BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 28 FEBRUARY 2018

HOVE TOWN HALL, COUNCIL CHAMBER - HOVE TOWN HALL

MINUTES

Present: Councillor Greenbaum (Chair)

Also in attendance: Councillor Deane, Morris and Wealls

Other Members present: Councillors

PART ONE

36 PROCEDURAL BUSINESS

36.1 Apologies were received from Cllr Kevin Allen, Cllr Jayne Bennett, Cllr Tom Bewick, Cllr Penny Gilbey, Cllr Ann Norman, Cllr Ken Norman and Fran McCabe. There were no substitutes.

36.2 No members declared an interest.

36.3 It was resolved that the press and public be not excluded from the meeting.

36.4 In the absence of the usual committee Chair, members agreed that Cllr Louisa Greenbaum should chair the meeting.

37 MINUTES

37.1 The minutes of the 06 December 2017 meeting were agreed as an accurate record.

38 CHAIRS COMMUNICATIONS

38.1 The Chair made the following comments:

“I would like to welcome some guests to today’s meeting. Bryan Turner is the Chair of West Sussex HASC and Dr James Walsh is the Vice Chair. I have invited them so that they can take part in the items on Patient Transport Services. Our colleagues in West Sussex share many of our concerns about PTS, and giving them the chance to participate at this meeting means that they don’t have to hold a duplicate session in Chichester. We also invited colleagues from East Sussex HOSC to this meeting, but they were unable to attend.”

38.2 At the end of the meeting, members briefly discussed setting a HOSC work programme for 2018-19. Members agreed that officers should arrange a stakeholder workshop to include all HOSC members and co-optees plus NHS commissioners, providers, social care and public health officers. Recommendations from the workshop will inform a report to the June 27 2018 HOSC meeting.

38.3 It was noted that the issue of Delayed Transfers of Care, referred by Colin Vincent, was already on the work plan and should be taken at the June meeting.

38.4 Zac Capewell suggested that work on younger people's mental health should also feature on the 18-19 work programme. This was agreed by the other committee members.

39 PUBLIC INVOLVEMENT

39.1 Public Question from Linda Miller

39.1(A) Linda Miller asked the following question:

I am sure the members of the Health Overview and Scrutiny Committee are aware of the level of public concern about ACOs:

- the Judicial Review challenging their legality https://www.crowdjustice.com/case/jr4nhs-round3/, which has the support of Professor Stephen Hawking who said: "I am concerned that accountable care organisations are an attack on the fundamental principles of the NHS".
- the concern within the Conservative Party with the chair of the Health Select Committee, Sarah Wollaston, asking Jeremy Hunt to take note of public concern and pause the introduction of ACOs.
- and the policy of both the Labour Party and the Green Party to oppose the introduction of ACOs.

ACOs will be non-NHS bodies which will hold the contract for allocating resources for health and adult social care provision for the population in each area.

They can include private companies which will make money and can introduce charging. They will be allowed to sub-contract services. Each ACO will be able to decide on the boundary of what care is free and what has to be paid for. They will be given multi-billion pound budgets in contracts that may last 10 or 15 years.

ACOs will have control over the allocation of NHS money – but their accountability for spending it and their obligations to the public will be under commercial contract not statutes.

ACOs will fundamentally change the NHS and are being brought in without parliamentary scrutiny or public debate.

I would like to ask the members of this Health Overview and Scrutiny Committee if they agree the Council should:

- Pause the process of Brighton and Hove being part of any Accountable Care System or Organisation (or possibly re-named Integrated Care System),

- Conduct an Impact Assessment of the proposed cuts and changes to services,

- Publish the results and hold a Public Consultation.

39.1(B) The Chair responded:

To date the council has not been involved in any discussion with NHS bodies with respect to establishing an Accountable Care System or Organisation or an Integrated Care System in Brighton and Hove.

Any council plans to change services which may significantly impact on service users would be impact assessed and would include public engagement.

