

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 27 JUNE 2018

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor K Norman (Chair)

Also in attendance: Councillor Allen (Group Spokesperson), Bennett, Barnett, Greenbaum, Morris, Marsh, Hill and Janio

Other Members present: Councillors

PART ONE

1 PROCEDURAL BUSINESS

- 1.1 Apologies were received from Zac Capewell (Youth Council) and from Cllr Lizzie Deane.
- 1.2 Cllr Tony Janio attended as substitute for Cllr Carol Theobald
Cllr Tracey Hill attended as substitute for Cllr Tom Bewick.
- 1.3 No members declared an interest.
- 1.4 It was resolved that the press and public be not excluded from the meeting.

2 MINUTES

- 2.1 **RESOLVED** – that the minutes of the 28 February meeting be agreed as an accurate record.

3 CHAIRS COMMUNICATIONS

- 3.1 The Chair told the committee the following: “We’ve had some changes in membership following Annual Council. I’d like to thanks Cllrs Andrew Wealls, Ann Norman and Penny Gilbey for all their work with the committee and to welcome Cllrs Mo Marsh, Carol Theobald and Dawn Barnett.

After the papers for this meeting were finalised, it was realised that the page numbering had gone awry. The page numbers in the agenda are in fact two pages ahead of where they should be: so where it says that an item is on page 9 it is in fact on page 7.

Several NHS briefings have been received in the past few days and have been circulated in advance of this meeting. These concern plans to close the Rottingdean branch GP surgery; and an announcement that local CCGs will have to make significant additional savings this year. We've also had notice that the 111 procurement process, which the HOSC has been monitoring, has been suspended.

If members wish to discuss these issues, I suggest that they do so under item 6 which is the CCG update on recent events in the local health economy. However, I think that detailed debate would be better at the next HOSC meeting where it can be supported by reports."

4 PUBLIC INVOLVEMENT

4.1 There was a Public Question from Ms Linda Miller:

Clinically effective commissioning

When the 39 treatments under review were announced to the HOSC (February 2018) the CCG informed us:

- 1) that our CCG together with the four other CCGs in Sussex East Surrey have compiled the list,
- 2) that the changes are not "substantial" so do not trigger HOSC discussion and public consultation, and
- 3) the aim is to reduce spending.

My question is:

- 1) We have a National Health Service and the public expect the treatment available to be based on national, evidence-based guidelines. Please could the HOSC ask the CCG to inform us what the NICE guidelines are for each of the 39 treatments under review.
- 2) Please could you define "substantial": how exactly is the CCG planning to alter, for example, the treatment people with cataracts might receive? Please could you ask the CCG to inform us, for all 39 procedures, exactly what changes are being proposed.
- 3) Brighton and Hove CCG intends to cut £14 million from its spending in 2018/19⁽¹⁾. Once we have the NICE guidelines and the details of the changes being proposed, if this committee finds that people in Brighton and Hove are being offered an inferior standard of care based on local, financially motivated decisions, what powers does this HOSC have to challenge those decisions?

⁽¹⁾ Alliance Update, June 2018

4.2 The Chair noted that the response to this series of questions was lengthy. He would therefore not read it out, but the full response had been shared with members and with the questioner and would be included in the minute of the meeting:

Question 1

NICE publishes all of its guidelines on the NICE website: <https://www.nice.org.uk/> Searching for a specific treatment or condition will bring up details of all the relevant guidance.

However, There isn't NICE guidance for all the treatments in tranche 0,1 and 2 and if there is NICE guidance, in most cases it is purely guidance and not mandatory:

<https://www.nice.org.uk/about/who-we-are/our-charter>

NICE and other clinical guidance (e.g. from the medical colleges) has been reviewed during the process of updating the policies.

The Clinically Effective Commissioning Programme has been set up to reduce clinical variation, improve quality of care and ensure application of National evidence based guidance such as NICE across the population of Sussex. A key driver is improving the clinical value that we offer our population, defined as achieving the best outcomes for individual patients and for the public within the available resources. A detailed evidence review is carried out for each treatment area, capturing all NICE and any other National Guidelines and this is then carefully evaluated to ensure a representative Policy is then formulated. This will then need to be implemented across Sussex and East Surrey via contractual routes absolutely facilitated by Clinical engagement with our GPs and Hospital Clinicians to ensure patients receive equitable evidenced based care with greater shared decision making to support them to make informed decisions.

