BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 23 APRIL 2025

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Fowler (Chair)

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

Other Members present: Geoffrey Bowden (Healthwatch), Nora Mzaoui (CVS), Mo Marsh (OPC)

PART ONE

32 PROCEDURAL BUSINESS

32(a) Substitutes

32.1 There were no substitutes

32(b) Declarations of Interest

32.2 There were none.

32(c) Exclusion of Press & Public

32.3 RESOLVED – that the Press & Public be not excluded from the meeting.

33 MINUTES

33.1 RESOLVED – that the minutes of the 29th January 2025 meeting be accepted as an accurate record.

34 CHAIR'S COMMUNICATIONS

34.1 The Chair gave the following communications:

We have 2 items on the agenda today. The first item is a presentation on plans to develop the Royal Sussex County Hospital emergency floor, including A&E. I recently had a tour of the hospital and was shown plans to make capital improvements, and I wanted to give the committee the opportunity to explore these also.

I'm sure that members may have all sorts of questions that relate to A&E. I want to keep this session as focused as possible on plans to develop the site and what this will mean for clinical outcomes and patient experience. There will be opportunities to explore other concerns members may have later in the year, but I'm conscious that we won't have the time or all the right NHS colleagues in the room to do justice to issues such as the experience of people with mental health issues who present for treatment at the Royal Sussex.

The second agenda item is a paper on the NHS palliative care offer to Brighton & Hove residents. This was something that committee members requested following Jo Harvey-Barringer's presentation to the HOSC last year on the care her partner received in the last weeks of her life. The presentation covers the entirety of the NHS palliative care offer, not just care in hospital.

I also wanted to let members know that Cllr Grimshaw and I recently visited the walk-in centre near Brighton station. We met managers and clinical staff and learnt lots about how the centre works. We were really impressed with what we saw. The walk-in centre is a great resource, and it is important that more people know about it, particularly as a potential alternative to A&E.

I also wanted to remind everyone that April is Bowel Cancer awareness month. Bowel cancer is one of the most common cancers, but if it is detected early there are effective treatments available. There is loads of information available online or at your local GP surgery where you can also pick up a self-test kit.

Finally, we have today, as always, lots of NHS colleagues joining the meeting. I just wanted to remind members that many of our guests are doctors or clinicians, and some of them will be taking time out from their clinics to attend this meeting. To make the most of their time I would ask committee members to keep their questions and comments on topic and as succinct as possible.

35 PUBLIC INVOLVEMENT

35.1 There was one public question, from Mr Adrian Hill. Mr Hill asked:

> Brighton & Hove has some of the worst air quality in the UK. However, the city has some of the most relaxed regulations on emissions.
> Studies show that ⅓ of all asthma cases in cities similar to ours are caused by air pollution. Air pollution is also a significant cause of heart disease, lung cancer, diabetes, developmental problems in children and dementia.
> Could the NHS do more to request that the council implement air quality improvements effectively without delay?

35.2 The Chair responded:

> NHS partners have informed me that they are currently refreshing the NHS Green Plan for Sussex. The refresh draws on recent work across the country on improving air quality by the introduction of Clean Air Zones and other measures, recognising the key role air quality plays in health. The NHS will work closely with partners, including the city council, to implement its Green Plan. I will provide more details of this ongoing work to you in writing, and this will also be included in the minutes of this meeting. NHS partners

are happy to meet with you to explore this issue in more detail, and the HOSC support officer can help to arrange this.

Additional written information was provided by NHS Sussex:

We are currently working on our Green Plan Refresh in Sussex and hope to reflect some more challenging perspectives on improving air quality in it for the agreement of local NHS partners. This is going to emphasise the importance of work being undertaken in places such as London, Birmingham and Bradford. The most critical elements of the work undertaken in the Clean Air Zones (CAZs) are the profound impacts upon the health of our most vulnerable communities.

By themselves, these impacts should be sufficient for NHS colleagues to be able to actively support not just the establishment of CAZs in Sussex but also to promote wider air quality initiatives. Some of these are set out in the ICS Clean Air Framework published by Global Action Plan and Boehringer Ingelheim. The evidence points clearly towards much reduced exposure to kerbside emissions, fewer visits for children with respiratory conditions to hospitals, fewer visits to General Practice for people with respiratory conditions in older age groups, and improved air quality for some of the most deprived communities.

Accepting that the more significant elements of a plan to improve air quality require longer term change and wider commitment, we are hoping that the NHS can prioritise certain shorter-term actions. The Green Plan Refresh will recommend that partners:

- Promote, champion and agree annual targets for virtual consultations, virtual interventions, remote diagnostics, and point of care testing, increasing the percentage of non-face to face outpatient appointments to 25% of all outpatient appointments by April 2030.
- Ensure that all of our new Integrated Care Teams have access to a private, designated area or 'Community Hub' for patients to access conferencing tools to meet with medical professionals who are based in acute hospitals.
- Ensure that all patient facing staff in our Integrated Care Teams have access to information and online training on air pollution and its impact on health.
- Ensure that patients being treated for cardiovascular and respiratory disease and patients that are more at risk of the health effects of air pollution have access to information on health issues related to air pollution which includes advice on how to reduce their exposure to air pollution and ways to reduce their contribution to air pollution.
- Work with public health colleagues and educational institutions to gather data on air pollution levels across Sussex and, by April 2028, make this available to patients on the websites of all NHS organisations.