39.1(C) Ms Miller then asked a supplementary question: “will the HOSC provide details of plans for the sale of the Brighton General Hospital site?” The Chair agreed that a written response would be provided to this query.

39.2 Public Question from Valerie Mainstone

39.2(A) Janet Sang asked the following public question on behalf of Ms Mainstone:

"Last Summer, a deputation of breast feeding mothers presented a petition against the cutting of a breast feeding support worker post in Hangleton and North Portslade. This was the Ward sixth from bottom in the 'league table' of breastfeeding in Wards across the city. The cut went ahead, and I understand that a Peer Support Group has consequently closed, for lack of professional supervision. Can the HOSC confirm the loss of this Peer Support Group, and say where Hangleton and North Portslade now stands in the 'league table' for breastfeeding per Ward?"

39.2(B) The Chair responded:

a) Sussex Community NHS Foundation Trust (SCFT) is commissioned by Brighton & Hove City Council (BHCC) to provide the **0-19 Public Health Community Nursing Service for children/young people**. As part of this SCFT provides breastfeeding support services across the city. **In the Hangleton & North Portslade area SCFT provides** Baby Groups, staffed by a Healthy Child Practitioner (Nursery Nurse) and a member of staff from the local Children’s Centre (BHCC). A Breastfeeding Peer Supporter (volunteer) is due to start with the Healthy Child Clinic in the near future and may also be placed in the Baby Groups.

The Specialist Breastfeeding Coordinator (SCFT) has provided training to all the Nursery Nurses, who have undergone additional training to enhance their skills in order to provide the best care possible. They are highly skilled and work within a competency framework. All Healthy Child Programme teams have a Breastfeeding Champion Health Visitor to promote, support and provide expertise in this field. All Health Visitors are highly trained in breastfeeding support.

b) We have not seen a significant change in the breastfeeding prevalence this year compared with 16-17.

In comparison, Q1 16-17 for Hangleton stood at 65.7% breastfeeding prevalence and in Q3 17-18 was 66.7%.

In North Portslade Q1 16-17 stood at 58.5% breastfeeding prevalence and in Q3 17-18 was 59%.

North Portslade continues to be one of the areas of Brighton and Hove that we are focusing on alongside East Brighton as they continue to have the lowest rate of breastfeeding in the city.

39.2(C) As a supplementary question Ms Stang asked whether the HOSC would continue to monitor breast-feeding rates in Hangleton & North Portslade. The Chair agreed to provide a written response.

40 MEMBER INVOLVEMENT

40.1 There were no member questions.

41 PATIENT TRANSPORT SERVICES (PTS) HEALTHWATCH REPORT

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

41.2 Mr Liley told members that there has been increased user satisfaction with patient transport services (PTS) under the new provider, South Central Ambulance NHS Foundation Trust (SCAS). Satisfaction levels are now much higher than under Coperforma, and somewhat higher than under the previous contractors, South East Coast Ambulance NHS Foundation Trust (SECAmb).

41.3 However, despite the significant improvements under SCAS, some problems with services have persisted. These include:

- The reliability of services at the weekend （particularly Saturdays）
- Meeting the mobility needs of patients
- Inconsistent drop-off and pick-up arrangements
- Slippage on some KPIs
- Unacceptable failures to provide services to some exceptionally vulnerable patients.

41.4 In response to a question from Cllr Morris, Mr Liley explained that Healthwatch had conducted three pieces of work on PTS: an initial survey of renal patients at the Royal Sussex County Hospital (RSCH) involving around 60 patients; a further CCG commissioned joint survey with Healthwatch East Sussex and Healthwatch West Sussex involving more than 200 patients across the county; and a follow-up to the joint survey, again engaging with more than 200 patients. Local focus in the latter survey was on renal and cancer patients.

41.5 The Chair thanked Mr Liley for attending the meeting and commended the work that Healthwatch have been doing on patient transport services.

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

42 PATIENT TRANSPORT SERVICES (PTS): FEBRUARY 2018 UPDATE

42.1 This item was introduced by Derek Laird, PTS Adviser to High Weald Lewes Havens CCG, and by Ian Thompson, South Central Ambulance Service (SCAS). Mr Thompson gave a slide presentation.