Question 2

There is no statutory definition of 'substantial' in relation to 'substantial variation in services' (Public Health, Health & Wellbeing Boards and Health Scrutiny Regulations 2013 section 23). Government guidance recommends that NHS bodies and HOSCs informally agree on which change plans should be considered substantial. The local rule of thumb is that planned changes which are likely to have a serious detrimental impact on any service users or a minor negative impact on many users, should be referred to local HOSCs.

The Health Policy Committee is the forum for recommending to the CCG whether the potential change is substantial or not.

The CCG does not consider that any of the service changes relating to tranche 1 or 2 of the CEC initiative reach this threshold and has consequently not formally consulted the HOSC on any related changes in service.

The Cataract Clinical Policy sits within the Clinically Effective Commissioning pipeline and will be timetabled to be addressed within the next year. The approach to agreeing a Sussex wide Policy will follow a defined process, as will any new Policies. This will entail an evidence review of any National Guidance and subsequent detailed scrutiny following an ethical framework by a working group comprising of Clinicians, Commissioners, Public Health Leads and lay members. The draft Policy will then be publicly shared to ensure transparency in our approach, we are liaising with Healthwatch for their guidance. If the Policy poses substantial variation in Services this will be brought to the HOSC for formal consultation.

The suite policies are available on the CCG website setting out exactly what criteria will be followed in order to ensure clinically effective commissioning.

Question 3

The HOSC is required to provide additional scrutiny to developments and variations in local health services. This role is an important safeguard for ensuring that services are not removed or scaled back without due consideration to how resources are deployed locally. If the HOSC felt that changes were being made to services and without appropriate consideration to the impact on the community and the use of NHS resources in the round, then the HOSC has the ability to escalate its concerns to the Secretary of state for Health for review and decision.

The £14m reduction in spending is a target across the entirety of commissioned health services in the city. As part of this, clinicians are currently reviewing all health and care services that may have limited or no clinical benefit to patients to identify any areas where money is not being spent as effectively as it should be. Any decisions proposed as a result of this review will be based on whether a service is clinically effective and is a clinical priority, as well as input and feedback we have received from our local population. The clinically effective commissioning programme fits into this and is something we have already been working towards for some time.

- 4.3 Ms Miller asked a supplementary question: “does the HOSC intend to conduct further scrutiny of the Clinically Effective Commissioning programme, and if so will this be in public?”
- 4.4 Several members noted that they were committed to this issue being scrutinised in public.
- 4.5 The Chair agreed to provide a written response to this question.

5 MEMBER INVOLVEMENT

- 5.1 There was none.

6 UPDATE ON THE STP/BRIGHTON & HOVE CARING TOGETHER/HEALTH & SOCIAL CARE INTEGRATION

- 6.1 This item was introduced by Dr David Supple, Chair of Brighton & Hove CCG. Dr Supple outlined recent developments in the Sustainability & Transformation Partnership (STP), the Central Sussex & East Surrey CCG Alliance, and in local health and social care integration.
- 6.2 Dr Supple told members that progress on the STP has continued to be slow. However, a new governance structure is being introduced, the new STP Chair is now in place and a clinical case for change is being developed. The CCG Alliance is coming together at pace. We are already seeing better relationships with providers since multiple commissioners have been superseded by a single commissioning relationship. This will help the local health and care system plan for winter pressures. Health and social care

integration has been complicated by the emergence of the Alliance and progress has effectively paused until there is more clarity on the precise roles of the CCG going forward. The CCG also has significant budget pressures which need to be fully understood.

