Brighton & Hove City Council

Health Overview & Scrutiny Committee

Date:	**17 July 2019**
Time:	**4.00pm**
Venue	**Council Chamber, Hove Town Hall**
Members:	**Councillors:** Deane (Chair), Barnett, Druitt, Evans, Grimshaw, Hills, Lewry, McNair, O'Quinn and Powell Co-optees: Colin Vincent (Older People's Council), Fran McCabe (Healthwatch), Caroline Ridley (Community & Voluntary Sector), Zac Capewell (Youth Council)
Contact:	**Giles Rossington** Senior Policy, Partnerships & Scrutiny Officer 01273 295514 giles.rossington@brighton-hove.gov.uk

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AGENDA

PART ONE **Page**

1 APOLOGIES AND DECLARATIONS OF INTEREST

(a) **Declaration of Substitutes:** Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.

(b) **Declarations of Interest:**

(a) Disclosable pecuniary interests;
(b) Any other interests required to be registered under the local code;
(c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare:
(i) the item on the agenda the interest relates to;
(ii) the nature of the interest; and
(iii) whether it is a disclosable pecuniary interest or some other interest.

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2 MINUTES **7 - 16**

To note the minutes of the last meeting held on the 20 March 2019 (attached).

3 CHAIRS COMMUNICATIONS

4 PUBLIC INVOLVEMENT

To consider the following matters raised by members of the public:

(a) **Petitions:** to receive any petitions presented by members of the public to the full council or at the meeting itself;
(b) **Written Questions:** to receive any questions submitted by the due date of 12 noon on the (insert date);
(c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on the (insert date).

5 MEMBER INVOLVEMENT

To consider the following matters raised by councillors:

(a) **Petitions:** to receive any petitions submitted to the full Council or at the meeting itself;
(b) **Written Questions:** to consider any written questions;
(c) **Letters:** to consider any letters;
(d) **Notices of Motion:** to consider any Notices of Motion referred from Council or submitted directly to the Committee.

6 POSSABILITY PEOPLE DISABILITY ADVICE CENTRE FUNDING 17 - 32

Report of the Executive Lead, Strategy, Governance & Law (copy attached)

Contact Officer: *Giles Rossington* *Tel: 01273 295514*
Ward Affected: *All Wards*

7 DEVELOPMENT OF AN URGENT TREATMENT CENTRE (UTC) AT THE ROYAL SUSSEX COUNTY HOSPITAL 33 - 42

Report of the Executive Lead, Strategy, Governance & Law (attached)

Contact Officer: *Giles Rossington* *Tel: 01273 295514*
Ward Affected: *All Wards*

8 DEVELOPMENT OF A COMMUNITY HEALTH HUB AT THE BRIGHTON GENERAL HOSPITAL SITE: UPDATE 43 - 52

Report of the Executive Lead, Strategy, Governance & Law (copy attached)

Contact Officer: *Giles Rossington* *Tel: 01273 295514*
Ward Affected: *All Wards*

9 PRIMARY AND URGENT CARE SERVICES IN HOVE AND PORTSLADE 53 - 68

Report of the Executive Lead, Strategy, Governance & Law (copy attached)

Contact Officer: *Giles Rossington* *Tel: 01273 295514*
Ward Affected: *All Wards*

10 HOSC DRAFT WORK PLAN **69 - 74**

HOSC 19-20 Work Plan – for information (attached)

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FURTHER INFORMATION
For further details and general enquiries about this meeting contact Giles Rossington, (01273 295514, email giles.rossington@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

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Date of Publication - Tuesday, 9 July 2019

Agenda Item 2

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 20 MARCH 2019

THE RONUK HALL, PORTSLADE TOWN HALL - PORTSLADE TOWN HALL

MINUTES

Present: Councillor K Norman (Chair)

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

Other Members present: Fran McCabe (Healthwatch), Colin Vincent (Older People's Council)

PART ONE

33 APOLOGIES AND DECLARATIONS OF INTEREST

34.1 Apologies were received from Zac Capewell, Brighton & Hove Youth Council and from Caroline Ridley, CVS representative.

34.2 Cllr Janio attended as substitute for Cllr Carol Theobald.

34.3 There were no formal declarations of interest. Fran McCabe noted that there were two reports from Healthwatch Brighton & Hove on the agenda and she wanted to remind members that she is Chair of Healthwatch Brighton & Hove.

34.4 RESOLVED – that the press and public be not excluded from the meeting.

34 MINUTES

35.1 Cllr Morris told members that he had received additional information from the CCG regarding point 23.2 of the minutes (information on the Brighton Walk-In Centre). The Scrutiny Officer confirmed that this material had also been circulated to other committee members.

35.2 RESOLVED – that the draft minutes of the 23rd January 2019 HOSC meeting be accepted as an accurate record.

35 CHAIRS COMMUNICATIONS

35.1 Cllr Janio thanked Cllr Norman for all his work in chairing the committee. This thanks was echoed by other committee members.

35.2 Cllr Norman noted that he was standing down after 16 years as a Councillor. He thanked everyone he had worked with, in particularly officers in Adult Social Care for their help and support over the years.

36 PUBLIC INVOLVEMENT

36.1 There was a public question from Ms Janet Sang. Ms Sang asked:

"The CCG's Clinically Effective Commissioning Policies are prefaced with a statement about the responsibilities of the CCG in relation to Equality. What analysis has HOSC seen which considers the likely equality impact of the reduction of clinical procedures listed in the Policies, and what plans are there to monitor their impact?"

36.2 The Chair responded:

"NHS bodies are required to consult formally with local HOSCs when planning to make service changes that may constitute a Substantial Variation in Service (SViS). As part of this process, HOSCs would typically expect to consider relevant Equality Impact Analyses (EIAs) alongside other evidence.

In the opinion of the CCGs, none of the service changes that form tranches 0-2 of the Clinically Effective Commissioning (CEC) programme constitute a SViS, and CCGs have therefore not sought to consult formally with local HOSCs on these changes. CCGs have engaged informally around CEC, including providing briefings on the programme to individual HOSCs and holding regular discussions of CEC with Sussex HOSC Chairs.

This informal engagement has not included the formal sharing or discussion of EIAs. Commissioners have consistently told HOSC representatives that there are anticipated to be few if any negative impacts of CEC tranches 0-1 as the changes are designed to improve the clinical effectiveness of procedures, leading to better outcomes for service users with no significant detriment to any group.

The HOSC has requested more information on tranches 0-2 of CEC and is currently in dialogue with BHCCG about what information is required.

It is anticipated that tranche 3 of CEC may include changes which will constitute a Substantial Variation in Service ,and, if this is the case and the changes are to be implemented across Sussex, then these will be subject to formal consultation with Sussex HOSCs (via a Joint HOSC as required by law)."

36.3 Ms Stang then asked a supplementary question:

The Royal College of Surgeons has issued a statement challenging commissioner decisions to follow conservative treatment regimes in the first instance, rather than prioritising hip, knee or hernia surgery, where patients will experience significant pain

that could be alleviated by surgical intervention. What does the HOSC intend to do in response to this guidance?

36.4 The Chair told Ms Stang that he was unable to answer this question at the meeting, but would provide her with a written response to be included in the minute of the meeting.

The response was:

"Thank you for your supplementary question. I believe that you raise valid issues about some of the tranche 2 Clinically Effective Commissioning procedures; indeed some HOSC members have voiced similar concerns. We have local elections this May, and a new HOSC and HOSC Chair will be appointed following these elections. I cannot commit the future HOSC to follow any particular course of action, but I will write to the new Chair drawing their attention to these outstanding concerns relating to tranche 2 of CEC."

37 MEMBER INVOLVEMENT

37.1 Members considered a Notice of Motion referred from Full Council in January 2019.

37.2 Cllr Janio told the committee that there is land set aside for a secondary school on the Toad Hole Valley development could be used for medical facilities now that a school is no longer required. A small hospital could be built on the site which could provide screening services, a minor injuries unit and some mental health facilities etc. This would mean that people from Hove and Portslade would not have to travel all the way to the Royal Sussex for treatment.

37.3 Cllr Allen noted that Hove already has a polyclinic and mental health hospital offering this type of provision, and he saw no need for these services to be duplicated.

37.4 Cllr Marsh noted that she was hesitant to make a recommendation given that this was the last meeting of the electoral cycle.

37.5 Cllr Greenbaum stated that she was not personally convinced of the need for additional facilities in Hove, but supported the request to have a report come to the HOSC.

37.6 RESOLVED – that a report from the CCG on healthcare provision on Hove and Portslade be requested and presented to a future HOSC meeting.

38 BRIGHTON & SUSSEX UNIVERSITY HOSPITALS TRUST (BSUH): CARE QUALITY COMMISSION INSPECTION REPORT

38.1 The report was presented by Dr George Findlay, BSUH Medical Director. Dr Findlay told members that the recent CQC inspection report had seen the Trust's ratings improve in every area, with BSUH now rated *good* overall and *outstanding* for the caring domain. The Trust is now out of both quality and financial Special Measures. Most of the credit for this rapid turnaround should go to staff across BSUH.

38.2 Challenges remain however. BSUH needs to improve the responsiveness of its services. The Trust has also been rated as requires improvement for its use of resources; BSUH still has a significant annual deficit and struggles to meet national waiting times targets, but the CQC has recognised that the position has improved and that there is a positive trajectory.

38.3 Members congratulated the Trust and its staff on BSUH's improvement.

38.4 In response to a question from Cllr Marsh on the Royal Alex, Dr Findlay told the committee that the CQC had not included children's care in its most recent inspection. Services at the Royal Alex had been found good or outstanding in the 2016 inspection report.

38.5 In answer to a query from Mr Vincent about end of life care, Dr Findlay told members that end of life services did not form part of the recent inspection. However, there has been significant investment in end of life since 2016, providing more specialist nurse and consultant post and a better general understanding of end of life care across the Trust.

38.6 In response to a question from Cllr Greenbaum on how further improvements would be resourced, Dr Findlay agreed that there was limited prospect of additional funding. However, the Trust spends more than £500 million per year and can fund improvement by identifying and eliminating waste within this spend. BSUH's £30 million in-year savings programme is, in part, intended to identify savings in order to facilitate this type of investment.

38.7 In answer to a question from Cllr Janio on what the Trust does internally to drive improvement, Dr Findlay explained that the Patient First improvement programme that has proved highly effective in West Sussex hospitals had been introduced to BSUH. This uses data to drive improvement and forms a core component of management systems.

38.8 In response to a question from Cllr Janio on how the Trust hoped to access additional NHS funding (e.g. the £20.5 billion announced for the NHS in 2018), Dr Findlay informed the committee that partners are working together across the health economy to attract additional investment. A key part of this is being able to demonstrate that there is effective control over current budgets. To this end the Trust has agreed an aligned incentive contract with the CCG and is developing a medium term financial strategy with the active involvement of NHS England, NHS Improvement and the Treasury.

