BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 6 DECEMBER 2017

HOVE TOWN HALL, COUNCIL CHAMBER - HOVE TOWN HALL

MINUTES

Present: Councillor K Norman (Chair)

Also in attendance: Councillor Allen, Bennett, Bewick, Deane, Gilbey, Greenbaum, Morris, A Norman and Wealls

Other Members present: Zac Capewll (Youth Council), Colin Vincent (Older People's Council), Fran McCabe (Healthwatch), Jo Ivens (Community & Voluntary Sector)

PART ONE

24 APOLOGIES AND DECLARATIONS OF INTEREST

24.1 Jo Ivens attended the meeting as substitute for Caroline Ridley, Community & Voluntary Sector co-optee.

24.2 There were no declarations of interest.

24.3 It was agreed that the press & public be not excluded from the meeting.

25 MINUTES

25.1 Cllr Allen queried whether additional information on the social care precept had been circulated to members as promised at point 18.5 in the September 2017 HOSC minutes. It was confirmed that this had taken place.

25.2 In response to a question from Cllr Allen relating to point 18.8 in the minutes, the scrutiny support officer confirmed that the Executive Director for Health and Adult Social Care had been briefed at the HOSC pre-meeting that his presentation to the HOSC should not focus on financial performance.

25.3 RESOLVED – that the minutes of the 06 September 2017 HOSC meeting be approved as an accurate record.

26 CHAIRS COMMUNICATIONS

26.1 The Chair welcomed everyone to the meeting and informed members that he would be taking item 32 NHS 111 tender as the first substantive item of business.

27 PUBLIC INVOLVEMENT

27.1 Public Question from Linda Miller

27.1(a) The following question was asked by Ms Linda Miller:

"What data is HOSC keeping?

Do you have accurate data for:

- A&E waiting times?
- 62-day target of being seen for cancer?
- 18-week target for surgery?
- How many hospital beds per 1000 in Brighton and Hove?
- How many beds per 1000 for mental health patients?
- The current population of Brighton and Hove?
- How much was the CCG budget for 2016-17? How much is the budget for 2017-18?

The CCG, via their Big Conversation events, claim to be improving A&E, cancer care and mental health. We need to know that accurate records are being kept, that every 3 months this data will be compared with the previous period, and whether the services are improving or getting worse will be published.

If the Health Overview and Scrutiny Committee isn't keeping accurate records how will we know if things are improving or getting worse? How will HOSC hold the CCG to account?"

27.1(b) The Chair responded: "Thank you for your question. The HOSC does not itself gather and record data, but it works closely with NHS bodies to understand and monitor performance. For example, Sussex HOSCs meet regularly with Brighton & Sussex University Hospitals Trust to examine the trust's quality and performance and improvement data. This includes data on A&E waiting times, cancer targets and the 18 week referral to treatment target.

The HOSC holds similar meetings with Sussex Partnership Trust and with South East Coast Ambulance Trust. The minutes from these meetings are included for information in the HOSC papers. Performance data is also regularly published in the trust board papers which are available on their websites. The CCG publishes extensive financial data, including annual budget figures on its website."

27.1(c) Ms Miller asked a supplementary question querying what the HOSC does with NHS performance data to hold local NHS bodies to account. The Chair agreed to provide a written answer to this question.

27.2 Public Question from Christopher Tredgold

27.2(a) The following question was asked by Dr Tredgold:

"At the last HOSC meeting it was stated that the eight Brighton and Hove GP practices that had by then closed were mostly small ones and that it was the total number of General Practitioners, rather than the number of practices, that was important.

I think both are important. Patients, especially as they get older, don't want to travel a long distance to see their GP.

As for total numbers, the CCG has told me that Brighton and Hove have only 1 Full Time Equivalent GP per 2300 patients against a national average of 1 per 1800/1900.

I would like to know if and how this shortage impacts on the quality of care GP in Brighton and Hove is providing and how that is measured?"

27.2(b) The Chair responded: "Thank you for your question. As we have an item on GP sustainability on today's agenda, and as information provided by the CCG for this item explicitly addresses the issue of local GP to patient ratios, I will be sure to ask about how this low level of GPs impacts upon patient care. I am sure that other members will bear your question in mind also."