- 6.3 In response to a question from Cllr Janio on the impact in delays in developing the STP, Dr Supple told members that there had been no significant impact as the CCG Alliance has delivered parallel improvements to those that might have been expected from a more developed STP.
- 6.4 In answer to a question from Cllr Janio on whether the integration shadow year may need to be extended, Dr Supple responded that it was too early to say, but that it was possible that the shadow year would need to be extended by some months.
- 6.5 In response to a question from Cllr Greenbaum on the availability of material explaining the STP governance changes, Dr Supple agreed to forward information to members.
- 6.6 In answer to a question from Cllr Greenbaum on integration, Dr Supple told members that this was proceeding at a different rate in different areas. For example, East Sussex has progressed much further than Brighton & Hove via the East Sussex Better Together programme. There is no requirement for integration to happen concurrently across all areas and no local integration plan will be slowed down to allow other areas to catch up.
- 6.7 In response to questioning from Cllr Allen on CCG funding, Dr Supple informed the committee that BH CCG has not yet finalised its plans to make in-year efficiencies, but will do soon and will share these with the HOSC once they are in the public domain. The forecast of an increased budget gap this year is essentially due to growing activity. Although CCGs across the Alliance all need to make in-year efficiencies, each CCG is a sovereign body and there is no sharing of deficits. The savings targets will be challenging, but it is important to stick to them because of the offer to write-off other deficits if the Alliance area achieves its control total.
- 6.8 In answer to questions from Cllr Marsh on the recent announcement of additional NHS funding, Dr Supple told members that the funding does not commence until 2019-20, so will not impact on this year's spending. The additional funding will be helpful, but will not solve all local NHS financial problems. However, the CCG is confident in its budgeting this year because it has an agreement in place with Brighton & Sussex University Hospitals Trust which should help manage in-year costs.
- 6.9 In response to questions from Cllr Morris about the Alliance, Dr Supple explained that merging posts reduced the number of senior staff and made the posts more attractive to high calibre applicants. Previously the individual CCGs had struggled to recruit to a number of important posts, but this is expected to improve. Dr Supple stressed that the scaling-up of CCGs is going on across England; if CCGs do not coalesce voluntarily it is likely that they will eventually be made to do so.
- 6.10 Fran McCabe questioned where the strategic oversight on local healthcare issues was located, noting that recent announcements on city primary care, including GP practice closures, the decision to end the walk-in centre contract and uncertainty about Urgent Care Centres, seemed indicative of a lack of grip. Dr Supple agreed that it was

important to establish which issues would remain local and which would be held at Alliance level. It seems certain that GP commissioning will remain a local activity, however.

- 6.11 In response to a question from Cllr Hill on in-year efficiencies, Dr Supple told members that the CCG has developed a plan to make in-year savings. This has yet to be approved by the CCG Governing Body, but will be shared with the HOSC once it has been.
- 6.12 Cllr Janio noted that, whilst some members characterised these savings as cuts, the position was actually that CCGs in the Alliance were being required to reduce their combined overspending. If they were successful in meeting their control total, they would be rewarded with significant additional money from Government. Dr Supple agreed that this was correct, although the impact on Brighton & Hove will be a reduction in the baseline 18/19 budget.
- 6.13 In answer to a question on public engagement from Colin Vincent, Dr Supple acknowledged that engagement on the STP had been flawed. However, the CCG does lots of engagement in Brighton & Hove and has plans to engage with the public on its financial planning and on Clinically Effective Commissioning.

7 SUSSEX COMMUNITY NHS FOUNDATION TRUST (SCFT): DEVELOPMENT OF THE BRIGHTON GENERAL SITE AS A COMMUNITY HEALTH HUB

- 7.1 This item was introduced by Mike Jennings, Sussex Community NHS Foundation Trust (SCFT) Director of Finance & Estates. Mr Jennings gave a presentation on the trust's plans to redevelop part of the Brighton General Hospital (BGH) site as a Community Health Hub (CHH), with the CHH development to be funded by the disposal of other parts of the BGH site for housing. Mr Jennings noted that the trust was engaging with staff, partners and the public on a number of options for the site.
- 7.2 Cllr Janio noted that there was the potential to locate a CHH as part of the Toad Hole Valley development in Hove. This would help address the lack of medical facilities in the west of the city and would avoid an over-concentration of services in East Brighton, which might be the case with a re-developed BGH site less than a mile from the Royal Sussex County Hospital (RSCH). Mr Jennings replied that the CCG was responsible for commissioning primary care services in Brighton & Hove, including the Toad Hole Valley development. It is also the case that the majority of services currently provided at the BGH (and hence to be re-provided at the CHH) are local services for East Brighton residents rather than city-wide services that could readily be delivered from a different location. Moreover, the capacity problems at the RSCH will be helped by the diversion of some patients to nearby facilities.
- 7.3 Cllr Barnett argued that the only realistic plans for the BGH were those that located the CHH at the front of the site (Elm Grove). If the CHH were to be located at the rear of the steeply-sloped site it would be difficult to access by anyone with a mobility problem. Mr Jennings noted that this was a point that had come through strongly in engagement.
- 7.4 Cllr Marsh expressed her satisfaction that the site was finally being developed. She suggested that SCFT discuss access to the site with the bus company – e.g. to explore