36 MEMBER INVOLVEMENT

36.1 There were no member questions.

37 PLANS FOR CAPITAL DEVELOPMENT OF ROYAL SUSSEX COUNTY HOSPITAL EMERGENCY DEPARTMENT

37.1 This item was presented by Mark Edwards, Chief of Service, Medical Division, and by Dr George Findlay, CEO of University Hospitals Sussex NHS Foundation Trust (UHSx).

37.2 Mr Edwards told members that the Royal Sussex County Hospital (RSCH) Emergency Department (ED) was outdated, with the current configuration not fully meeting service needs. £62 million of capital funding has been allocated to make improvements to ED; some of this work has already been completed, some is in progress and some will start soon. The works will modernise the ED environment, increase ED capacity and substantially increase capacity in the Urgent Treatment Centre (UTC), improve clinical adjacencies of services and improve the environment for staff and patients. Works will be staged as the RSCH needs to continue to provide a full range of services on site at all times during the build.

37.3 A new Surgical Assessment Unit has already been created, and a Medical Assessment Unit is due to open in October 2025. Works on Resuscitation, Majors, and Patient Assessment & Triage (PAT) areas will all begin soon.

37.4 Cllr Cattell asked why ED wasn't included in the 3Ts development of the RSCH site. Dr Findlay responded that ED was never part of the 3Ts business case. However, the ED improvements now being delivered are only possible because of additional space freed in the hospital by the opening of the Louisa Martindale Building.

37.5 Cllr O'Quinn asked whether the ED changes would improve the environment for people with mental health problems. Mr Edwards responded that the key to better supporting people with mental health issues was for the health and care system to work more effectively to minimise A&E attendance in the first place – for example via better community crisis support and more robust community mental health pathways. The Trust would be happy to come to a later meeting of the HOSC to form part of a system presentation on the work ongoing to reduce the number of people presenting at A&E with mental health problems.

37.6 Cllr O'Quinn asked whether the changes would bring additional scanner capacity. Mr Edwards replied that there would be an increase in CT scanners.

37.7 Cllr Hill asked whether staffing levels would be reviewed at each stage of the works. Dr Findlay agreed that this was important: staffing levels will be regularly reviewed to ensure that there is always a safe level of staffing.

37.8 Cllr Hill asked whether the use of corridor care was improving. Dr Findlay responded that it is – there are still busy days where some patients have to wait in the corridor area, but there are far fewer days when this is required. Mr Edwards added that the last 90 days have seen a significant reduction in corridor use.

37.9 In response to a question from Cllr Hill on a 'well-led' developmental review, Dr Findlay replied that reviews are commissioned by the Trust as a tool for learning and improvement.

37.10 In reply to a question from Mo Marsh (Older People's Council) on mental health and the use of A&E as a Section 136 Place of Safety, Dr Findlay told the committee that there will always be people at A&E who have mental health problems – the challenge is in getting them swiftly into the appropriate services.

37.11 Nora Mzaoui (CVS) asked a question about staffing. Mr Edwards responded that the Trust constantly monitors demand across the RSCH site and will move staff around to meet this demand.

37.12 In response to a question from Ms Mazaoui about access to ED, Dr Findlay responded that there are limitations in terms of the site being on a hill. However, the improvements mean that there is now step-free access to ED via the Louisa Martindale Building.

37.13 Ms Mzaoui asked a question about patient privacy and dignity. Dr Findlay responded that the new works will address this important issue.

37.14 Cllr Wilkinson asked whether the increase in ED capacity will be sufficient to enable the Trust to meet its 4 hour A&E wait target. Mr Edwards responded that the changes will support work to improve performance against the target, particularly in terms of increasing UTC and PAT capacity.

37.15 Geoffrey Bowden (Healthwatch) asked about the increase in programme costs from an original £48M to the current £62M. Dr Findlay responded that this is the result of the inflation of building costs. The Trust has made additional capital commitments to meet this challenge.

37.16 RESOLVED – that the report be noted.

38 NHS PALLIATIVE CARE OFFER FOR PEOPLE IN BRIGHTON & HOVE

38.1 This item was presented by Lola Banjoko, NHS Sussex; Steve Bass, Lead Nurse, Palliative and End of life Care, University Hospitals Sussex NHS Foundation Trust; Lisa O'Hara, Nurse Consultant, Palliative & End of Life Care, Sussex Community Foundation Trust; Lisa Barrott, Chief of Nursing Care, Southern Hospice Group; Tiritega Mawaka, Deputy Director, All-Age Continuing Care, NHS Sussex; and Helen Cobb, Senior Manager, Community Commissioning & Transformation, NHS Sussex.