27.3 Public Question from Tony Graham

27.3(a) Mr Graham asked the following question:

"In the Council's Policy, Resources & Growth Committee Minutes (from 12th Oct 17, Agenda Item 48, Section 6.15) reference is made to Health & Social Care Integration Plans supporting... *'all our key principles; Public accountability, Citizen focussed, Increasing equality and Active citizenship (sic)'.* Later on, Appendix 3 of this Agenda Item referring to the 'Cross Party Health and Social Care Integration Working Group' includes the following:
"Papers and minutes of each meeting will be issued within seven days before subsequent meetings and will be confidential; Members will decide at the end of the meeting those items which may be discussed more widely."

In the light of the Council's key principles, will HOSC commit to securing the removal of the confidentiality requirement drawn up for the Cross Party Health and Social Care Integration Working Group? If not, please will HOSC explain why exactly such secrecy is seen as necessary?"

27.3(b) The Chair replied: “Thank you for your question. The council is committed to transparency and operates a committee system which ensures that as many decisions as possible are taken in public.

However, neither the council nor any other public body could reasonably commit to holding every planning, scoping and preparatory meeting in public or making the notes of those meetings publicly available. In the early stages of a project it is particularly important that information can be shared and ideas developed in an informal and confidential space.

As health and social care integration progresses there will be regular reports in public, as there have been to date – to wit the reports to Policy, Resources & Growth Committee in July and in October 2017.”

27.3(c) Mr Graham asked a supplementary question: “Do Councillor Members of HOSC have a red line in relation to the possible development of an Accountable Care Organisation for this area? (I ask this where such an ACO is envisaged as having one or more commercial organisations as key players with capitation-set budgets, and where they are without meaningful democratic accountability to the electorate.) The Chair agreed to provide a written answer to this question.

27.4 Public Question from Valerie Mainstone

27.4(a) Ms Mainstone asked the following question:

"Will the Health Overview and Scrutiny Committee please scrutinise the Patient Transport Service with all possible speed?
My personal experiences (which have been circulated to members separately) demonstrate that PTS is close to breakdown, and that its management is lamentable. Valuable human and material resources are being wasted at huge public expense every day, while PTS staff and patients are completely frustrated."

27.4(b) The Chair responded: “Thank you for your question. Your original question included lots of information about the problems you have encountered with the patient transport service. This has been circulated to members, and I’m sure everyone shares my concerns about your experiences.

However, the HOSC is barred from considering individual cases or complaints, so we haven’t included this information in the papers for today’s meeting.

We do have concerns about PTS services and were already planning to have a report on patient transport at the next HOSC meeting. I have also asked Healthwatch to present their findings on PTS at this meeting.”

27.4(c) Ms Mainstone noted that she was concerned with the time taken to scrutinise patient transport services. Fran McCabe told members that the Healthwatch report on PTS will be published before the next HOSC meeting and will be available on the Healthwatch website.

28 MEMBER INVOLVEMENT

28(b) Written Questions from Members

28.1 Cllr Greenbaum asked the following question:

"Having noted the CCG's response to HOSC questions about STP project costs (point 13.1 in the minutes to the 06 September 2017 HOSC meeting), I would like to know more about these costs. Specifically:

- How do these costs compare with those of comparably-sized STPs?
- What specifically have the contracts been awarded for, i.e. what was the brief?
- And are the consultants' reports publicly available?"

28.2 The Chair responded: "Thank you for your question. I'm sure that we have all noted the STP expenditure on consultants and would be interested to know more about what has been delivered for the money. I will therefore pass your questions on to the CCG. The answers will be circulated to members and included in the papers of the next HOSC meeting."

29 MENTAL HEALTH: UPDATE FROM SUSSEX PARTNERSHIP NHS FOUNDATION TRUST (SPFT)

29.1 This item was introduced by Samantha Allen, SPFT Chief Executive, and by John Child, SPFT Service Director, Brighton & Hove.

