

BRIGHTON & HOVE CITY COUNCIL
OVERVIEW & SCRUTINY COMMITTEE

4.00pm 22 JULY 2015

THE RONUK HALL, PORTSLADE TOWN HALL

MINUTES

Present: Councillor Simson (Chair) Allen, Bennett, Cattell, Deane, Moonan, O'Quinn, Page, Peltzer Dunn and Wares

Also in attendance: Sally Polanski, Community Works; Nicky Cambridge, Healthwatch Brighton & Hove; Colin Vincent, Older People's Council; Reuben Brett, Youth Council

PART ONE

8 PROCEDURAL BUSINESS

(a) Declarations of Substitutes

8.1 Councillor Moonan was present in substitution for Councillor Marsh.

(b) Declarations of Interest

8.2 Nicky Cambridge, Healthwatch Representative, declared an interest as she was also an employee of Brighton & Hove City Council, on secondment to Healthwatch Brighton and Hove.

(c) Exclusion of Press and Public

8.3 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Committee considered whether the public should be excluded from the meeting during consideration of any item of business on the grounds that it is likely in view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

8.4 **RESOLVED** - That the public are not excluded from any item of business on the agenda.

9 MINUTES

9.1 The Older People's Council co-optee raised two queries about the Sussex Community Trust item; the Chair agreed to check and report back after the committee.

- 9.2 Councillor Peltzer Dunn said that the reference to Goodwood Court's closure by NHS England was incorrect. It should say that the Care Quality Commission applied to the court, NHS England was a witness to the application. This was confirmed by Sarah MacDonald from NHS England

RESOLVED – That the Chair be authorised to sign the minutes of the meeting held on 10 June 2015 as a correct record subject to the changes above.

10 CHAIRS COMMUNICATIONS

- 10.1 The Chair gave the following communications:

Councillor Julie Cattell has replaced Councillor Caroline Penn on the committee. There is an official co-optee from Community Works. Sally Polanski, Chief Executive of Community Works, is attending until a permanent representative can be agreed.

We are also joined by Nicky Cambridge, Acting Chief Executive for Healthwatch Brighton and Hove. The Chair thanked Robert Brown for all of the work and dedication that he has put into the scrutiny committees over the years.

Councillors Allen, Peltzer Dunn and Bennett commented that they were unhappy that Mr Brown had been replaced by Ms Cambridge. Their view was that the Healthwatch representative should be a lay volunteer rather than a paid member of staff. They wanted this formally recorded. Councillor Page said that he was aware that Healthwatch Brighton & Hove wanted to strengthen their representation on key committees and welcomed working with Ms Cambridge.

There is a new section on the agenda – 'Co-optee Updates' –to give the co-optees the opportunity to feed back any issues that they have in their organisations which might be relevant to scrutiny so that we can have as full a picture as possible of emerging issues in the city. Councillors are also free to raise issues for the committee's attention; these can be added to the work programme as needed.

11 PUBLIC INVOLVEMENT

- 11.1 The Chair noted that no items had been submitted for consideration at the meeting by members of the public.

12 MEMBER INVOLVEMENT

- 12.1 The Chair noted that there were no items for consideration from Members for the current meeting.

13 CO-OPTEE UPDATE

- 13.1 The representative from the Youth Council updated on two issues, firstly that the Youth Council were planning to produce a leaflet or create an app for information in relation to

mental health services for young people and secondly that there will be a Youth Council representative on Buswatch.

- 13.2 The representative from Community Works updated that the Community Works had met with 150 members to discuss developing safeguarding further and received training on the Care Act.
- 13.3 Healthwatch Brighton and Hove said that they had a concern about the strategic position of GP provision in the city, with members of the public regularly contacting them about primary care and whether it can meet the needs of the city population.

