharge decision.
- 23.11 In response to a query from Cllr Wilkinson about performance benchmarking, Ms Walker told the committee that CAMHS services are benchmarked annually, and that she would check whether this information could be shared with the HOSC.
- 23.12 In answer to a question from Cllr Wilkinson about mental health support in schools, Ms Austin explained that all local schools use the Brighton & Hove Schools Inclusion service. There are mental health workers attached to all secondary schools and to primary school clusters. Brighton & Hove is currently piloting an NHS scheme to provide additional mental health support to schools.

23.13 In response to a query on funding from Cllr Wilkinson, Ms Gorvett told members that there has been additional national investment in young people mental health services. Locally, there has been an extra £800K invested in services.

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

## **24 COVID UPDATE PRESENTATION**

24.1 This item was presented by Alistair Hill, Brighton & Hove Director of Public Health; Lola Banjoko, Managing Director, Brighton & Hove CCG; and Andy Witham, Assistant Director, Commissioning, BHCC Health & Adult Social Care.

24.2 Mr Hill presented on current data regarding Covid infection rates in the city.

24.3 Cllr John asked a question on whether we might expect to see increases in adult (i.e. parental) infection rates following the recent increases in infections amongst children. Mr Hill agreed that this has been the pattern in previous Covid outbreaks, and the current data is already showing increased infections in the 30-35 age group. However, vaccination and immunity built up by previous exposure may limit symptomatic parental infection.

24.4 In response to a question from Cllr Wilkinson on whether Covid was the primary or a contributory factor in locally reported Covid-associated deaths, Mr Hill agreed to find out whether this data is available.

24.5 Cllr Brennan noted her concern that the Government may be relaxing some of the restrictions prematurely, and wondered whether anything could be done locally. Mr Hill told the committee that it was important for people to remain cautious and to continue to use face-covering where appropriate, to be mindful of the importance of ventilation, and to get vaccinated.

24.6 The Chair noted that, whilst restrictions on the general public may be removed as Covid pressures ease, there is still a real risk for vulnerable people which may mean that restrictions need to be in place in health and care settings for some time. It is important that the public is made aware of the continuing need to exercise caution when visiting hospital etc. and it would be helpful if this message was relayed through Covid communications. Mr Hill agreed to share this with Comms colleagues.

24.7 Ms Banjoko and Mr Witham presented on service pressures.

24.8 In response to a question on flu from Cllr McNair, Mr Hill told members that there had been relatively low rates of flu reported to date, although the flu season still has time to run.

24.9 In response to a question from Cllr Brennan on the imminent ending of Covid restrictions, Mr Hill noted that general restrictions may well be eased or removed in the next few weeks. However, this will not necessarily be the case for the health and care sector.

## **25 HOSC WORK PLAN**

- 25.1 Members discussed the committee workplan. It was agreed that there should be items on the April 2022 agenda for: dental services, feedback on winter (and the success of winter planning), and plans to make changes to specialist services at Queen Victoria Hospital, East Grinstead (including regional burns services). An update on University Hospitals Sussex implementation of their CQC action plan will be scheduled either for April or for the following meeting, depending on when the data is available.
- 25.2 Other potential workplan issues identified by members included: GP retirement and succession planning; access to GP services; NHS waiting lists; Mental Health & Housing; and Non-urgent Patient Transport.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of