38.9 In response to a question from Ms McCabe on Western Sussex leadership at BSUH, Dr Findlay told the committee that the move had been successful because there had been a focus on leadership across BSUH, not just at executive level; a focus on internal governance; and a focus on culture change. The current contract with Western expires in April 2020 and negotiations with NHS Improvement about future arrangements are ongoing.

38.10 RESOLVED – that the report be noted.

39 BRIGHTON & SUSSEX UNIVERSITY HOSPITALS TRUST (BSUH): WAITING TIMES

39.1 The report was presented by Ben Stevens, BSUH Director of Operations. Mr Stevens gave an overview of the outpatient services system at the Royal Sussex County Hospital (BSUH).

39.2 In response to a question from Cllr Morris on weekend appointments, Mr Stevens told members that weekend appointments helped the Trust manage demand effectively across the week. It was also the case that they are more convenient for many people.

39.3 In answer to a query from Ms McCabe on the impact of cancellations on the 18 week Referral To Treatment (RTT) target, Mr Stevens told the committee that the clock for this target starts as soon as a GP referral is made and is not halted or re-set by cancellations.

39.4 In response to a question from Cllr Marsh as to whether over-booking appointment slots had been considered, Mr Stevens informed members that this is an option discussed with clinics. However, the best way to improve efficiency is to reduce the number of appointments that patients do not attend (DNA). A detailed interrogation of DNA reasons will form a key part of the Trust's outpatient improvement programme.

39.5 Cllr Morris commended BSUH for signing the transgender and non-binary protocol and asked how the Trust was communicating this to the local LGBT community. Mr Stevens agreed to provide a written response to this question following the meeting (this is in process, but BSUH have not yet finalised the response. It will be included in the minute to this meeting when it is received).

39.6 In response to a question from Cllr Morris on how patients with dementia or mental health problems are supported to navigate the outpatient system, Mr Stevens agreed to provide a written answer:

Each OPD area supports a person centred approach which is responsive to the individual needs of the patient.
Staff recognise the need to make reasonable adjustments & aim to make sure they are met to ensure the patients feel safe and secure within the hospital environment.

On referral the GP would initiate what would need to happen – by either ensuring a carer comes with the patient or making staff aware of any concerns in their initial letter. If any concerns come to through to the bookers they would inform the individual areas and the department would plan the process with the patient &/or their carer.

Some examples I can give of this type of care are:

- Being contacted by a carer whose son was autistic and found waiting areas difficult, arrangements were made to have the first appointment & take the patient straight through to the consultation room so they did not have to wait in a big space
- Being contacted by a nursing home who said they were unable to send any staff with a patient who lacked capacity, changing the appointment so they were able to send a member of the team who knew the patients background

However, often at the point of arrival to outpatients it becomes apparent that different types of care are needed. Staff will still need to be responsive to these & work with the patient &/or carer to get the best possible outcome for the patient that can be difficult to quantify

Some examples of this type of care are

- A patient with mental health concerns had run out of phone battery and liked to listen to music whilst waiting as a distraction, was given a quiet room and able to charge their phone and staff placed a radio in the room
- The wife of a patient with dementia informed staff that they were exhausted as is been difficult to get to the department. A nurse then made a cup of tea for the wife and sat with the patient whilst she had time out (we try to look after our carers too!)

To ensure staff have the right skills they receive training in Safeguarding, mental capacity & deprivation of liberty.

To ensure the right environment both the PLACE & Healthwatch audits now incorporate dementia. Dark coloured toilet seats have been installed as well as grey flooring which is dementia friendly. Signage is being looked at by Terece Walters to ensure it is suitable. Any concerns are reported via DATIX

Katy Mundy, the dementia lead, is in the process of releasing a new Dementia Strategy that includes Outpatients. She is also coming to talk at the Outpatient Nurse Manager Forum about what these areas could do & encourage dementia champions.

Andy Nuttall, the mental health lead, is in the process of working with the head of nursing education to set up training needs analysis around mental health education which will be a sustained programme.

Terece Walters, from Facilities and Estates, is aware of signage, toilets & flooring that are Dementia friendly and is responsible for the PLACE & Healthwatch plans.

39.7 In answer to a query from Ms McCabe on the role of Optum, Mr Stevens agreed to provide a written answer:

The trust has commenced a programme of work focused on delivering operational productivity improvements for outpatients. This includes a review of the referral and Triage process that includes Optum.

39.8 Ms McCabe noted that she found the volume of calls handled by the outpatient department worrying. Lots of people report to Healthwatch that they have been unable to contact outpatients because calls are not answered or the line goes dead. This must feed into the high percentage of DNAs.

39.9 In response to a question from Ms McCabe on the impact of the Clinically Effective Commissioning (CEC) programme on RTT targets (e.g. in instances where a treatment pathway has been amended so a period of conservative treatment must precede a

referral for surgery), Mr Stevens told the committee that the impact on BSUH would be minimal as the RTT clock starts only on referral to acute services rather than when conservative treatment under the supervision of primary services begins.

39.10 Mr Stevens told members that he was happy to engage with Healthwatch Brighton & Hove to get patient perspectives on plans to re-design outpatient services.

39.11 In response to a question from Cllr Janio as to whether the Trust uses behavioural insight tools (e.g. writing to DNA patients to inform them how much a missed appointment has cost the NHS), Mr Stevens confirmed that the Trust does contact patients who have not attended appointments, and where appropriate may refer them back to their GP for further treatment. However, BSUH does not currently communicate the cost of missed appointments.

39.12 In answer to a question from Cllr Greenbaum on assessing the suitability of GP referrals, Mr Stevens noted that this was principally a commissioner role. However, the Trust does look at referral patterns from GP practices.

39.13 RESOLVED – that the report be noted.

40 CANCER: UPDATE ON LOCAL PERFORMANCE

40.1 The report was presented by Lola Banjoko (CCG Deputy Managing Director South), Dr Alex Mancey-Barratt (CCG Clinical Lead for Cancer) and Ben Stevens (BSUH Director of Operations). Ms Banjoko and Dr Mancey-Barratt outlined some of the innovative local practice on cancer, including outreach work with Albion in the Community to encourage people to attend screening, reductions in the threshold for referrals, ensuring that lessons are learnt from cases where late diagnosis led to poor outcomes, and the development of early diagnosis pathways through the Sussex Cancer Alliance.

40.2 Mr Stevens added that cancer represents a challenge for acute services both nationally and locally. Locally, there are good pathways from diagnosis to treatment in place, but more work needs doing on pathways to diagnosis and on interpreting diagnostic results.

40.3 In response to a question from Cllr Deane as to why screening rates in the city are lower than the national average, Dr Mancey-Barratt told the committee that screening uptake was typically lower in more deprived communities and in those with poorer access to screening facilities. Mobile screening can partly address these issues, but the mobile breast screening unit was no longer used because technological improvements in screening require centralisation in a single location (the premises at Preston Park). Albion in the Community does focus on East Brighton. Members noted that there were access problems with Preston Park: there is very limited parking available and the premises are not easily accessible by bus from all parts of the city.

40.4 In reply to a question from Cllr Greenbaum on the role that workforce shortages play in local performance, Mr Stevens agreed that this is an issue, but there has been recent successful recruitment of specialist breast radiologists.

40.5 In response to a query from Cllr Morris on how the age range for screening programmes is set, Dr Mancey-Barratt explained that this is nationally determined based on a cost/benefit analysis.

40.6 Fran McCabe commented that there was a long-standing problem with both screening and treatment for cancer in Brighton & Hove, with little apparent improvement over time. Dr Mancey-Barratt responded that the screening figures are now quite old, and it is likely that there has been improvement in recent months, particularly since there has been a focus on following up on those residents who do not respond to screening invites.

40.7 Cllr Marsh stated that there would always be problems in getting people from the periphery of the city to attend for breast screening in Preston Park because of access issues. Cllr Morris agreed that improving take-up amongst those at the edges of the city should be a priority: the system cannot simply accept that take-up from these communities will inevitably be low.

40.8 RESOLVED – that the report be noted.

41 HEALTHWATCH ANNUAL REPORT

41.1 The report was presented by David Liley, Chief Executive of Healthwatch Brighton & Hove.

41.2 Members thanked Mr Liley for all the work done by Healthwatch Brighton & Hove in the past year.

41.3 RESOLVED – that the report be noted.

42 HEALTHWATCH REPORT ON OLDER PATIENTS' EXPERIENCE OF HOSPITAL DISCHARGE

42.1 The report was presented by David Liley, Chief Executive of Healthwatch Brighton & Hove.

42.2 There was discussion of the hospital discharge support services run by The Red Cross and by Possability People. Mr Liley stated that Possability People are still uncertain that their service will be re-commissioned even though it is only a matter of weeks before the contract ends, and that this is an unacceptable situation.

42.3 In answer to a query by Cllr Janio about discharge information being shared with GPs, Mr Liley stated that discharge information should be shared with GPs, but that this did not always happen properly particularly in terms of communicating details of care plans.

42.4 RESOLVED – that:
(i) the report be noted; and
(ii) that the HOSC agrees to monitor the implementation of the multi-partner action plan developed in response to the Healthwatch report recommendations.

The meeting concluded at 6:30pm

Signed Chair

Dated this day of

HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 6 Brighton & Hove City Council

Subject:		**Possability People Disability Advice Centre Funding**
Date of Meeting:		**17 July 2019**
Report of:		**Executive Lead for Strategy, Governance & Law (Monitoring Officer)**
Contact Officer:	**Name:**	**Giles Rossington** **Tel: 01273 295514**
	Email:	**giles.rossington@brighton-hove.gov.uk**
Ward(s) affected:		**(All Wards);**

FOR GENERAL RELEASE

Glossary:

- **CCG:** Brighton & Hove Clinical Commissioning Group – local NHS commissioning body.
- **Possability People:** local voluntary sector organisation which runs a range of services supporting people with disabilities.
- **SViS**: Substantial Variation in Service – NHS bodies are legally required to consult with HOSC when planning to make substantial changes to local services.
- **EIA:** Equality Impact Assessment – assessment undertaken by public sector bodies to measure the potential impact of service change plans on people with protected characteristics.

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 This report is in response to separate referrals to HOSC from Cllr Yates and (former) Cllr Taylor, both concerning a recent CCG decision to cease funding the local Disability Advice Centre run by Possability People.

1.2 The member referrals are included for information as **Appendix 1**; a statement from the CCG is included as **Appendix 2**; and information supplied by Possability People is included as **Appendix 3**.

2. RECOMMENDATIONS:

2.1 That the Committee notes the contents of this report.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 Possability People is a local voluntary sector organisation which runs a range of services to support people with disabilities. The city council and the CCG both commission services from Possability People. Amongst the services that Possability People runs is a Disability Advice Centre. The Centre is partly funded by the city council and partly by the CCG.

3.2 In February 2019 the CCG announced that it would cease funding the Disability Advice Centre. The CCG's rationale for this decision is set out in the statement in **Appendix 2**.