the possibility of a bus route detouring into the site to provide an accessible service to patients. Mr Jennings confirmed that the trust plans to engage with the bus company.

7.5 Members discussed whether HOSC engagement regarding this development should be informal (as recommended in the cover report) or a formal Substantial Variation in Service (SViS) consultation. Cllr Allen proposed that recommendation two in the report be amended to read: "Agree to monitor the progress of this initiative and in due course to require formal consultation." The committee voted on this amendment which was agreed, with Cllr Morris abstaining.

7.6 **RESOLVED** – that the committee:

- (a) notes SCFT plans to develop the BGH site; and
- (b) Agrees to monitor the progress of this initiative and in due course to require formal consultation; and
- (c) Recommends that SCFT works with partners to explore the potential for its housing plans to improve city health & wellbeing: e.g. via dedicated supported housing for residents with additional health needs, and affordable key-worker housing targeted at healthcare workers.

8 DELAYED TRANSFERS OF CARE: HOSC UPDATE

8.1 This item was introduced by Grace Hanley, Assistant Director, Health & Adult Social Care; and by Ben Stevens, Director of Operations, Brighton & Sussex University Hospitals Trust (BSUH).

8.2 In answer to a question from Cllr Barnett as to when discharge planning should start, Mr Stevens told members that it should ideally start pre-admission once staff became aware of a patient's specific needs.

8.3 Cllr Marsh enquired why the Delayed Transfers of Care (DTocS) for residential care waits are still high. Ms Hanley responded that the majority of these delays (89%) relate to mental health settings. There is currently inadequate city supply of residential beds for this client category and commissioners are working to support providers to diversify in order to meet these needs. Where there are delays relating to non-acute NHS services, these are generally for rehab beds (e.g. at Craven Vale or Knoll House).

8.4 In response to a question from Colin Vincent on the breakdown of DtoC cases by age, Ms Hanley responded that she did not have the figures to hand but would respond to this point in writing. Ms Hanley subsequently circulated additional information on this point. This is attached to the minute of this meeting for information.

8.5 In answer to a query from Fran McCabe on how Home First is funded, Ms Hanley told members that it is jointly funded, partly via the Better Care Fund. Partners are confident that this funding is sustainable because there is clear evidence that it has delivered improvement.

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

9 HEALTHWATCH: ANNUAL REPORT ON THE HEALTHWATCH ENVIRONMENTAL AUDIT OF BSUH

9.1 This item was presented by David Liley and Alan Boyd, Healthwatch Brighton & Hove.

9.2 RESOLVED – that the report be noted.

10 UPDATE ON HOSC WORKING GROUPS

10.1 In response to a question from Cllr Allen as to whether substitutes were permitted on HOSC sub-groups, the Chair confirmed that they are. Members agreed that the committee should seek to ensure that Brighton & Hove HOSC was always represented at sub-group meetings: e.g. other HOSC members should be invited if sub-group members are unable to attend a meeting.

11 HOSC WORK PLAN

11.1 Caroline Ridley reminded members that the Youth Council representative had suggested that members look at the issue of young people's mental health at some point this year. Members agreed that this should definitely be arranged.

11.2 Cllr Allen suggested, and the committee agreed, that the Director of Public Health annual report should come to the HOSC. Cllr Allen also noted the HOSC STP working group should resume taking evidence in the near future as there at last appears to be some STP activity to report.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of