29.2 Sam Allen told members that she has now been in post for around 10 months. This has been a very busy time, with the development of the STP mental health work-stream and of the trust's clinical Strategy. There is a clear need to change the way that mental health services are delivered, in order to meet rising demand and ensure that there are no gaps in services. There needs to be an increased focus on crisis services and also on prevention and early intervention, particularly for younger people experiencing mental health problems. There are also severe pressures on acute beds, in part due to delayed transfers of care as suitable supported accommodation may not be available.

29.3 Changes to the rules governing Section 136 (the section of the mental health act that allows the police to detain people who may be suffering mental health episodes for assessment) mean that people now have to receive assessments in 24 hours (previously 72) and that people should no longer be detained in police custody whilst waiting for assessment. These are necessary changes, but they present a challenge to services.

29.4 John Child told the committee that plans to improve city dementia services by providing single-sex acute facilities were progressing, with the refurbished ward due to be opened at Mill View in the new year. HOSC members would be welcome to attend the ward opening.

29.5 Cllr Allen commented that he was disappointed that the report was so general. It would have been helpful if there was a greater focus on Brighton & Hove. This was echoed by other members.

29.6 In response to a question from Cllr Allen about a lack of mention about mental health services for younger people in the STP mental health report, Ms Allen assured members that the STP plans do focus on youth services. The trust would be happy to discuss detailed plans for Child & Adolescent Mental Health Services with the HOSC.

29.7 In answer to a question from Cllr Deane on funding for preventative/early intervention services, Ms Allen told members that there was very strong evidence for the effectiveness of early intervention (e.g. the Early Intervention in Psychosis initiative), so it should be possible to develop strong business cases for funding. Mental health is a Government priority and there has already been significant investment locally (for example in perinatal mental health care).

29.8 In response to a question from Cllr Deane on mental healthcare in the penal system, Ms Allen confirmed that SPFT provides services to HMP Lewes and Ford. The trust is also one of the national pilot areas for a criminal justice liaison service which seeks to divert people with mental health problems from prison.

29.9 In response to a question from Cllr Bewick about demographic data, Ms Allen told members that the trust publishes performance data at local level. This can be shared with the HOSC. Mr Child added that the statistics about mortality of people with severe and enduring mental health conditions were particularly stark and clearly needed to be addressed.

30 BRIGHTON & HOVE CARING TOGETHER, CCG ALLIANCE AND NHS & SOCIAL CARE INTEGRATION UPDATE

30.1 This item was introduced by Dr David Supple, Chair of Brighton & Hove CCG; and by Rob Persey, BHCC Executive Director, Health & Adult Social Care.

CCG Alliance

30.2 Dr Supple explained that the alliance represents the coalescing of four Sussex CCGs (Brighton & Hove, High Weald Lewes Havens, Horsham & Mid Sussex, and Crawley), which will formally take place in January 2018. CCGs are coming together in this way across the country and it seems likely that those that do not jump will end up being pushed into closer working arrangements. The changes make sense in terms of realising efficiencies via unified back-office teams and scaled-up commissioning; and also in terms of the creation of a local Accountable Care System (ACS). The move will also ease workforce pressures as the new model should prove easier to recruit to.

30.3 Cllr Allen commented that, whilst he could see how the alliance could potentially save money by commissioning on a larger scale, the savings are nothing like those required to be made locally in order to meet national NHS targets. The CCG needs to start talking frankly about the kinds of service changes that will be required to meet these targets. Dr Supple agreed that there are difficult decisions to be made – for example, via the Clinically Effective Commissioning initiative. It may be necessary to make changes to some thresholds for treatment, but it is important to recognise that there are no dramatic plans to de-commission services or to close local hospitals.

30.4 In response to a question from Fran McCabe on who will be in charge of the alliance, Dr Supple told members that Adam Doyle will be the Accountable Officer across the four CCGs. A Managing Director for the south of the patch will provide additional managerial grip. Governance arrangements are a work in progress, and will be further developed in the coming months. However, individual CCGs will remain the accountable bodies.