42.2 Derek Laird noted that he welcomed the Healthwatch report on PTS. The service has made significant progress in recent months, although there is still plenty of room for improvement. It also needs to be recognised that SCAS took on the contract at very short notice.

42.3 Responding to the Healthwatch report, Ian Thompson told members that PTS performance at weekends was always going to be a challenge because demand can be inconsistent and sometimes exceeds available capacity. However, the introduction of a local (i.e. Sussex-based) control centre should help improve things. Drop-offs at the Royal Sussex County Hospital (RSCH) are problematic due to the 3T construction work taking place, although SCAS does liaise with the trust around this. SCAS would like to involve Healthwatch in its improvement work, but has struggled to make contact.

42.4 Cllr Wealls noted that members had not had been able to study the performance data presented in the slides and were consequently not in a position to make informed comments about SCAS performance. It would have been much more helpful to have had this data in advance of the meeting. Other members agreed, and it was noted that the data presented was of limited value because it reported % performance, but gave no indication of the KPI targets that SCAS is contracted to achieve: e.g. there was no way of telling whether, say, 90% performance was outstanding or disappointing.

42.5 In response to a question from Cllr Deane on the issues at RSCH, Mr Thompson told members that some of the problems were due to traffic congestion in the vicinity of the hospital and were outside the trust's control. There are also on-site problems, such as the lack of parking outside the renal unit, which means that PTS drivers can face lengthy waits to drop off patients. SCAS is planning to meet further with BSUH to try to resolve some of these access issues.

42.6 In response to a question from Cllr Morris on whether SCAS took on the Coperforma contract or were awarded a new contract, Mr Laird told the committee that SCAS took on the existing contract for 3 years with an option to extend for a further two years. In an ideal world the contract would have gone out to tender, but a tender process would have taken 12-18 months and a new provider had to be in place within three months, so this was not a realistic option.

42.7 In answer to a question from Dr James Walsh (West Sussex HASC representative) on on-line bookings, Mr Laird replied that there has been a significant improvement in the

percentage of appointments booked on-line. There are no specific targets for on-line booking, but it is nonetheless good practice to record performance.

42.8 Cllr Deane noted that RSCH appears to have much higher levels of PTS activity than other Sussex hospitals. Mr Laird explained that this is partly due to the fact that RSCH operates the main renal unit in the Sussex area: renal patients form a substantial part of PTS activity. As a regional specialist centre, RSCH also has more activity from out of area (i.e. non-Sussex based patients) than the other Sussex hospitals, although Sussex PTS only provides pick-ups to Sussex patients. In addition, trusts operating two or more hospital sites may have differing approaches to how they spilt particular services, which may impact on how PTS activity is recorded.

42.9 Mr Thompson told members that it was much harder to run effective PTS when bookings are made at short notice. RSCH makes more than 40% of its bookings after 3pm, which presents a challenge, although having a control centre in Sussex helps. Mr Laird added that Worthing hospital has managed to turn around its discharge performance in recent months and learning from this could assist RSCH in making similar changes. There has been some improvement since Western took charge of the RSCH.

42.10 In response to a question on planning access to RSCH during the 3T works, Mr Thompson told members that SCAS holds regular meetings with the renal matron and is in regular contact with the 3T Project Management Office. There is less of an impact on transport to RSCH outpatients, as this is not part of the 3T build. Communications with the hospital trust have generally been good, although this does not address off-site traffic congestion issues.

42.11 Mr Thompson acknowledged that discharge was frequently delayed by patients having to wait for their discharge medications. This is a problem nationally.

42.12 In response to a question from Dr James Walsh (West Sussex HASC) on the location of the SCAS call centre, Mr Laird told members that it was important to ensure that there was local knowledge in the services which would benefit from it. However, the call centre is a generic service which does not rely on local knowledge and there is therefore no pressing case for it to be located in Sussex.

