

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 20 NOVEMBER 2024

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Fowler (Chair)

Also in attendance: Councillor Baghoth, Evans, Hill, Wilkinson (Deputy Chair), Hogan, Galvin, Mackey, O'Quinn and Cattell

Other Members present: Nora Mzaoui (CVS), Geoffrey Bowden (Healthwatch), Mo Marsh (Older People's Council)

PART ONE

14 PROCEDURAL BUSINESS

14.1 There were no substitutes.

14.2 There were no declarations of interest.

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

15 MINUTES

15.1 Cllr Evans noted that there was an error at point 7.19 in the draft minutes to the July meeting which should refer to staff not giving their job title when meeting patients rather than staff not giving their names. Officers agreed to correct this.

15.2 Cllr Hill noted that the Equality Impact Assessment that members had requested following the September HOSC meeting had still not been received from Sussex Partnership NHS Foundation Trust.

15.3 RESOLVED – that the minutes of the meetings held on 10 July 2024 and 16 September 2024 be agreed as an accurate record.

16 CHAIR'S COMMUNICATIONS

16.1 The Chair gave the following communications:

We've got a busy agenda today, and I'm sure that members will appreciate that we will need to be quite focused to ensure the meeting doesn't overrun. I will aim to give around 30 minutes for each item and I may have to stop questioning if we overrun too much on any issue.

I asked for a report on cervical cancer screening and HPV vaccination to come to the HOSC as I was concerned about are historically low screening rates. It's vital that we get screening and early diagnosis of cancer right as it's key to improving our cancer outcomes and prolonging or saving lives. Cancer is a subject that I'd like to come back to in future meetings as it's such an important issue.

We've also got a presentation on maternity from University Hospitals Sussex. Maternity is another issue of considerable local concern, and I'm sure members will be interested in how we are performing.

We've also got the hospital trust talking to HOSC about plans to change colorectal cancer services, creating a new trust-wide centre of excellence at Worthing/Chichester. I'm sure members will want to know what this means for local residents and whether there will be service improvements alongside longer journeys for patients and their families and carers.

We also have the Sussex winter plan presented at this meeting. This is the strategic plan for the whole of the Sussex health and care system to cope with additional demand over the next few months. As this is a whole system approach, a number of NHS and council colleagues will be joining for this item.

In addition we have an item on access to diabetes blood monitoring technology. This item was requested by Diabetes UK who had some concerns about the adoption of innovative technology across Sussex. We'll hear from Diabetes UK and also from NHS partners who commission diabetes care.

Members will also see that there is a letter from University Hospitals Sussex included in the papers. This is for information rather than debate – it details some of the actions that the hospital trust has taken following Jo Harvey-Barringer's presentation on liver disease at the July HOSC meeting. I am glad to see that the trust has been working with Jo to make improvements.

Finally, a note about an item not on today's agenda. I know that a number of committee members are keen to have an update on trans healthcare, particularly on specialist services including the Sussex gender identity pilot. I had asked for this to come to this meeting, but NHS colleagues asked for it to be postponed until our next meeting. I reluctantly agreed to this – we have been waiting a long time for an update. However, I do recognise that this is a complex issue and it is important that we get it right.

17 PUBLIC INVOLVEMENT

17(A) Public Question Ken Kirk

- 17.1 Mr Kirk asked: According to their rules, a public question to the Sussex Integrated Care Board is permitted only if the question's subject is on the agenda of their next meeting. It means that a member of the public who has an issue which s/he wishes to raise has to wait for the publication of the agenda. One is always disappointed. This clearly is a

device to deter public interest. Would the HOSC ask the ICB to attend the next HOSC meeting to respectfully ask how it justifies its disregard of the tax paying public?

17.2 The Chair told Mr Kirk that she had contacted the Sussex Integrated Care Board (ICB) for a response and had received the following reply: we are committed to hearing from local residents and have a range of ways in which people can contact NHS Sussex. If someone has an issue with local health services, they can share an email, letter or call to our Contact Us team. People are also able to formally send us a complaint and we will fully investigate, or they could join one of our engagement events listed on our website. Further to this, we also invite questions on areas being discussed at any of our NHS Sussex Board meetings. Members of the public are also able to ask questions at our Annual General meeting and hear responses direct from the Board. We would really encourage the person who shared this question to make contact with us and we will look into their concerns and come back to them as quickly as possible.