3.3 The city council has announced that it is not planning to withdraw its funding for the Disability Advice Centre. However, this leaves a shortfall in funding. Possability People have attempted to bridge this gap in the short term with a crowdfunding appeal, but have stated that the Centre cannot be maintained in the long term without replacement funding. Possability People's position is further explained in their submission (**Appendix 3)**.

3.4 NHS bodies are required by law to consult with local HOSCs when planning to make Substantial Variations in Service (SViS). In his referral, Cllr Yates notes his surprise that there had been no consultation with HOSC in advance of this decision being implemented.

There has been no engagement with the HOSC on this issue to date. However, while there is no statutory definition of SViS, it is clear from NHS guidance and from national practice in health scrutiny that SViS is intended to cover major changes to health services. The CCG decision to cease funding for the Disability Advice Centre is not likely to be reasonably considered a SViS should this matter be referred by HOSC to the Secretary of State on the grounds of inadequate consultation. This is because the Secretary of State would take into account the number of patients affected and the impact of the service on the wider community. This is not to say that the closure of the service may not have a significant impact on some of its users, just that, in terms of health scrutiny legislation and Guidance, the plan is not likely to be considered by the Secretary of State to be a 'substantial variation'.

Some HOSCs have a protocol agreed with local NHS commissioners and/or providers, which sets out what kind of plans should be considered to be SViS. Such protocols may also include agreements to inform or engage with HOSCs on plans which do not fall within the category of SViS but which may nonetheless be of interest to local people. Brighton & Hove HOSC does not currently have such a protocol in place, but its potential utility is clear, and council and CCG officers are actively exploring developing a protocol.

3.5 Although there is no statutory requirement for the CCG to consult with the HOSC where a service change is not considered to be a SViS, the issue clearly falls within HOSC's constitutional remit and is therefore a valid matter for the committee to scrutinise and make comment on the proposals.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Not relevant to this report for information.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 Possability People were invited to contribute to this report.

6. CONCLUSION

6.1 Members are asked to note the information provided regarding the CCG decision to cease its funding of the Possability People Disability Advice Centre.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1

Finance Officer Consulted: Name *Date: dd/mm/yy*

Legal Implications:

7.2 There is no legal definition of SViS. However, the Guidance is clear that the key feature is that there is a major change to services experienced by patients and future patients. The Health Overview and Scrutiny Committee is able under its terms of reference to ask questions and make comment about proposals relating to Health Services in its area and this is not limited to SVis S. Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 ("the 2013 Regulations") "A local authority may review and scrutinise any matter relating to the planning, provision and operation of the health service in its area".

Lawyer Consulted: Elizabeth Culbert *Date 210619:*

Equalities Implications:

7.3 The CCG undertook an Equality Impact Assessment before deciding to cease funding the Disability Advice service.

Sustainability Implications:

7.4 None identified.

Any Other Significant Implications:

7.5 None identified.

SUPPORTING DOCUMENTATION

Appendices:

1. Letters to HOSC asking for scrutiny of the CCG's decision to cease funding the Disability Advice service from a) Cllr Yates; and b) (former) Cllr Taylor

2. Statement from Brighton & Hove CCG

3. Information provided by Possability People

Documents in Members' Rooms
None

Background Documents
None

Appendix 1

Referral from Cllr Yates

I would like formally to ask for the above funding reduction from the CCG to be considered at the next possible HOSC please. I appreciate you will be out of the picture by then but if it could be planned then that would be great. Given the EIA that the CCG made available yesterday to me I cannot understand how they have made this significant change without HOSC oversight.

Referral from (former) Cllr Taylor

Can I please ask that the Disability Advice Service cut is referred to HOSC for scrutiny especially over process. It does seem very arbitrary and is causing concern.

Appendix 2

Statement from Brighton & Hove CCG

Across the NHS there are more and more people who need to use health services and the funding available to pay for them cannot keep up with this increase in demand. This means we have to focus NHS funding on supporting services which have been proven to have the most impact on people's health and that are not already provided in the community.

Over 80% of contacts for this service are related to benefits help and Brighton and Hove has a wide range of other community and voluntary sector services that support people with these needs.There are also a number of both local and national services that offer benefits advice and help in accessible ways. We this in mind, we took the difficult decision to reinvest the money that would have been spent for this service into other services that will bring direct benefits to more people's health needs. This was not a decision we took lightly but we feel it is necessary to ensure we are able to continue to use public money in the most effective way and do not spend more money than we have available.

We recognise the valuable support provided by the Disability Advice Centre to disabled people in the city, particularly in relation to accessing benefits. Going forward, we will continue to work with our Local Authority colleagues and the Voluntary and Community Sector to maximise the support provided to our diverse local population and to ensure that our investment of NHS funding supports and complements, rather than duplicates, other statutory and voluntary sector services.

Possability People

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DISABILITY ADVICE CENTRE

On the 12th March we received a letter from the CCG and BHCC stating that the CCG would be ending their investment (£29,000) in the Disability Advice Centre (DAC) as of the 31st March leaving just the council investment (£5,561). This gave us 12 working days' notice and the council acknowledged in their letter that this would probably make the project unviable.

We immediately responded by asking for further information and the rationale for the cut with a request for support with any transition arrangements, pointing out the potential impact on thousands of disabled residents we had supported in the previous 12 months and demand increase year on year. We finally received a response on the 27th March, just 2 day before the service was due to close, making an offer of £4,000.

Possability People has written and met with the CCG but to this date has not received a response to our challenge with regard to the CCG's failings of due process in the Equality Impact Assessment (EIA) and the reasons why we don't believe that the CCG has considered or has paid "Due regard" to its Public Sector Equality Duty (PSED).

"Due regard" is more than simply giving consideration, it is important that decision makers be aware of the special duties statutory agencies owe to disabled people before they take decisions. This means that they should consciously consider these duties and their impact on the decisions to be taken. We contend that this has, unfortunately, not been the case. Furthermore, if the relevance of the important duties imposed by the Act had been adequately drawn to the attention of the decision-makers there would have been a written record of it.

There is no evidence of any of the above in the CCG's EIA, in fact the EIA itself says that:

- "*If the DAC service were to scale down or close, it would negatively impact disabled people. Given the general demographic related to increased health conditions as people age, it could be surmised that any change to the DAC service could also negatively impact older people.*
- *DAC provides information and support on wider issues relating to disability – for example, accessing Blue Badges. Whilst this information can be sought though other avenues, such as the city council, there is unquantifiable value in the holistic support offered across a range of areas related to the impact of disability, which individual services are unlikely to be aware of or offer.*

- *With a reduction in funding, fewer people would have access to support from the Advice Centre with form filling and gathering relevant information and may have to go to appeal rather than receiving their benefit entitlements in a timely fashion. In addition, it is possible that some individuals may not be able to access support to appeal a benefits decision*
- *The advice providers within the DAC service are disabled people, many volunteering their time. Scaling down of closing the service will negatively affect the social value offered by this approach.*
- *In terms of impact on emotional well-being and financial difficulty, 70% of clients reported that they felt more socially isolated as a direct result of losing the award. Given that the provider has reported that over 70% of enquiries are benefit related, the impact of having less support with benefits would likely result in more people being impacted in this way if they do not access alternative support options."*

So, by its own omission, the CCG's decision has a direct and detrimental effect on people with protected characteristics, particularly disabled people. The Disability Advice Centre is the only specialist disability advice centre in the city. In a 12 month period we dealt with **2200** people and **4468** enquiries.

The CCG have also stated:

"*We have considered, as part of our decision making process, the impacts noted in the EIA and paid due regard to them. The fact remains that NHS funding should be focused on health services and particularly those that require improvement".*

In fact, in the 'guidance end-notes' section of the EIA document it acknowledges that the EIA "in itself does not meet the requirements of the equality duty". Furthermore this statement and the lack of recorded evidence indicates that "due regard" was <u>not</u> paid to the PSED even though CCG stated that they had done so, to date they have been unable present information to back up this claim. There is no evidence how the impact it will have on vulnerable disabled residents was considered, which leads to the conclusion that their decision was predicated on the need to focus funds to improve health services would would appear to be in breach of the act.

The only mitigation the CCG offered is that there are other 'benefits' advice services in the City. There doesn't appear to be any rationale behind the list of alternative providers included in the EIA, from which the obvious conclusion appears to be that they are simply the result of a 'Google search' of benefits advice providers locally and nationally.

We have done the research and have provided detailed reasons why the services listed in the EIA are not suitable alternatives and again we have received no response from the CCG. (Appendix 1)

The EIA's **Prioritised Action Plan** stated that following actions would be a carried during April.

- Work with the provider to publicise other sources of advice and support
- Put together a list of advice and support agencies (as per EIA) and cascade through CCG channels, including VCS contacts, Health Network, GP practices, Social prescribing

- ensure that advice services mentioned in the EIA are informed that there may be an increase in contacts and request for support
- Inform relevant stakeholders- councillors, Healthwatch, VCS Infrastructure organisation- about range of wider services available.

We have talked with the organisations involved and the plan has not to date been actioned.

The PSED states that the CCG must give 'due regard' to the need to:-

- **avoid, reduce or minimise negative impact (i.e. discrimination)**
- **promote equality of opportunity**. This means the need to:
  - Remove or minimise disadvantages suffered by equality groups
  - Take steps to meet the needs of equality groups
  - Encourage equality groups to participate in public life or any other activity where participation is disproportionately low
  - Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary

- **foster good relations between people who share a protected characteristic and those who do not**. This means:
  - Tackle prejudice
  - Promote understanding

The EIA does not provide any specific evidence that the CCG have met any of these duties. In particular there was no consideration given to the need to treat disabled people more favourably, especially as they could experience greater prejudice and service providers need to have a particular understanding of the different and varied issues our service users face. That is why the majority of our staff and volunteers at the advice centre are disabled and/or have "lived" experience. The duties under the Act mean that due regard must be given and due process is supposed to be followed *prior* to the design of new services and strategic decision-making, and it is for these reasons that the CCG appear to be in breach of these provisions in the Act.

Other duties under the Equality Act 2010

1. **Knowledge:** based on the failings of the EIA it does not appear that CCG workers have any real understanding of your equality duties and how to apply them;
2. **Timeliness**: the EIA was only signed off in March 2019 which appears to be after the date the decision was made to cut our funding;
3. **Real Consideration**: the Prioritised Action Plan was set for April 2019, which is after the funding was cut
4. **Sufficient Information**: based on the failings of the EIA is doesn't appear the CCG had sufficient information on which to base its decision and throughout the EIA you say that you don't have certain information and no effort was made to ascertain this information;
5. **No delegation**: despite the duty to ensure that any contracted service can comply with the duty you the CCG has not given any of the other potential services providers any warning or assistance to enable them to do the necessary planning to cope with the inevitable increased burden on their services;

6. **Review**: the PSED has not been applied throughout the process and as outlined above it appears that it was an afterthought (based on the date of the EIA and the Prioritised Action Plan);
7. **Proper Record Keeping**: there do not appear to be any records of the process and the impacts identified, however, the EIA should just be the document that captures these and not the detailed processes and impacts themselves.