38.2 Ms Banjoko outlined the local palliative care system, explaining how services link across acute, primary and community settings, including Martlets hospice, and how the system aims to identify people who may benefit from palliative support at an early a stage as possible, with the collective aim to ensure their end of life care is as good as possible.

38.3 Councillor O'Quinn welcomed the report and highlighted her support of the use of ReSPECT. In response to a question from Cllr O'Quinn on hospice care, Ms Banjoko and Ms Mawaka told the committee that the Integrated Care Board (ICB) works closely with Martlets to ensure that there is both bedded and homecare support available for people who do not necessarily have specialist palliative care needs, as well as Martlets providing specialist care.

38.4 In answer to question from Cllr Wilkinson on integrated working, Mr Bass told the committee that a multidisciplinary approach is central to care delivered in the acute trust, with doctors, nurses and occupational therapists working seamlessly together, and also working very closely with ward services such as physiotherapy and dieticians. An NHS Sussex Palliative and End of Life Care Oversight Group brings all organisations and services together to share information and co-ordinate responses. Mr Bass and Ms O'Hara reiterated the multidisciplinary approach taken between the organisations delivering end of life care in the city. Lisa O'Hara added that Sussex Community NHS Foundation Trust (SCFT) and University Hospitals Sussex NHS Foundation Trust (UHSx) meet together fortnightly to plan how to improve services. This is in addition to weekly meetings with local hospices.

38.5 In response to a question from Cllr O'Quinn regarding the use of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment), Ms O'Hara responded that the local system is recognised as a national leader in training of ReSPECT. This includes SCFT maintaining a permanent ReSPECT trainer post.

38.6 In answer to a question from Cllr Wilkinson on how palliative care is coordinated, Ms Banjoko replied that the system is looking to move to a model of integrated care teams (ICTs) working out of neighbourhood hubs. The embedding of PEoLC into ICTs is currently being piloted in Crawley.

38.7 Cllr Cattell asked what lessons had been learnt from the experiences of Jo Harvey-Barringer, a local resident who recently presented to the HOSC on the care her partner received in the latter stages of her life. Mr Bass responded that system partners have reflected on Jo's experiences and are looking at the liver disease pathway used in West Sussex as a possible model. This would potentially include having a palliative care presence in the hospital emergency department to ensure that people who have a need for palliative support, irrespective of diagnosis, are picked up as early as possible.

38.8 Cllr Mackey asked how services are evaluated. Ms Banjoko responded that there are a number of measures in place and that work is currently ongoing to standardise evaluation approaches across Sussex. Metrics measured include the percentage of people dying at home and the number of readmissions following discharge from hospital. Mr Bass added that there is also a focus on learning from complaints and on learning from independent reviews of deaths.

38.9 In response to a question from the Chair about carers experience, Ms Barrott told members that there was support available for carers, including from the Hospice at Home team and from district nurses. It may not always be feasible to support patients at home; services work with carers so they understand what can and cannot be delivered.

38.10 Geoffrey Bowden (Healthwatch) noted that it must be difficult to provide end of life care. Mr Bass agreed, telling the committee that training and learning are key: there is a need to train people across services, so they know how to support people at the end of their lives. It is also important to involve patient groups in the design of end of life pathways. Ms O'Hara added that work is underway to redesign the liver disease pathway following the recent HOSC focus on this issue.

38.11 Nora Mzaoui asked a question about support for people with specific cultural or religious needs. Ms O'Hara replied that services are focused on understanding the requirements of different faiths and cultures: training includes videos from a range of faith leaders explaining the requirements of their faith. Ms Banjoko highlighted that theICB commissions GPs to support patients in filling out 'ReSPECT' forms which can provide essential information on patients' cultural and religious requirements. Ms O'Hara added that there is active recruitment onto focus groups of people from Black and Racially Minoritised communities with lived experience of palliative care.

38.12 In response to a question from Cllr Hill on LGBT+ training, Ms Barrott and Mr Bass told the committee that services seek to adopt a holistic approach to people's care, with staff encouraged to be curious about what matters to each individual. Ms O'Hara added that sheworks closely with SCFT's LGBT+ network to ensure that PEoLC approaches are fully inclusive.

38.13 In response to a question from Cllr Wilkinson on where data is collected and made available, Ms Banjoko told members this area was currently being explored, working with hospices and public health colleagues in the local authorities.

38.14 In response to a question from Cllr Wilkinson on accessing information about services Ms Banjoko explained we have developed a booklet with information about services available. Helen Cobb explained that this resource is available via each of the three "place-based" carers hubs. Helen Cobb added that a new "Respecting Faith and Culture in End of Life Care" resource has been developed to support staff delivering end of life care, and this will be shared during 'Dying Matters Awareness Week', w/c 05 May 2025, in line with this year's theme of 'The Culture of Dying Maters'. Presenters confirmed that they would be happy to give the committee a further update as work on palliative care develops

38.15 RESOLVED – that the report be noted.

The meeting concluded at 7.30pm

Signed Chair

Dated this day of