17.3 Mr Kirk asked a supplementary question, querying why the ICB held board meetings at locations across Sussex, but not in Brighton & Hove? The Chair agreed to have a response to this question provided. Sussex Integrated Board subsequently provided the following response:

NHS Sussex Integrated Care Board covers the whole of Sussex and is responsible for the health and care of the population across Sussex.

In line with this, we hold our NHS Sussex formal meetings in public across the whole of Sussex to visit local communities and engage with local people, rotating locations across Brighton & Hove, East Sussex and West Sussex throughout the year.

Last year, we held our May Board meeting in public in Brighton at the University of Sussex. Then in June it was held in Chichester, September in Eastbourne and November in Billingshurst.

For 2025, January's meeting will be in Lewes and March will be in Burgess Hill, and we are in the process of making arrangements for venues for the remainder of the year. All dates will be published and shared on our NHS Sussex website.

17(B) Public Question Mr Hill

17.5 Mr Hill asked the following question: I am an asthma sufferer and have been seen regularly by the GP asthma clinics the last fourteen years in Brighton; also by doctors and consultants. At no point have I been given information about pollution and how it might affect my disease. Studies show that around 1/3 of asthma is caused by air pollution in similar cities. 35,000 residents have been given an asthma diagnosis. Could better guidance and tools be provided by medical professionals in order to better inform patients and help them reduce their levels of exposure to indoor and outdoor pollution.

- 17.6 The Chair told members that she had contacted the ICB for a response and had received the following: “It is well recognised that poor air quality has a significant negative impact on asthma - and other chronic respiratory conditions - both on a population level, and for an individual. Sussex Health and Care supports measures to improve local air quality, for example, improving public transport accessibility and cost, banning smoking in public places, and offering a range of smoking cessation support. Asthma and Lung UK have also campaigned widely these issues and have helped raise awareness on the negative effects of air pollution.

However, with regards to people’s asthma management, currently, there is weak evidence that altered behaviour - such as staying indoors on poor air quality days - leads to better asthma control. The National Institute for Health and Care Excellence (NICE) has even commented that such advice may have harmful effects by reducing people’s activity levels and increase anxiety. Such advice is therefore not universal practice in asthma management, i.e. regularly offered to patients, however, individuals may find the advice on the Asthma and Lung UK website helpful.”

- 17.7 Mr Hill asked a supplementary question, querying whether the ICB response to his question was sound as it appears to contradict recently published and updated national guidance. He asked that the Chair checked with ICB colleagues that they are working to the most up to date guidance. The Chair agreed to speak to the ICB about this.

18 MEMBER INVOLVEMENT

- 18.1 There were no member questions.

19 CERVICAL SCREENING & HPV VACCINATION: UPDATE

- 19.1 This item was introduced by Morag Armer from NHS England, by Katy Harker and Becky Woodiwiss from the council’s Public Health Team, and by Steve Peacock from NHS Sussex. There was a presentation setting out cervical cancer screening and HPV vaccination rates and plans to further improve performance.
- 19.2 Members asked a number of questions on issues including barriers to screening for young women; the potential for women who have missed HPV vaccination opportunities to have catch-up jabs; the potential for cervical cancer screening self-sampling; screening services at universities; the reason for different screening rates across Sussex; monitoring screening uptake amongst trans men; how fear of screening being painful impacts on uptake; the potential for more mobile screening units; rising rates of oral cancers; the age for cervical screening to begin; and differing access rates within black and racially minoritised communities.

19.3 RESOLVED – that the report be noted.

20 ACCESS TO DIABETES TECHNOLOGY

20.1 This item was introduced by Rachel Harrington, Director of Clinical Outcomes, Commissioning and Effectiveness, Sussex Integrated Care Board; and by Dr Ali Chakera, Diabetes Consultant at University Hospitals Sussex NHS Foundation Trust (UHSx). Vicki White from Diabetes UK (DUK) was also in attendance.

20.2 Ms Harrington explained the current situation and future plans in Sussex for providing access to diabetes technology to people with both type 1 and type 2 diabetes.