There has been a huge ground swell of support for the DAC illustrated by a petition containing 3,000 signatures calling for the CCG to reverse its decision. We find it difficult, as do our supporters, to understand how commissioners can pretend that there isn't a link between health and wellbeing, and accessing timely disability advice when people are in crisis and struggling to cope, making this decision hugely short-sighted and counterproductive.

The CCG's EIA states clearly that:

"*The effect on both physical and mental health of potentially waiting longer for, or being unable to access, timely advice on benefits, and in waiting for an appeal, may lead to increased pressure on primary care, Adult Social Care and other statutory and voluntary sector services."*

There are fewer life time awards which means those who are successful will still be required to go through the process again, even on an annual basis the demand for advice is increasing year on year.

It is difficult to understand how the CCG can justify cutting the relatively small budget of £29,000 when it will, by their own admission, have such a negative impact on disabled people and impact negatively on hard pressed statutory services . We therefore would ask the HOSC to scrutinise the CCG's decision making process against the PSED and if it does not meet the standard, to work with the CCG to find a solution.

Geraldine Des Moulins

Chief Officer Possability People. 5th June 2019

Appendix1

THE OFFER OF ALTERNATIVE SERVICE PROVIDERS

NAME OF SERVICE PROVIDER	TYPE OF SERVICE	REASONS WHY IT IS NOT SUITABLE FOR DISABLED PEOPLE
BUC drop in	• Welfare benefits and generalist support • Education • Café • Phone lines, email and drop in service	• Limited capacity - Can only see 3 clients per session at drop in • Building is not accessible • Currently they have closed their waiting list for form filling
St Luke's	• Benefits and debt advice form filling appointments and phone lines	• Limited capacity • venue is not accessible • reports having more demand than capacity
Moneyadvice	• Money and debt advice, including benefits support • contact through phone and email	• Limited capacity
Moneyworks	Benefits advice only	• Limited capacity to number of referrals each month available through commissioned project • Report as having more demand than capacity
Age UK	• Benefits and information service – appointments and phone line • Clients have to be over 55 yo	• Building difficult to get to from public transport • Limited capacity • Limited to specific client group
Aging Well	• Services offered for low level support and befriending • Clients have to be over 50 yo	• Mainly a signposting service • Cannot manage people with MH or complex needs

	• contact through phone or email only	• Limited to specific client group
Action on Hearing Loss	• Social activities for clients who are deaf • Support following an ASC assessment	• Do not offer any specialist support • Limited to specific client group
Impetus	• Advocacy, support and information • Clients have to have a learning disability or on the Autistic spectrum •	• Cannot support clients with benefits in isolation • Funding to support clients with benefits and tribunals ended in March 2019 • Limited to specific client group
Community Roots Service	• Service from mid 2019 for specialist advice and support to MH inpatients at Millview Hospital • This will be a wellbeing service	• Tender is not for information or advice on benefits, money or support at tribunals • Limited to specific client group
MIND	• Support and information to people with a MH condition	• Signpost money, debt and benefits advice • Limited to specific client group
Impact Iniatives	• Basic benefits advice at their café drop in • Support to residential clients with form filling	• Limited accessability • Signposting service for benefits and money advice • Limited to specific client group
Carers Hub	• Support and advice for carers • Phone advice or limited drop in service	• Signpost for benefits advice • Limited capacity • Limited to specific client group
Citizens Advice	• General advice – phone line and drop in	• Limited capacity • Reports having more demand than capacity
B&H Council – Welfare Rights Team	• Benefits advice	• Extremely limited capacity

Council Website	• Provides information and signposting on agencies around the city	• Information provided on things like homemove applications, blue badges and bus passes but this service does not provide support to claim
DWP Helpline	• Phone lines for benefit claims	• DWP are unable to offer advice. The lines are simply to make the relevant claim
Mind Out	• LGBT clients with MH concerns • Includes form filling	• Limited capacity • Limited to specific client group
Sussex Interpreting Service	• Providing interpreters for clients to read letters, fill in some forms and accessing specialist advice	• Limited capacity • Limited to specific client group • Do not offer benefits, money or any other specialist advice

HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 7 Brighton & Hove City Council

Subject:		**Development of an Urgent Treatment Centre (UTC) at the Royal Sussex County Hospital**
Date of Meeting:		**26 June 2019**
Report of:		**Executive Lead for Strategy, Governance & Law (Monitoring Officer)**
Contact Officer:	**Name:**	**Giles Rossington** **Tel: 01273 295514**
	Email:	**giles.rossington@brighton-hove.gov.uk**
Ward(s) affected:		**(All Wards);**

FOR GENERAL RELEASE

Glossary:

NHS 111: The NHS non-emergency medical helpline
UTC: Urgent Treatment Centre – a walk-in and bookable urgent care service for minor injury and illness providing an alternative to attendance at A&E. Appointments are directly bookable via NHS111
UCC: Urgent Care Centre – similar to a UTC but without the ability to direct book appointments through NHS111
RSCH: Royal Sussex County Hospital – local acute hospital
CCG: Brighton & Hove Clinical Commissioning Group – NHS commissioners for Brighton & Hove.
SViS: Substantial Variation in Service – NHS bodies are legally required to consult with HOSCs when planning to make substantial changes or improvements to local health services.

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 This report provides information on NHS plans to open an Urgent Treatment Centre (UTC) co-located with the Royal Sussex County Hospital (RSCH) A&E. More information on the UTC, provided by the CCG, is included as **Appendix 1** to this report.

2. RECOMMENDATIONS:

2.1 That the Committee notes the information on the UTC provided by the CCG; and

2.2 Agrees that plans to develop a UTC *do not* constitute a Substantial Variation in Service (SViS) requiring formal consultation with the HOSC.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 In March 2017, the NHS published *Next Steps on the NHS Five Year Forward View*, the implementation plan for the 2014 *NHS Five Year Forward Vision* (the NHS's strategic development plan for 2014-19). Included in *Next Steps* is a commitment to roll-out UTCs across England by the end of 2019.

3.2 UTCs are defined as centres which are at a minimum "open 12 hours a day, seven days a week, integrated with local urgent care services. They offer patients who do not need hospital accident and emergency care, treatment by clinicians with access to diagnostic facilities that will usually include an X-ray machine" (*Next Steps* p16). UTCs are intended to support urgent care services, helping to reduce the number of inappropriate A&E attendances.

3.3 The requirement for UTCs to be "integrated with local urgent care services" should be interpreted as requiring UTCs to be co-located with acute hospitals wherever practicable.

3.4 Substantial Variation in Service (SViS). The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require NHS bodies planning to make substantial service changes to engage with local HOSCs on their plans. There is no statutory definition of what constitutes a SViS; generally this is determined by local HOSCs after dialogue with relevant NHS bodies.

3.5 In some localities, developing a UTC is likely to be viewed as SViS because it will entail significant changes to local services or the development of a new service where none currently exists. However, in Brighton & Hove, there is already an Urgent Care Centre (UCC) co-located with RSCH A&E which provides most of the services required of a UTC. The plan is to transform the existing UCC into a UTC. This will require some current services being enhanced, but these will be essentially minor changes. Given that it is a national NHS requirement to roll-out UTCs across England, and given that the guidance is that UTCs should be co-located with urgent care services (i.e. hospital A&E departments) wherever possible, it is difficult to see what practical form SViS consultation over the development of a Brighton & Hove UTC could take. In some localities there has been meaningful discussion as to which of several potential sites should be used, but in Brighton & Hove the only feasible location is on the RSCH site, where a very similar service is already operating. In consequence, the officer recommendation is that the Brighton & Hove UTC plan should not be considered a SViS.

3.6 Members may also be concerned that the UTC plans could impact on other walk-in services in the city: e.g. the walk-in centre located near Brighton Station. The CCG has assured the HOSC that this is not the case: any changes to the walk-in centre are entirely independent of the development of a UTC. The walk-in centre has had its funding confirmed for 2019-20, and will be reviewed in coming months in the context of reviewing the primary urgent care offer. The outcome of this review will be brought to the HOSC as a paper.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Members could decide that UTC plans *do* constitute a SViS, *and* that more comprehensive consultation with the HOSC is required. However, given that the development of a UTC is largely a prescribed process, it is unclear what the focus of consultation would be.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 None in preparation of this report.

6. CONCLUSION

6.1 Members are asked to note NHS plans to develop a UTC at RSCH and agree that the plans do not constitute a Substantial Variation in Service (SViS). This does not preclude the HOSC from receiving further updates as this initiative progresses.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 There are no direct financial implications for Brighton & Hove City Council arising from the recommendations of this report.

Finance Officer Consulted: David Ellis *Date: 21/06/19*

Legal Implications:

7.2 The recommendations are not considered to generate any implications of a legal nature other than those noted in the body of the Report.

Lawyer Consulted: Victoria Simpson *Date: 19/06/19*

Equalities Implications:

7.3 None directly concerning this decision. UTCs are intended to provide a better level of care for people needing urgent care within Brighton and Hove. This may benefit people who struggle to access services currently – e.g. people who are not registered with a GP (which may disproportionately feature people from BAME backgrounds, recent immigrants or people experiencing homelessness). If successful, UTCs will reduce pressures on A&E departments to the benefit of those people who have the greatest legitimate need to access A&E, including some people with disabilities/long-term health conditions. It should be noted that an Urgent Care Centre (UCC) is already in operation at RSCH, and as this undertakes most of the functions of a UTC, the impact of opening a UTC is likely to be limited.

Sustainability Implications:

7.4 None directly concerning this decision.

Any Other Significant Implications:

7.5 None identified.

SUPPORTING DOCUMENTATION

Appendices:

1. Information provided by Brighton & Hove CCG

Documents in Members' Rooms

None

Background Documents

1. Next Steps on the NHS Five Year Forward View (NHS 2017) LINK
2. NHS Five Year Forward Vision (NHS 2014) LINK

Royal Sussex County Hospital Urgent Treatment Centre

This paper refers to the development of the Urgent Care Centre, co-located at the Royal Sussex County Hospital A&E department, to meet national Urgent Treatment Centre standards.

Improving Urgent Care for Patients

Urgent care is a term used to describe the range of services people access who require same day health or social care, advice and/or treatment. Emergency care describes services which respond to serious or life threatening illness or injury like A&E and 999.

Across the country, people have fed back that the number of different NHS services available to them is confusing, particularly when they need urgent care. This is understandable as there are many services that do similar things but have different opening times and have different names such as urgent care centres, walk-in centres, minor injuries units and GP health centres.

This confusion means some people are not clear where to go to get the help they need, often ending up in A&E as it is a well-known and trusted service, when they could have been treated quicker and easier elsewhere. This can put A&E under additional strain, leading to sick patients waiting longer to be treated than they should and hospital staff being put under more pressure.

As well as being confusing for the public, having lots of different services all working in different ways means the care being provided is sometimes not as seamless as it could be. This can mean some patients do not get the right care they need, where and when they need it. For some patients, particularly the elderly and frail, this can mean they don't get help until they reach crisis point and then end up in A&E. They might even end up being admitted to hospital when there are better, more appropriate, ways that they can be treated.