42.13 Mr Bryan Turner (West Sussex HASC representative) noted that he had concerns about the management of the Coperforma contract which have not yet been addressed by High Weald Lewes Havens CCG. It was also worrying that there appear to have been disclosures of information to the media in advance of communication with local HOSCs.

42.14 Mr Laird noted that he was brought in by the CCG in 2016, but was not party to the award of the PTS contract to Coperforma or the early months of the contract. He had asked Alan Beasley of High Weald Lewes Havens CCG if he could attend this meeting, but Alan was unable to. Sussex CCGs have taken legal advice about elements of the Coperforma contract, and this limits what can be discussed in public. However, it was possible to confirm that a total of £14.1 million was paid out under the Coperforma contract with an additional £2.1 million to meet acute transport demand *and* to invest in the contract transfer.

42.15 In response to questions from Mr Turner about payments of pension contributions for PTS sub-contractors, Mr Laird told members that he was not aware of any significant issues here. The CCGs had paid contractors directly rather than via Coperforma in the last months of the contract. The CCGs did all they could to protect sub-contracted staff and ensure their safe transfer to SCAS' management, although with hindsight they should probably have intervened earlier.

42.16 Mr Turner noted that it appeared that Coperforma had been paid the full value of its contract and more despite its performance. Dr Walsh told members that it was important that local HOSCs held the CCGs accountable for the failures of the PTS contract whilst there is still organisational memory of what transpired. A large amount of public money was spent unnecessarily and this needs proper investigation. Members agreed that Brighton & Hove HOSC should take this matter up with the CCG Accountable Officer and Chief Financial Officer in the near future. Dr Walsh suggested that full disclosure of information to the Sussex HOSCs Chairs would be a helpful interim measure.

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

43 CLINICALLY EFFECTIVE COMMISSIONING (CEC): FEBRUARY 2018 UPDATE

43.1 This item was introduced by Dr David Supple, Chair of Brighton & Hove CCG. Dr Supple explained that the Clinically Effective Commissioning (CEC) initiative will help STP area CCGs align policies and best practice: for example, by ensuring a consistent approach to tonsillectomies which reflects national guidance. For Brighton & Hove most policies have not changed, and nothing is being withdrawn, although the threshold to access some procedures may change.

CEC will also help ensure that the NHS only funds effective treatments – e.g. it is questionable whether patients who undergo a knee arthroscopy, and then shortly afterwards need a knee replacement, have received any benefit from the arthroscopy.

CEC has been arranged in three tranches. The first two traches have been agreed, but no decisions have yet been taken about the third tranche (which deliberately includes the most potentially controversial/emotive issues), and no engagement on these procedures has been undertaken to date.

43.2 In response to a question from Cllr Deane on how wellbeing rather than just health outcomes were factored in to CEC evaluations, Dr Supple said that this was an interesting point which he would take back to the CCG.

43.3 In response to a question on the CEC tranches from Cllr Morris, Dr Supple told members that tranche 1 consisted of 'easy wins' where there was a virtual clinical consensus already; tranche 2 of procedures where there was potentially some ambiguity in the NICE guidelines; and tranche 3 of procedures recognised as emotive areas. The CCGs are well aware that short term savings may have negative long term consequences, and are committed to looking at quality of life for patients rather than crude thresholds of efficacy.

43.4 In answer to a question from Cllr Morris on the inclusion of IVF in tranche 3, Dr Supple explained that there are varying clinical opinions about the thresholds for NHS IVF: for

example, in terms of age (the effectiveness of IVF declines markedly at later ages), and the number of cycles that should be on offer. Other CCGs have dramatically reduced the availability of IVF treatments.

43.5 In response to a question from Colin Vincent on cataracts, Dr Supple responded that it may be useful to look at whether it makes sense to automatically book patients in to have both cataracts dealt with when there is some evidence that many patients are happy with just having one cataract removed.

43.6 Dr Supple agreed to come back to a later HOSC meeting to report on the outcome of the evaluation of tranche 3 procedures.

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

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of