14 EMERGENCY CARE UPDATE- BRIGHTON & SUSSEX UNIVERSITY HOSPITALS TRUST

- 14.1 The Committee received a presentation from Matthew Kershaw, Chief Executive of Brighton & Sussex University Hospitals Trust (BSUH) in relation to an update on emergency care, focussing on the hospital's current performance, achievements and challenges.
- 14.2 Mr Kershaw explained in more detail the areas that needed improving, highlighting that the quality of care given to patients, including waiting times, and their experience was essential. The Trust's performance against the four hour national standard had fallen; there had been a number of incidents of 12-hour trolley breaches, ambulance handover delays and very high demands for unscheduled care. There have also been concerns raised by the coroner in relation to the Acute Medical Unit. Mr Kershaw said that there were a number of reasons for this and that the hospital remained at very high capacity. Independent consultants had assessed the hospital as needing 127 more beds in order to meet the demand effectively. The focus on the next six months would be on patient flow and patient experience, capacity and process.
- 14.3 Matthew Kershaw and Dr Mark Smith, Chief Operating Officer, BSUH, explained to the Committee that departments were particularly under pressure due to the hospital design and the types of patients that they attracted due to their position as a trauma centre. The 3T development will be progressed over the next few years.
- 14.4 Dr Smith explained that once the hospital expanded, and had additional capacity, the intention was to employ more specialists to treat significant injuries and illnesses. He explained that usually patients would travel to the hospital where there was greater specialism in their specific area of care, rather than simply go to the closest hospital. Dr Smith believed this would help improve the waiting time for patients.
- 14.5 In response to Councillor Allen's question about the number of Care Quality Commission inspections, Mr Kershaw said that there had been an announced inspection in May 2014, with 45 inspectors looking at 64 performance areas. They have recently had an unannounced inspection, with ten inspectors focussing on Emergency Care and AMU. BSUH was still waiting for the formal assessment results.

- 14.6 Ms Fagge said that she was responsible for delivering the action plan brought into place following the May 2014 inspection. Unfortunately the actions for the Emergency Care department had not moved forward as much as had been hoped.
- 14.7 In response to Councillor Wares, Mr Kershaw answered queries regarding the ambulance turnaround time by explaining that the paramedics were now assessing the patients before bringing them to hospital or taking them to an alternative provider. This was improving the turnaround time, but ongoing work was needed to progress this upward trend further.
- 14.8 In response to Councillor Peltzer Dunn, Mr Kershaw clarified that the target for 999 emergency telephone pick up times was within one minute; however, approximately 93% had an average of being answered in 33 seconds. Mr Kershaw recognised the concerns of the Committee that there was still further work to be undertaken to improve in this area.
- 14.9 In response to Councillor Cattell, Ms Fagge clarified that the “dump the junk” programme was in place to dispose of items that were broken or not of any use. This helped with infection control. Ms Fagge went on to explain that the remaining “clutter” was predominately equipment that was used regularly, but needed to be more productively organised.
- 14.10 In response to a further query from Councillor Cattell, Mr Kershaw outlined that a proportion of the staff in the hospital, such as caterers and cleaners, were external agency but the service was being brought inhouse. This should be completed by the beginning of September 2015. Mr Kershaw was confident that this would show improvements, as staff would feel part of the same team with the rest of the hospital staff. They would have to decide the long term plan for the service in due course.
- 14.11 Ms Polanski asked whether the hospital had noticed any increases in attendance due to the closure of Eaton Place practice. Mr Kershaw said that they had not noticed any dramatic increase thanks to the work of the CCG and NHS England to transfer the patient lists.
- 14.12 In response to a query from Councillor Page about the Risk Summit that had recently taken place, Mr Kershaw said that the Summit had discussed similar issues about unannounced care. The Trust would be returning to the Summit in October to check progress against the actions that have been agreed.
- 14.13 Ms Cambridge stated that Healthwatch had visited the Accident & Emergency department last week and had agreed to undertake more Enter and View visits in the future to monitor the situation. She also commented on how friendly and engaging the staff were, and reminded the Committee that the main causes for concern were in relation to patients’ basic care which needed further improvement.
- 14.14 Ms Cambridge said that she was aware that the independent Ombudsman was leaving the Trust; what was the proposal to cover her role as independent advocate? Mr Kershaw said that there was a national drive for ‘Freedom to Speak’ champions in healthcare and they would be replacing the Ombudsman’s post. In the interim, the Safety and Quality Team would be picking up issues raised.

- 14.15 In response to the Youth Council representative about international recruitment, Ms Fagge explained that there was local advertising to recruit nurses and GPs as well as on going work with local universities in this area but that it was necessary to recruit internationally to meet the demand.
- 14.16 In response to a query from Councillor Moonan about the link between BSUH and Adult Social Care, Mr Kershaw said that the two organisations worked very closely together with positive results, particularly in Brighton and Hove.
- 14.17 The Committee agreed a further progress update to the November meeting of the Committee.
- 14.18 **RESOLVED** – That the Committee note the contents of the presentation and the response to their questions.