Integrated Urgent Care

The nationally mandated Integrated Urgent Care (IUC) Service Specification sets out a series of principles and standards for the future of urgent care which commissioners and providers are required to meet. Central to these new models of care will be the enhanced NHS111-IUC Clinical Assessment Service (CAS). This is an integrated 24/7 urgent clinical advice and treatment service.

'Face-to-face' services will vary according to local commissioning and patient need but

will offer consistency, improved access to community and primary care services and include Urgent Treatment Centres (UTCs). UTCs are required also to meet a standard service specification. UTCs will be established either as:

- Integrated community and primary care services including improved access and direct booking of appointments; or
- Co-located on A&E sites, open for at least 12 hours a day, seven days a week and including direct booking of appointments. This will give access to urgent primary care and where necessary to emergency departments.

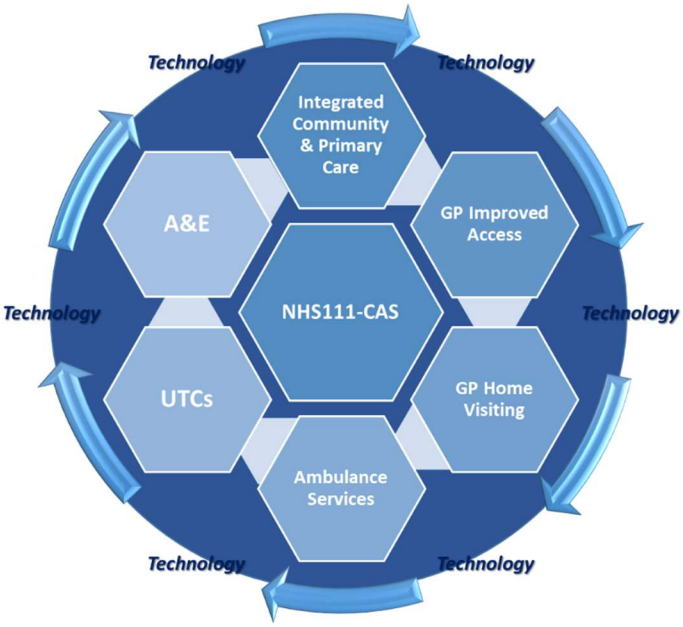
Sussex and East Surrey Sustainability and Transformation Partnership

In Sussex and East Surrey, our Sustainability and Transformation Partnership (STP) has 24 partners, including local authorities, providers and clinical commissioning groups (CCGs), all working collaboratively to meet the changing needs of the people who live in our area.

The STP has four 'places', Coastal Care, Alliance South, Alliance North and East Sussex Better Together, the geography of each "place" is built around the local hospital trust and has local plans to integrate services with the respective local authority. Whilst these "place" based plans are at differing levels of development, the overarching strategy is consistent across the STP.

The STP is looking at how key areas can be improved and delivered more effectively and urgent and emergency care is one of our priorities.

The Sussex and East Surrey Urgent Care Model



Across the Sussex and East Surrey STP we have followed the principles and standards described above to develop a strategic networked model for urgent care. This will deliver the optimum model to meet the urgent care needs of our population. It will also make the best use of local service commissioning models and focus on blending and integrating our workforce and services.

We recognise that our services have become fragmented across community, acute and primary care providers. The ability to deliver consistent pathways is further impacted by commissioning group boundaries, which do not always reflect the way patients access services and which have become unsustainable both financially and for our workforce.

Critical to our networked model for urgent care is the principle that our services will be standardised so that our patients understand what is available and how and where to access services when they are needed. We recognise that one size does not fit all so there will be local evidence based nuances to services to ensure specific needs can continue to be supported.

Urgent Treatment Centres (UTCs)

UTCs are community and primary care facilities that provide access to urgent care services for the local population. It is recognised that there are advantages to such facilities being co-located and integrated with primary care services but there are also advantages to being co-located with hospital A&E departments with decisions being determined by geographic distribution of urgent care sites and patient flow.

These services will be available at least 12 hours every day and staffed by GPs, nurses and other clinicians. They will be equipped to diagnose and treat many of the most common ailments that people often go to A&E for, and will provide both a walk-in service and bookable same day appointments.

UTCs will focus urgent care provision where it is most needed and for Sussex and East Surrey, the best places for these UTCs have been determined as being a combination of sites that are either:

- Co-located with our existing A&E departments, integrated with A&E work force and services; or

- At existing community hospitals that will be integrated with community and primary care services.

In deciding upon these locations, we have reviewed all of our urgent care sites and it has become clear that many of them are underutilised and not set up to meet the ever changing needs of our patient population. This was further supported when we looked at what type and how often services are accessed. It is clear that in many cases our patients would be better supported by enhancing primary and community services. As UTCs are established patients will also see primary and community services being developed so that the right services are available where and when they are needed.

Royal Sussex County Hospital UTC

The UTC at RSCH will be part of the integrated urgent care solution across the South Place and in the wider STP, which aligns NHS111 including the Clinical Advice Service, Improved Access to Primary Care, GP out of hours and primary care streaming within the A&E. The RSCH UTC will replace the current Urgent Care Centre (UCC) co-located with the RSCH A&E. Co-location with A&E is recommended as the preferred service model as it allows for the flexing of workforce, access to diagnostics, and the opportunity to enhance streaming within the A&E department.

The scope of the Brighton and Hove UTC follows the 27 National UTC Standards, of which the current UCC already meets the majority of standards. The current opening hours for the service will remain 24/7 and will remain accessible on a walk-in basis with the addition of booked appointments. The RSCH UTC will be designated by December 2019, although, some work arounds will be in place while building works continue at the RSCH site and until the new NHS111 contract commences (April 2020). The CCG is working closely with the provider trust to identify interim solutions to direct booking from NHS111 into the UTC and finalising estates and workforce modelling.

A streamlined campaign under the single banner of ‘Improving Care for You’ will be run across the whole Sussex and East Surrey STP to promote awareness and access to Integrated Urgent Care Services (IUC) for the benefit of local communities. This will allow CCGs to share aligned key messages in a cost effective and accessible way for local populations. This will ensure consistent messaging for patients and the public across the region. In addition, engagement activities will be conducted at a local level and communications will be tailored to our local communities. The STP wide IUC communications plan will cover the following:

- NHS111; including Clinical Assessment Service and NHS111 Online
- Improved Access to Primary Care
- Urgent Treatment Centres
- Integrated Primary Urgent Care Service

There are four high level aims and objectives of this plan, which are to:

- Set out a strategic, consistent and coordinated approach to communications for the roll out of Urgent Treatment Centres
- Provide consistency with STP and national messaging
- Set out how different stakeholders and audiences will be communicated with and engaged in the roll out and launch of Urgent Treatment Centres
- Provide reassurance to the project steering groups and NHS England that a robust and effective approach to communications is in place and appropriate advertising has been planned in relation to the roll out of Urgent Treatment Centres

The following public engagement has already taken place:

- Brighton and Hove Big Health Conversation: 04/07/2017
- Brighton and Hove evening patient & public focus group: 04/10/2017
- Brighton and Hove Commissioning Intentions Event: 11/11/2017
- Brighton and Hove Young People's Big Conversation: 12/12/2017
- Brighton and Hove Big Health Conversation: 28/02/2018
- Urgent Care Patient and Stakeholder Event: 19/09/2018
- Patient Participation Group Network: 24/10/2018
- Brighton and Hove Big Health Conversation: 09/11/2018
- Engagement with Council and Health Organisations (ECHO): 26/03/2019
- Patient Participation Group Network: 24/04/2019
- Engagement with Council and Health Organisations (ECHO): 25/06/2019

An Equality Impact Assessment (EIA) has been completed for the RSCH UTC development which will be used to inform the communication and engagement strategy. The EIA results suggest further engagement with the following local communities:

- People with Disabilities
- Older people
- People from the BAME community with English as a second language
- Individuals with no fixed abode
- Individuals from areas of higher deprivation
- Young males

As the national vision aims to simplify and streamline urgent care it does not include Walk-in Centres or Minor Injury Units; instead these services will either need to be developed to meet UTC standards or form part of the Integrated Primary Urgent Care offer. The Integrated Primary Urgent Care provision is currently being reviewed across Brighton and Hove, which includes the walk-in centre, and this will be subject to a separate paper presented to HOSC at a later date.

HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 8 Brighton & Hove City Council

Subject:		**Development of a Community Health Hub at the Brighton General Hospital Site: Update**	
Date of Meeting:		**17 July 2019**	
Report of:		**Executive Lead for Strategy, Governance & Law (Monitoring Officer)**	
Contact Officer:	**Name:**	**Giles Rossington**	**Tel: 01273 295514**
	Email:	**giles.rossington@brighton-hove.gov.uk**	
Ward(s) affected:		**(All Wards);**	

FOR GENERAL RELEASE

Glossary/Acronyms

SCFT: Sussex Community NHS Foundation Trust – NHS Trust that provides community services across Brighton & Hove and West Sussex

CHH: Community Health Hub – a premises delivering primary and community healthcare

BGH: Brighton General Hospital – site of the former General Hospital near Brighton racecourse. Currently used mainly for community healthcare services

BSUH: Brighton & Sussex University Hospitals Trust – local NHS acute Trust which runs the Royal Sussex, Royal Alex and Sussex Eye Hospitals in Brighton

BHCC: Brighton & Hove City Council

SPFT: Sussex Partnership NHS Foundation Trust – NHS Trust that provides mental health services across Sussex

RSCH: Royal Sussex County Hospital

3Ts : major redevelopment of the Royal Sussex County Hospital to update facilities and create a regional tertiary, trauma and teaching centre

SViS: 'substantial variation in service' – NHS bodies have a statutory duty to consult with HOSCs when planning to make substantial changes to local health services

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 This report provides an update on progress of the Sussex Community NHS Foundation Trust (SCFT) initiative to develop a Community Health Hub (CHH) at the Brighton General Hospital (BGH) site.

1.2 Information provided by SCFT is included as **Appendix 1** to this report.

2. RECOMMENDATIONS:

2.1 That the Committee notes the update provided by SCFT.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 The BGH site is located at the top of Elm Grove, near Brighton racecourse. The site is no longer used for inpatient care (the last inpatient beds were removed in 2009), but does host a range of community health, mental health, rehabilitation and outpatient services as well as providing a base for a range of NHS and council community teams. SCFT, Sussex Partnership NHS Foundation Trust (SPFT), Brighton & Sussex University Hospitals Trust (BSUH) and Brighton & Hove City Council (BHCC) all operate from the site.

3.2 Many of the facilities at BGH are very old and are no longer fit for purpose. Due to the condition of buildings and the way that the site is configured, only around 50% of facilities are currently being used.

3.3 In 2018, SCFT announced plans to redevelop the site, building a new Community Health Hub (CHH) to provide services in a more modern setting. The development of the CHH will be funded by the disposal of part of the BGH site for housing.