20.3 Members asked questions on a number of issues including when people with type 2 diabetes eligible for assistive technology would receive it; the criteria for determining whether people with type 2 diabetes would find glucose checking technology helpful; restrictions on injectable drugs to help weight loss; and potential roles for the council in type 2 diabetes prevention work.

20.4 RESOLVED – that the report be noted.

21 PRESENTATION ON MATERNITY SERVICES AT THE ROYAL SUSSEX COUNTY HOSPITAL

21.1 This item was presented by Emma Chambers, UHSx Director of Maternity; and by Dr Tim Taylor, UHSx Chief of Service (women and children). Members were informed of the improvements that have been made to maternity services following the 2021 Care Quality Commission (CQC) inspection report.

- 21.2 Members asked questions on issues including the impact of the removal of bursaries on people applying to become midwives; the relative safety of home and hospital births; how the CQC have been involved in improvement work; outcomes for black and racially minoritised communities; and the process for supporting families through emergency caesarean procedures.

21.3 The Chair thanked the presenters for attending the meeting and answering members' questions.

22 SUSSEX WINTER PLAN 2024-25

22.1 This item was presented by Tanya Brown-Griffith, ICB Director for Joint Commissioning, Brighton & Hove; Kathy Caley, Interim Service Director, Brighton & Hove Division (Primary Care and Wellbeing Services), Sussex Partnership NHS Foundation Trust (SPFT); Dr George Findlay, Chief Executive, UHSx; Nicki Smith, Director of EPPR, ICB; Dr Andy Hodson, ICB Deputy Chief Executive; and Steve Hook, Interim Corporate Director Health & Adult Social Care, BHCC.

22.2 Ms Brown-Griffith outlined the work taking place to prepare for increased demand for services across the winter months, including increasing provision for the most vulnerable, making improvements to the discharge care pathway and enhancing support

for unpaid carers. Mr Hook added that effective working across the health and care system, for example in terms of admission avoidance and hospital discharge, was key to managing additional demand. Ms Smith told the committee that developing a system winter plan is an annual process with a focus on learning from previous years.

22.3 Members asked questions on a range of issues, including on whether there were additional resources for this winter; the likely impact of cuts in the winter fuel allowance; how prevention was being prioritised; use of respite beds; and the role of the Health & Wellbeing Board in overseeing winter work, including political representation on the Board.

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

23 COLORECTAL CANCER POTENTIAL SERVICE CHANGE

23.1 This item was introduced by Professor Catherine Urch, Chief Medical Officer; and Jackie Groves, UHSx. Professor Urch explained the rationale for the proposed development of Worthing as a centre of excellence for colorectal cancer surgery:

- The move will increase the volume of operations conducted at the centre and by individual surgeons; there is robust evidence to show that increased volumes lead to better patient outcomes.
- Worthing experiences fewer emergency pressures than Brighton, making it less likely that elective surgery will need to be postponed to free capacity for emergency activity.
- All pre and post-surgical care will continue to be delivered locally, so additional patient journeys will be minimised.
- Length of stay in hospital will also reduce, delivering better outcomes and meaning that family and carers will make fewer journeys to support patients, even though individuals journeys may sometimes be longer.
- Moving elective surgery from Brighton will free more capacity for emergency surgery at the Royal Sussex (RSCH).
- There will be more timely access to cancer surgery and an improved patient experience.

23.2 Members asked questions about issues including: why it had taken so long since the merger of BSUHT and WSHT for this type of service improvement plan to be developed; how the change would impact the delivery of surgical services at the Royal Sussex; the expected flow of patients into the Worthing centre; and transport and travel implications.

23.3 Several members noted that they were in support of the plan. Members were particularly pleased that evident care had been taken to address issues around additional travel for patients and their families and carers. The Chair requested that there be an update to committee on the impact of the changes once they have been implemented.

23.4 **RESOLVED** – that the report be noted; and that the committee does not consider these changes to constitute a Substantial Variation in Services requiring formal scrutiny.

24 FOR INFORMATION: LETTER FROM UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST ON LIVER DISEASE

The meeting concluded at 8.15pm

Signed

Chair

Dated this

day of