30.5 In answer to a question from Ms McCabe on Accountable Care Organisations (ACO) and Accountable Care Systems (ACS), Dr Supple told the committees that ACOs are organisations that provide a wide range of health and care services for a defined population. ACOs are incentivised to focus on prevention and early intervention via a capitated system of payment. The use of this model should significantly reduce commissioning and contracting costs. An ACS is a way of existing organisations working together to achieve similar outcomes. It is much quicker to set up than an ACO. Rob Persey noted that there has been no real local discussion of ACS to date and it is important that this happens so that we can reach agreement on what we mean locally by an ACS.

Brighton & Hove Caring Together (Cato) and Integration

30.6 Rob Persey explained that the local population is growing and is living longer, but unfortunately many people are living longer in poor rather than good health, with the prevalence of long Term Conditions (LTC) increasing. Services need to work differently to reduce and better manage demand. Prevention and early intervention will be key.

30.7 Dr Supple added that the NHS was not set up to deal with this level of LTC and will need to adapt to manage these new demands. Cato is intended to drive this change. There are five care programmes which each have a number of work-streams. These are currently being discussed with providers, with a report to the January 2018 Cato Programme Board outlining the next steps.

30.8 Integration of local NHS and social care services is an integral part of this. This will enable NHS commissioners to better influence the broader determinants of poor health such as housing. The council and the CCG will also work much more closely together to understand and utilise local date. The announcement of the CCG alliance complicates, but does not threaten to de-rail integration plans. Governance arrangements for the shadow year (April 18-19) leave the CCG and the council as separate organisations, and there is no pre-determined view on the ultimate governance model.

30.9 Commenting on the governance chart in the papers, Cllr Allen noted that an arrow was missing from HOSC to Full Council representing potential referrals. Mr Persey agreed that this should be included.

30.10 Jo Ivens asked whether the CCG and the council are sighted on the Early Action Commission work undertaken by Lambeth and Southwark councils. Mr Persey answered that they are aware of this work; the Public Health team is also working on a Prevention Framework.

30.11 In answer to a question from Colin Vincent on whether any areas had already integrated, Mr Persey told members that the furthest advanced area was probably

Manchester. However, no area is there yet and there is no single template for integration. There is emerging best practice and we are using this to plan our approach.

31 GP SUSTAINABILITY: DECEMBER HOSC UPDATE

31.1 This item was introduced by Dr David Supple, Chair of Brighton & Hove CCG. Dr Supple outlined the state of local GP services, noting that there were issues with workforce, estates, the partnership model, and patient-mix in terms of the increasing prevalence of Long Term Conditions (LTC).

31.2 However, it is not the case that all city GP practices are struggling. At a rough estimate, approximately 10 practices are doing really well, another 10 are struggling, and the remainder are somewhere in the middle.

31.3 The CCG is working hard to support struggling practices, providing mentoring and support. In general, problems concern working conditions rather than practice income.

31.4 Dr Supple explained the graph on GP/patient ratios which was included in the papers, noting that there is some uncertainty about the figures as not all practices necessarily report this date and there is ambiguity about how the figure of whole time equivalent (wte) workers is calculated. Also, the graph does not take into account clinician skills-mix: a practice that has a relatively high GP/patient ratio may also have practice nurses, pharmacists etc. delivering high quality and timely services to patients. However, notwithstanding this, the figures are a clear cause for concern. Brighton & Hove Caring Together (Cato) will seek to address this problem, creating a more attractive environment for primary care, for example by instituting an emergency/LTC split which could see specific GPs providing continuity of care by working consistently with patients with LTCs whilst urgent calls are diverted to a more generic GP service.

31.5 The CCG is also beginning to amass better quality data about GPs – for example, around likely GP retirement dates. In addition, a local federation of GPs is being formed and this will be able to provide support to prospective GPs. For instance, the federation may be able to hold the leases to GP practices, reducing the risk to partners and allowing more GPs to opt for salaried employment. A federation may also be able to directly employ and support some staff (e.g. practice nurses) to work across several practices. It can be difficult for small practices to recruit to these roles since workers tend to prefer larger practices because they provide more opportunities for career progress. A federation could potentially also be in a position to step in and take over a practice in an emergency.