3.4 HOSCs have a statutory role in assessing whether NHS plans to make 'substantial variations in services' (SViS) will be of benefit or detriment to local people. However, it should be noted that this role is limited to 'health services'; it does not encompass other decisions made by NHS bodies, such as disposal of land or other assets.

3.5 When the HOSC initially considered SCFT's plans (27 June 2018), the Trust was considering several options for the site, and HOSC members resolved to treat the scheme as a SViS until such a time as it was clear what the impact on health services would be. When the HOSC reconsidered the issue (23 January 2019), SCFT had identified a preferred option for the site. This option included the retention of all current health services on the BGH site, with the exception of BSUH outpatient rheumatology, dermatology and physiotherapy. BSUH's services and estates strategy is for these services to be relocated to the RSCH following phase one of the 3Ts build, with a proportion of activity provided within city community settings. Given that SCFT's final plan for the BGH site will retain all other current health services in an enhanced setting, there are no obvious grounds to consider the plans as a SViS. (An extract from the minute of the January 2019 HOSC meeting is included for information as **Appendix 2**.)

3.6 It is recognised that SCFT plans to dispose of land at the BGH site for housing have attracted considerable public attention. However, this aspect of the proposals is not within HOSC's statutory or constitutional remit. Matters relating to housing developments in the city fall under the remit of the Council's Planning Committee and may be scrutinised by it.

3.7 There has been relatively little progress in the plans to develop a CHH in recent months. However, SCFT has provided an update on what activity there has been and this is included as **Appendix 1** to this report.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Not relevant for this update report.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 None undertaken in preparation of this report.

6. CONCLUSION

6.1 Members are asked to note progress in the development of a Community Health Hub at the Brighton General Hospital site.

6.2 Members should also note that, with regard to BGH development plans, the HOSC's statutory remit extends only to changes to health services and does not cover any plans to dispose of NHS land or assets.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 There are no financial implications resulting from the recommendations of this report.

Finance Officer Consulted: David Ellis Date: 21/06/19

Legal Implications:

7.2 No legal implications other than those mentioned in the body of the Report have been identified.

Lawyer Consulted: Victoria Simpson Date: 16/06/19

Equalities Implications:

7.3 SCFT's preferred option for the development of a CHH at the BGH site will see current services re-provided in a new build facing Elm Grove. This will provide

better access to people with mobility needs than the current site configuration, where the situation of patient services across multiple buildings on a steep gradient, with insufficient disabled access, present significant barriers.

SCFT has four staff equalities networks:
- Disability
- BAME
- LGBTQ+
- Religion and belief

The purpose of the networks is to provide a networking forum for members of staff who may share these protected characteristics, ensure the Trust executive are informed about the needs of staff members from within the groups to support improved employment access, as well as consider how service delivery can meet equalities needs. SCFT has committed to engaging the networks during the next stage of briefing and design.

Sustainability Implications:

7.4 None identified.

Any Other Significant Implications:

7.5 None identified.

SUPPORTING DOCUMENTATION

Appendices:

1. Information provided by Sussex Community NHS Foundation Trust

2. Extract of the minute from the January 2019 HOSC meeting (for information)

Documents in Members' Rooms
None

Background Documents
None

Appendix 1

Brighton General Community Health Hub – Update from SCFT June 2019

1. The Project - background

    1.1. SCFT, together with health and social care commissioners and provider partners, has developed a proposal to establish a new community health hub on the site of Brighton General Hospital. The plans, as set out in the Outline Business Case (OBC), were approved by the Trust Board in October 2018. The preferred option, as previously described to HOSC, will see the creation of a new health hub and mini campus on part of the site located on Elm Grove.

    1.2. For SCFT, the project provides an opportunity to reshape the provision of local healthcare services. The intention is to consolidate a range of services into a new state-of-the-art Community Health Hub (CHH), which will enhance and integrate health service provision in the east of the city. Any new investment would need to be paid for by the release of surplus land for new housing and community facilities.

    1.3. The need to create a new CHH is the main driver but this must be self-funding (there is no NHS capital funding). The Trust will utilise all proceeds from the housing development to finance the CHH but it is essential that the housing value generates sufficient capital receipt to deliver healthcare investment. SCFT is committed to the provision of affordable and local essential worker housing within affordability limits. However, SCFT has made clear throughout that the returns must be sufficient to pay for the CHH if the health and housing projects are to proceed.

    1.4. The project forms part of the Greater Brighton One Public Estate Programme, for which Brighton & Hove City Council (BHCC) is the lead authority, which is aimed at making better use of the collective public sector estate through sharing and collaboration. Through One Public Estate SCFT is working collaboratively with BHCC and other public sector partners to maximise the potential benefits of the project.

    1.5. SCFT is committed to improving sustainability within the NHS. Its award winning *Care Without Carbon* Team are widely seen as leaders within sustainable development within the NHS and the project will benefit from their input to ensure best practice environmental performance can be achieved on this site. We are also working with the Council's transport and travel section to improve public transport and site accessibility, and we intend to promote active travel, enhanced provision for EVs etc. to reduce the carbon impact of travel, whilst improving accessibility to and within the site.

    1.6. The project will also provide other social and economic benefits, including new apprenticeships and employment.

2. Progress to Date:

    2.1. The project continues to make steady progress, with the following activities having been completed to date:

    - The case for change has been articulated;
    - Widespread engagement has been undertaken;
    - The healthcare brief has been developed;
    - The site options have been identified and explored and a preferred option selected, and;

- The Outline Business Case (OBC) has been developed and was approved by the SCFT Board in October 2018, with support confirmed by Brighton & Hove Clinical Commissioning Group, the Trust's Commissioners, in December 2019.

2.2. For the OBC to have full approval, it requires sign-off by the Trust's regulators NHS Improvement (NHSI). There has been some delay in this process and the overall programme has slipped as a result. Whilst NHSI supports the strategic case, NHIS seeks assurance that the project will be self-financing in capital and whole-life cost basis.

3. Therefore SCFT will undertake further work on the commercial modelling to complement the OBC.

3.1. At OBC the project achieved financial balance in capital terms.

3.2. Although the primary focus for SCFT is the delivery of the health hub and associated facilities the returns from the housing development will be required to enable the investment in healthcare facilities. This was based on assumptions related to planning density, approach to conservation and proportion of affordable/social/key-worker housing within the total housing offer.

3.3. SCFT is working alongside Homes England and the council to determine how the project objectives can be best balanced with other local policy aspirations.

3.4. It is expected that this work will conclude in the autumn 2019.

3.5. This work would need to be approved by NHSI before the Trust can continue with the programme as planned.

4. Target programme

5.1. The next steps for the Trust, which will follow the commercial additional work are:

- Review of accommodation requirements and a design brief freeze;
- Design development and the submission of a full planning application;
- Procurement of a strategic estates partnership, with an investor/developer – the roles if any of HCA and BHCC to be confirmed;
- Preparation of legal documentation, and;
- Preparation of the Full Business Case.

5.2. The current aim is for the FBC to be complete towards the end of 2020, with off-site relocations and enabling works commencing early 2021 and a final target completion in 2024. Note, this programme has already slipped from the previous target and remains at risk whilst the OBC awaits determination from NHSI. There are other risks not fully within the Trust's control, e.g. related to planning, and therefore any programme stated at this time remains a target rather than a commitment until all significant programme risks are resolved.

Appendix 2

Extract from the HOSC Minute: January 2019

26.1 This item was presented by Mike Jennings, SCFT Deputy Chief Executive.

26.2 Mr Jennings explained how the plans for the Brighton General Hospital (BGH) site had progressed, noting that the preferred option retains all patient-services on the site, other than some Brighton & Sussex University Hospital Trust (BSUH) services which are being temporarily provided at the BGH, but will either be moved back to the Royal Sussex County Hospital or provided in a city community setting. Oliver Phillips, BSUH Director of Strategy, confirmed that the two trusts were working closely together to ensure that this transfer is seamless.

26.3 In response to a question on bus access from Cllr Allen, Mr Jennings confirmed that the trust will talk to the bus company about access, specifically including the feasibility of having a bus enter the site to make patient access as simple as possible.

26.4 In answer to a query from Cllr Allen on the future of rough sleeping services, it was explained that there was no intention of moving user-facing services from their central Brighton location at Morley Street. However, some administrative staff would be moved.

26.5 Cllr Marsh noted that local residents had concerns about access for local people if GP services relocate to BGH. The area is very hilly, so that even residents who live only a short distance from the BGH may find accessing it difficult.

26.6 In response to a question from Cllr Greenbaum on staff consultation, members were told that over 80% are in favour of the trust's preferred option for development. Of the 20% opposed, some prefer a different option or simply do not want to contemplate change. Specific concerns have been raised about traffic congestion, public transport provision and the hilly nature of the BGH site.

26.7 In answer to a question from Fran McCabe about health visitors, the committee was told that the BGH site is not used to provide a patient-facing health visitor service, so patients will not be adversely affected by the plans.

26.8 In response to a query by Cllr Hill as to the ambitions and the financial underpinning of plans, members were informed that the preferred option represents the simplest of the re-designs originally proposed. Any re-design must be wholly funded by disposing of some of the site for housing. SCFT need to secure a reasonable market value for this land to make their plans tenable, but do not need to secure maximum value for everything.

26.9 In answer to a question from the Chair about listed building status, the committee was told that A Block is listed, but that other aspects of the BGH site also have heritage value, including the flint wall curtilage.

26.10 Mr Jennings told members that there will be a mix of market, affordable and key worker housing on the BGH site. However, the precise details of this will have to be negotiated with developers. The Chair noted that he would like to see some extra care housing provision on the site also.

26.11 The chair thanked Mr Jennings for his presentation and looked forward to future updates.

26.12 RESOLVED – that the report be noted.

HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 9 Brighton & Hove City Council

Subject:		**Primary and Urgent Care Services in Hove and Portslade**
Date of Meeting:		**17 July 2019**
Report of:		**Executive Lead for Strategy, Governance & Law (Monitoring Officer)**
Contact Officer:	**Name:**	**Giles Rossington** **Tel: 01273 295514**
	Email:	**giles.rossington@brighton-hove.gov.uk**
Ward(s) affected:		**(All Wards);**

FOR GENERAL RELEASE

Glossary/Acronyms

NoM: Notice of Motion – issues put forward by political groups for debate and agreement at Brighton & Hove city Council Full Council meetings

CCG: Brighton & Hove Clinical Commissioning Group – local NHS commissioners, with responsibility for primary and urgent care for city residents

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 This report is in response to a Notice of Motion (NoM) on healthcare provision in Hove and Portslade at January 2019 Full Council which was subsequently referred to the HOSC. The HOSC considered the NoM at its March meeting where members agreed to schedule a report at the next (June 2019) meeting and to request information regarding this item from the CCG.