15 UPDATE ON GP PROVISION IN THE CITY

- 15.1 The Committee received a presentation from Sarah MacDonald, Director of Commissioning, NHS England South, and Kirsty Sibandze GP Contract Manager, Operational, NHS England South, , in relation to update on GP provision in the city.
- 15.2 Geraldine Hoban, Chief Executive, Clinical Commissioning Group for Brighton and Hove, explained to the Committee that the city had a high level of primary care need compared to other areas. This related to the significant number of people in the workforce nearing retirement, and the ongoing difficulty of recruiting new GPs. There was work underway to ‘cluster’ GP practices together geographically so that they could support one another if a practice was struggling and share resources and back office functions.
- 15.3 Ms Hoban also advised that all CCGs had been asked if they wanted to take on direct responsibility for commissioning GPs, but Brighton & Hove CCG had not taken up the opportunity at this stage. This may change in the future.
- 15.4 The NHS England representatives explained that NHS England and the Care Quality Commission (CQC) worked alongside each other; as they have different roles between NHS England, the CQC and the regulator, with NHS England being the contract managers; any action that they take has to be linked to contractual issues,. She highlighted that NHS England and the CQC had monthly meetings to discuss possible issues that needed improvement.
- 15.5 With regard to Goodwood Court, NHS England had met with the practice on a number of occasions in 2014 to raise concerns and had been assured that action would be taken. Information came to light in June 2015 that had not been known before, which meant that a different course of action had to be taken and led to the closure of the practice.
- 15.6 The Committee expressed concerns that a similar situation could arise in other GPs surgeries in the city. To provide assurance Ms Hoban offered to update the Committee at a future meeting with the criteria considered by NHS England in relation to the

oversight and monitoring of GPs surgeries. It was also agreed that Officers could work alongside NHS England and the CCG to bring this information in the appropriate format to the Committee.

- 15.7 Nicky Cambridge, Healthwatch Brighton and Hove representative, expressed concern about patients being temporarily registered for Charter Medical Centre and said that there were a number of lessons and challenges for NHS England to take forward about communication. Healthwatch Brighton and Hove had been contacted by very distressed patients from Goodwood Court, some of whom still did not feel that they had a permanent GP placement, Ms Cambridge suggested that the local CCG might be better placed to cascade information urgently. NHS England acknowledged they needed to communicate more with patients, and were looking into using social media more.
- 15.8 Ms MacDonald confirmed patients had been informed the arrangements were temporary, and work was being progressed to arrange an engagement session in September which would brief them on the next steps.
- 15.9 In response to the Committee, the Practice Manager and one of the partners from Charter Medical Centre explained that since Goodwood Court had closed, Charter medical centre were working towards continuity in the quality of service. They were looking into opening on Saturdays and holding additional clinical surgeries. Charter had retained one member of the Goodwood Court staff which had been very helpful in building knowledge of vulnerable patients on the Goodwood Court lists. The Chair thanked the staff of Charter Medical Centre on behalf of the committee, for their work in taking on the additional patients so speedily and successfully.
- 15.10 In response to the Chair, Ms MacDonald provided assurance to the Committee that, at this time, there were no any other GPs practices in the city with the same level of concerns as had been identified at Goodwood Court.
- 15.11 Ms Cambridge commented that Healthwatch Brighton and Hove had been carrying out a number of Enter and View visits to GPs in the city and would be happy to share this data when results were known.
- 15.12 Following a question from Councillor Deane, Ms Hoban stated that the GPs who worked at Goodwood Court were still practicing but they were currently the subject of investigation from the General Medical Council (GMC).
- 15.13 Members said that they felt were a number of issues outstanding with regard to their concerns about GP provision in the city. It was agreed to continue the discussion at a later stage.
- 15.14 **RESOLVED** – That the Committee note the contents of the presentation and the response to their questions.

16 OSC WORK PLAN - UPDATE

- 16.1 In general discussion of the work plan the Committee agreed the following:

- Consider offering scrutiny training to all Members as part of phase two of the 2015/16 Member Induction Programme.
- Scope for some Members of the Committees to focus on specific areas of the work plan.

The meeting concluded at 6.55pm

Signed

Chair

Dated this

day of