31.6 Cllr Greenbaum welcomed the report, but expressed concerns about CCG capacity to manage GP services, particularly in light of the CCG alliance plans. Dr Supple responded that the alliance should not result in there being fewer staff to commission services, but that the CCG is aware of this risk.

31.7 Fran McCabe also welcomed the paper, but wondered whether there was an issue of patient expectations exceeding the capacity of services. Dr Supple replied that patient expectations need to be taken seriously. For instance, if there is a genuine desire for extended opening times then this needs to be picked up.

31.8 RESOLVED – that the report be noted.

32 NHS 111 TENDER FOR NEW CONTRACT

32.1 This item was presented by Colin Simmons, 111 Programme Director.

32.2 Mr Simmons told members that recent developments include:

- Healthwatch has been engaged to contact hard to reach groups
- Soft market-testing events have now taken place
- Services for callers requiring face-to-face contact have been revised so that 111 operatives can directly book appointments.

32.3 Procurement will begin in January 2018, with the contract award in July/August and a commencement date of April 2019. The major risks identified include: digital, clinical governance and workforce. Health Education England is involved in discussions about the clinical workforce.

32.4 In response to questions from Cllr Wealls on the depth of the provider market and on break-clauses, members were told that the market appears robust: 10 providers attended the soft marketing events. The contract will provide break-clauses for both sides; this is standard in NHS contracting.

32.5 In answer to a question from Jo Ivens about social value, the committee was told that social value is an important factor in the contract, particularly in terms of sign-posting to community and voluntary sector services.

32.6 In response to a query from Colin Vincent about private sector involvement in the contract, it was confirmed that bids would be welcome from private sector organisations and from public/private partnerships.

32.7 In answer to questions from Cllr Morris on the CCGs involved in the contract and on the clinical pilots, members were told that the new contract would be with the seven Sussex CCGs. The clinical pilots have focused on getting maximum value from the one year extension of the current contract with SECAmb.

32.8 In response to a question from Cllr Morris on performance data, Mr Simmons told the committee that performance data for the current contract is not broken down into individual localities.

32.9 Following a question from Cllr Greenbaum on the fall-back position if no suitable bidders come forward, Mr Simmons agreed to provide an update to the HOSC around Easter 2019 when it should be clear if this situation pertains.

32.10 RESOLVED – that the report be noted.

33 HEALTHWATCH ANNUAL REPORT

33.1 This item was introduced by David Liley, Healthwatch Brighton & Hove Chief Executive.

33.2 Mr Liley told members that 2016/17 had been a very difficult year for local NHS services and this was reflected in the Healthwatch annual report. However, things have subsequently improved in a number of areas.

33.3 2016/17 saw Healthwatch Brighton & Hove significantly raise its game. For example, Healthwatch was instrumental in influencing the CQC inspection report of Brighton & Sussex University Hospitals Trust which placed the trust in special measures. Healthwatch also played a significant role in holding Patient Transport Services (PTS) to account, interviewing many service users (particularly of renal services) and using this insight to put pressure on service commissioners to deal with the problems with the PTS contract.

33.4 Cllr Deane welcomed the report and asked a question about Royal Sussex County Hospital (RSCH) outpatient services which are criticised in the Healthwatch annual report. Mr Liley responded by saying that services were in a parlous state in 2016/17, but have improved significantly in subsequent months. Healthwatch has been heavily involved in this process, particularly in terms of the redesign of the Patient Experience Panel. Mr Liley offered to circulate information on this work.

33.5 The Chair thanked Mr Liley for his report and for all the work that Healthwatch has undertaken in recent months.

34 FOR INFORMATION: UPDATE ON HOSC WORKING GROUPS

34.1 Fran McCabe noted that new categories have been introduced for ambulance response times and this ought to be explored at the SECAmb Quality Improvement Working Group. This was supported by members, as was Ms McCabe's suggestion that actions on falls should also be closely monitored.

34.2 The Chair announced that there would be a planning meeting of the STP working group on 14 December.

35 OSC DRAFT WORK PLAN/SCRUTINY UPDATE

35.1 Colin Vincent suggested that the issue of Delayed Transfers of Care should be added to the work programme. This was agreed by members.

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of