2. RECOMMENDATIONS:

2.1 That the Committee notes this report the information provided in **Appendix 3** by the CCG.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 At the January 2019 Full Council meeting, the Conservative Group put forward a NoM on a 'hospital for Hove and Portslade'. Council ultimately agreed an amended NoM which was referred to the HOSC. The text reads:

"That the Health, Overview & Scrutiny Committee seek an update from the CCG on primary and urgent care services in Hove and Portslade"

(the NoM text and an extract from the minute of the Full Council meeting are included as **Appendix 1** to this report).

3.2 The HOSC considered the referral from Full Council at its March 2019 meeting and resolved to take a report, to include information from the CCG on urgent and primary care provision in Hove and Portslade, at the next HOSC (an extract from the minute to the March 2019 HOSC meeting is included as **Appendix 2**).

3.3 Information from the CCG on current healthcare provision in Hove and Portslade and on any plans to vary or increase provision is included as **Appendix 3**.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Not relevant to this report for information.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 None in relation to this report.

6. CONCLUSION

6.1 Members are asked to note CCG information on urgent and primary healthcare provision in Brighton & Hove. This information was requested in response to a NoM that was referred to the HOSC from Full Council.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 There are no financial implications as a result of the recommendations of this report.

Finance Officer Consulted: David Ellis *Date: 21/06/19*

Legal Implications:

The information provided in this Report reflects a legitimate use of HOSC's powers to discharge the council's functions in relation to health scrutiny. No legal implications other than those mentioned in the body of the Report have been identified.

Lawyer Consulted: Victoria Simpson *Date: 16/06/19*

Equalities Implications:

7.2 None regarding the report recommendation. Certain protected groups (e.g. people with disabilities) may experience different health outcomes depending on their ability to access primary or urgent care services.

Sustainability Implications:

7.3 There may be a negative environmental impact if people have to travel (particularly by private transport) to access health services. This may be reduced if there are local health services and/or services with ready public transport access.

Any Other Significant Implications:

7.4 None identified

SUPPORTING DOCUMENTATION

Appendices:

1. Notice of Motion referred to HOSC from January 2019 Full Council and an extract from the minute of this meeting

2. Extract from the minute of March 2019 HOSC

3. Information on primary and urgent care in Hove and Portslade supplied by Brighton & Hove CCG.

Documents in Members' Rooms
None

Background Documents
None

Appendix 1

BRIGHTON & HOVE CITY COUNCIL

4.30pm 31 JANUARY 2019

COUNCIL CHAMBER - HOVE TOWN HALL

MINUTES

Present: Councillors Simson (Chair), Phillips (Deputy Chair), Allen, Atkinson, Barford, Bell, Bennett, Bewick, Brown, Cattell, Chapman, Cobb, Daniel, Deane, Druitt, Gibson, Greenbaum, Hamilton, Hill, Horan, Hyde, Janio, Knight, Lewry, Littman, Mac Cafferty, Marsh, Meadows, Mears, Miller, Mitchell, Moonan, Morris, Nemeth, A Norman, K Norman, O'Quinn, Page, Peltzer Dunn, Platts, Robins, Sykes, Taylor, C Theobald, G Theobald, Wares, Wealls, West and Yates.

PART ONE

68 THE FOLLOWING NOTICES OF MOTION HAVE BEEN SUBMITTED BY MEMBERS FOR CONSIDERATION:

(4) Hospital for Hove and Portslade

68.1 The Mayor noted that an amendment had been submitted by the Green Group to the notice of motion and put it to the vote which was carried by 27 votes to 19.

68.2 The Mayor then put the following motion as amended to the vote:

"This council requests that the Health, Overview & Scrutiny Committee seek an update from the CCG on primary and urgent care services in Hove and Portslade."

68.3 The Mayor confirmed that the motion had been agreed unanimously.

NOTE: A closure motion had been passed prior to the item being reached and therefore the amendment and motion were put straight to the vote by the Mayor without debate.

Appendix 2

Extract from the draft minute of the March 2019 Brighton & Hove HOSC Meeting

37 MEMBER INVOLVEMENT

37.1 Members considered a Notice of Motion referred from Full Council in January 2019.

37.2 Cllr Janio told the committee that there is land set aside for a secondary school on the Toad Hole Valley development could be used for medical facilities now that a school is no longer required. A small hospital could be built on the site which could provide screening services, a minor injuries unit and some mental health facilities etc. This would mean that people from Hove and Portslade would not have to travel all the way to the Royal Sussex for treatment.

37.3 Cllr Allen noted that Hove already has a polyclinic and mental health hospital offering this type of provision, and he saw no need for these services to be duplicated.

37.4 Cllr Marsh noted that she was hesitant to make a recommendation given that this was the last meeting of the electoral cycle.

37.5 Cllr Greenbaum stated that she was not personally convinced of the need for additional facilities in Hove, but supported the request to have a report come to the HOSC.

37.6 RESOLVED – that a report from the CCG on healthcare provision on Hove and Portslade be requested and presented to a future HOSC meeting.

Primary and Urgent Care Services in Hove and Portslade

The Brighton Health Overview and Scrutiny Committee held on 20 March 2019 requested a report on primary and urgent healthcare provision in Hove and Portslade. This report details the current extent of healthcare provision specific to patients in these areas, that is mainly GP services; particular pressures faced by these services; and action being taken by the CCG to support them.

Introduction

Practices across the city are grouped into six geographically based clusters. In Hove and Portslade practices are represented by clusters 4 and 6 respectively. Membership of these clusters, and weighted list size, is as follows.

Cluster 4	Weighted patient list size[1]
Links road surgery	5900
Wish park surgery	7300
Hove medical centre	9800
Portslade health centre	12100
Mile oak medical centre	8300
TOTAL	**43400**

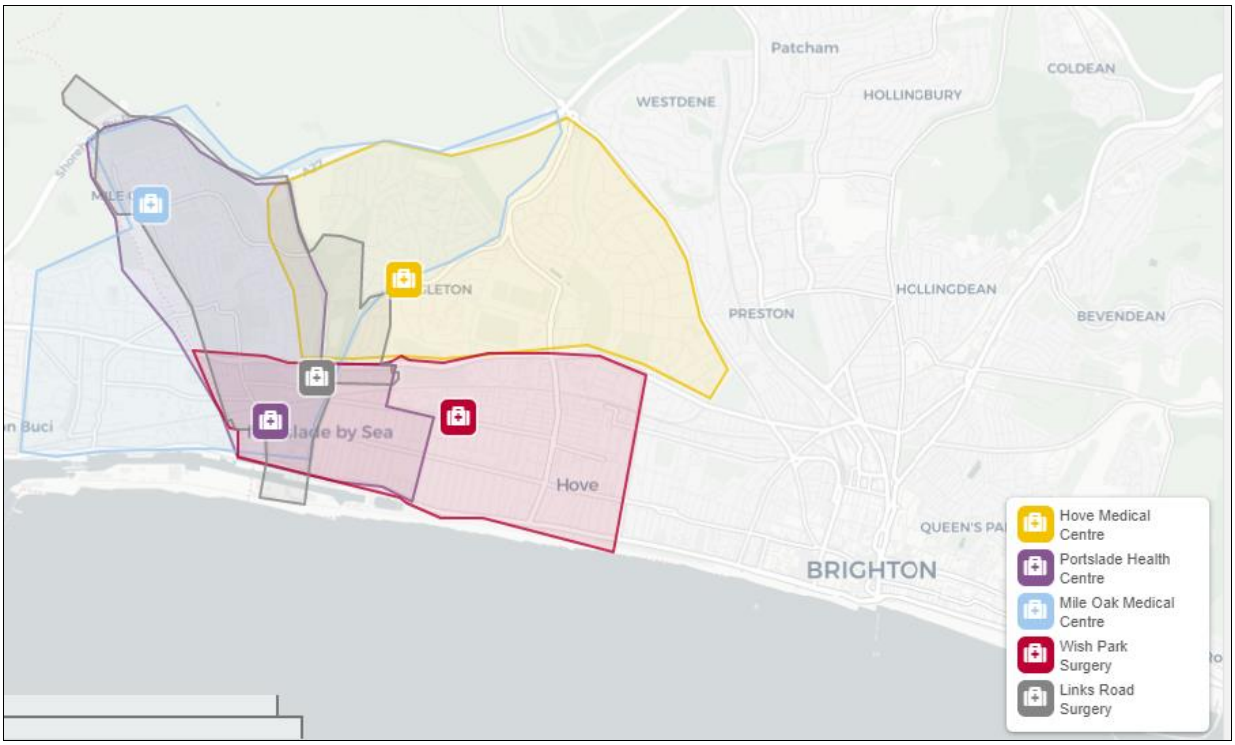
Cluster 6	Weighted patient list size
Brighton health and wellbeing centre	13000
Benfield valley healthcare hub	7000
Trinity medical centre	23100
Charter medical centre	23700
Matlock road surgery	3000
TOTAL	**69800**

The most recent comparison of cluster demographics, completed in 2017, is available on line at http://www.bhconnected.org.uk/sites/bhconnected/files/Demographic%20comparison%20of%20Brighton%20%26%20Hove%20GP%20Clusters%2C%20September%202017.pdf

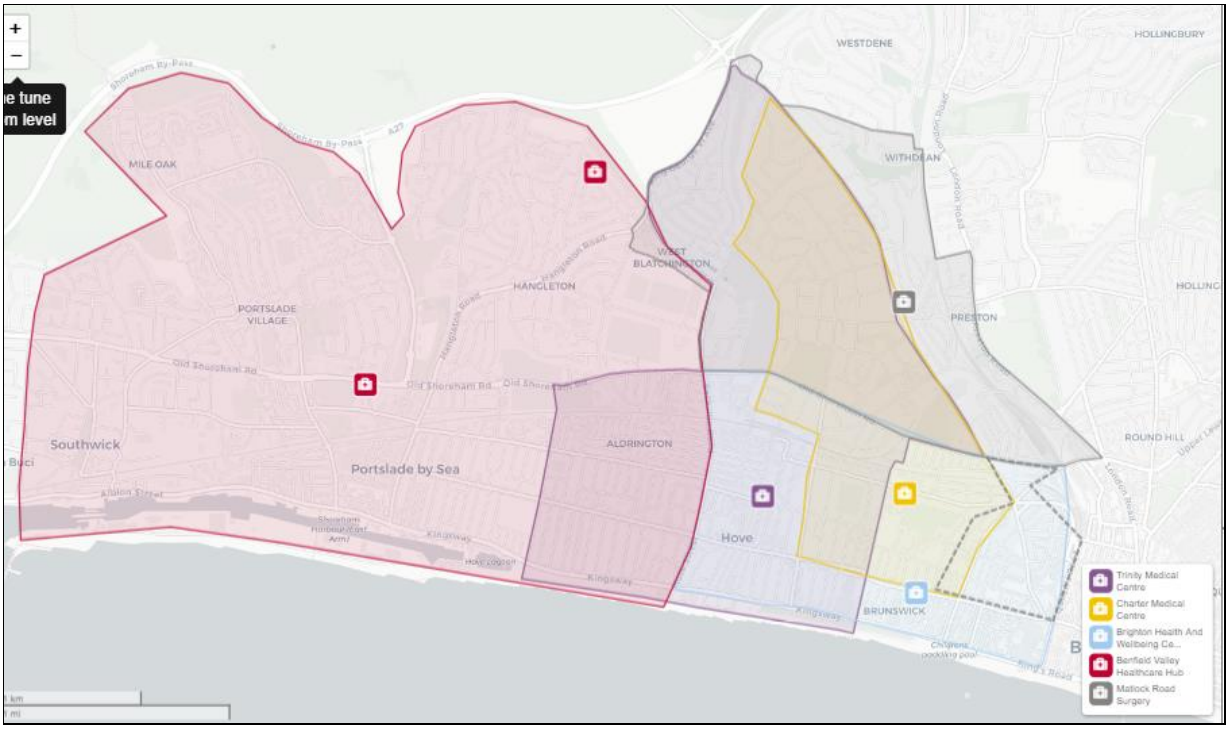
Practice Boundaries

Practice Boundaries, and their locations, are as follows

[1] The weighted patient list takes into consideration the age and sex of the patients, as well as any in nursing or residential care, additional patient need due to medical conditions, patient turnover and unavoidable costs based upon rurality and staff market forces for the area.



Cluster 4



Cluster 6

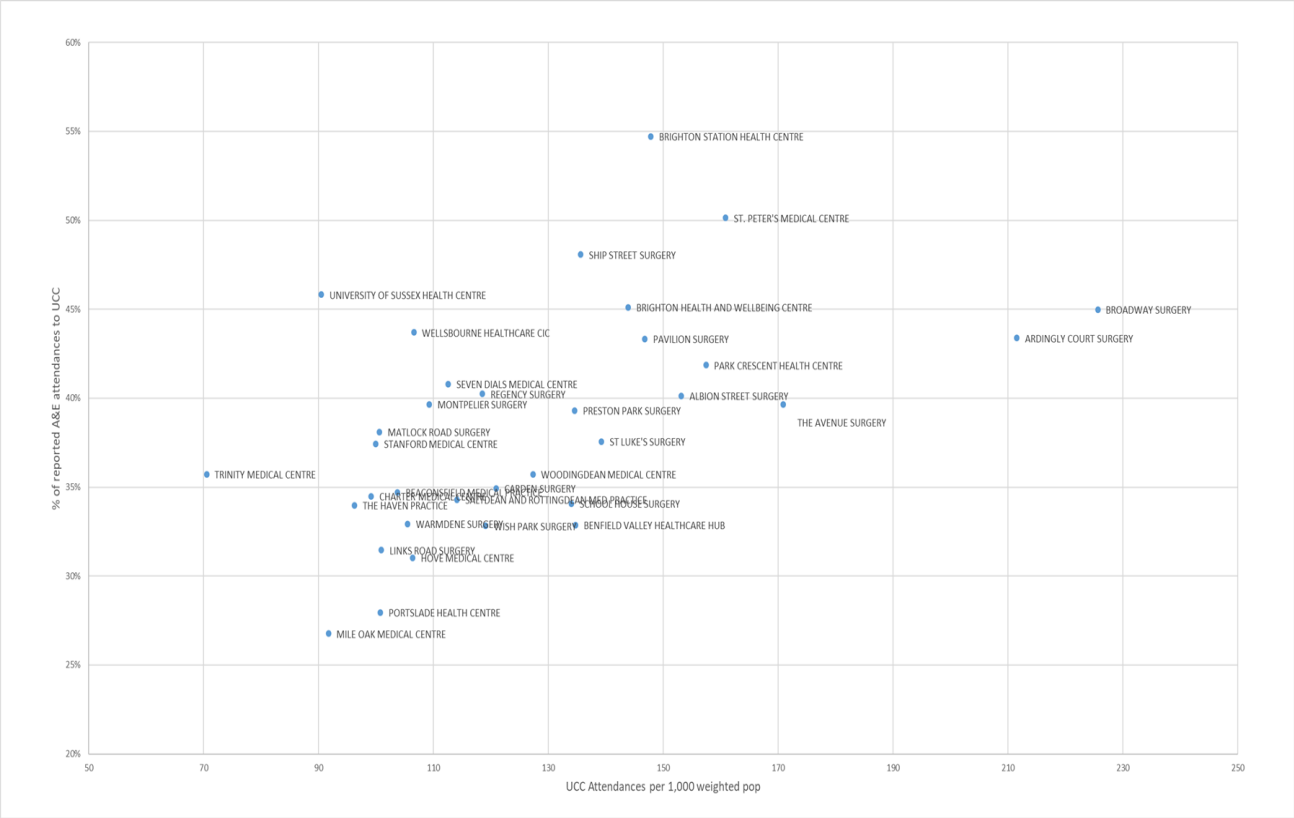
List sizes

Patient list sizes in Cluster 4 have been fairly stable, with a 0.4% rise in over the last two years. In contrast list sizes in cluster 6 have increased by 9.7%, reflecting the mergers between practices with smaller practices such as Hove Park Villas. The CCG regularly monitors workforce numbers including the ratio between clinical staff and patient numbers. All practices in Cluster 4 are above the CCG average with one exception. This practice have recently employed a paramedic who is able to see more patients with certain conditions, with the aim of alleviating the pressure on the practice and improving access for patients. Practices in cluster 6 appear to experience more workforce pressures, but are piloting innovative approaches in order to integrate health and social care services and achieve similar aims (described later in this document).

Urgent Care Activity

Fewer patients in Custer 4 are likely to attend Emergency Departments compared to the rest of the city, whereas cluster 6 are more likely to do so. However, in line with the majority of practices in the city, attendances from both clusters at the Urgent Care Centre at the Royal Sussex County Hospital rose over the same period from April to December 2017 to 2018. The CCG commissioned a review of urgent care activity in 2019, which found no evidence that increasing A&E attendance is due to lower GP access in Brighton & Hove. Admissions for ambulatory care sensitive conditions in B&H are amongst the lowest in the country. This is often used as a marker of effective primary care.

When these data are standardised against list size, Clusters 4 and 6 are broadly centrally dispersed, with no obvious differences from the mean. The diagram below shows the dispersal, standardised for list size, of attendences from practices across the city. This suggests that patients at these practices are not relatively disadvantaged by their geographical distance from the Urgent Care Centre at the Royal Sussex County Hospital.



Support for Primary Care Services in the City

The CCG is working with practices to help deliver the best possible healthcare for patients, in all clusters reflecting their specific needs. Examples of plans to ensure support for General Practice include initiatives to improve practice resilience; develop integrated care; support the development of Primary Care Networks; and consider whether same day urgent care services are delivered uniformly and effectively across the city.

Improved Practice Resilience

There is a national trend in primary care for the formation of larger practices, or groups of practices, as the best model for delivering primary care to patients. A number of such practice mergers in Brighton have been wrongly reported as practice closures, when in fact they are in fact the result of practice mergers. Nevertheless, it is clear that GPs in the city, particularly in smaller practices, face significant workforce pressures, and rises in demand for their services, that are being reported across the country. This includes financial and educational support to help them run their surgeries more effectively and efficiently to free up doctors to provide more care for patients.

A key area of CCG plans to improve health and social care across the city, is to make sure general practice is more sustainable, more resilient and works efficiently and effectively for

many years ahead. This will include integrating some services, with other clinical specialists such as pharmacists better supporting GPs, and helping GPs work more collaboratively together.

Developing Integrated Care

Better integration of health and social care services aims to reduce pressure on existing services, facilitate easier access, and deliver improved patient outcomes. Practices in Cluster 6 have developed an integration pilot based upon a multi-disciplinary approach to improve the planning, design and delivery of high quality health and care to a targeted cohort of patients in order to improve their overall health and wellbeing.

In autumn 2018, GP practices in cluster 6 and key partners including the CCG came together to develop a pilot to facilitate better joint working in order to address system-wide challenges using an evidence-based approach. This approach includes considering the findings from the needs assessment for adults with multiple long-term conditions as the model developed.

- A steering group has been established with the following objectives:
- To design a model of integrated working at cluster level that integrates primary, community, mental health, social care, healthy lifestyles, voluntary sector and secondary care where possible and pilot in cluster 6.
- To work within the overall strategies of the constituent organisations
- To seek feedback from operational staff working at cluster level on operational practical challenges
- To agree solutions to these as part of developing a new model of integrated care.

The organisations that are part of the pilot are listed below;

GP practices and the following other stakeholders:

- Brighton Health & Wellbeing Centre,
- Charter Medical Centre,
- Trinity Medical Centre,
- Brighton & Hove Clinical Commissioning Group,
- Sussex Community Foundation NHS Trust,
- Sussex Partnership Foundation NHS Trust,
- Brighton and Hove University Hospital Trust,
- Brighton & Hove City Council: Health and Adult Social Care Directorate – Adult Social Care, Public Health advice and support and healthy lifestyles team and housing
- Impetus – Social Prescribing
- HERE/SPFT Wellbeing Mental Health.

Patient representatives are included on the board, and the result so the pilot will inform the development of Primary Care Networks.

Primary Care Networks

Primary care networks are groups of practices that come together locally to collectively utilise new funding to develop and deliver services in partnership with other primary care providers (such as ophthalmology, dentistry, pharmacy), community services, social care, voluntary sector and other providers of health and care services.

PCNs will enable a focus on the local population to address their inequalities & with greater provision of preventative, proactive, personalised, coordinated and more integrated health and social care. This is so that clinicians can reduce the need for reactively providing appointments to patients on a registered list, by proactively caring for the people and communities they serve.

Though there is little evidence of the need for additional emergency and/or secondary care facilities based outside those currently provided at the Royal Sussex County Hospital, it is clear that by working together in local networks, GP practices and other care providers can deliver better care for their patients, and better lives for their staff. New staff such as Social Prescribers, Paramedics, Physician associates, physiotherapists, and pharmacists. The PCNS for Brighton went live on 1 July 2019, and broadly resemble the existing cluster boundaries.

The Primary Care Network previously known as Cluster 6 contains some of the largest practices in the city. In contract, cluster 4 contains smaller practices who are currently discussing with the CCG, developers, and other NHS organisations options for co-location and/or new premises to deliver services that meet the changing needs of patients. The outcome of these discussions will be presented to the CCG Primary Care Commissioning Committee, held in public, and should they involve a reprovision of existing services be subject to public consultation.

Same Day Urgent Care

The vast majority of patients who need to see a clinician on the same day are seen in primary care, either at their own practice; through additional improved access appointments provided throughout the city; or at the Walk In centre by Brighton station. The CCG is aware, based on conversations with the public and providers, that same day urgent care services do not always appear to be integrated, and delivered, at the best place and time for patients. We are currently working with all providers, in primary and secondary care, to agree how these services can best be provided, according to the best available evidence, across the city. Once Primary Care Networks are established, these discussions will continue with them to ensure that the right model of care is available in every cluster.

Following approval by the CCG Governing Body, the CCG will share its draft plans with key health and care partners and the public to ensure they are appropriate and able to meet the needs of patients for the foreseeable future.

Conclusion

This paper has outlined the current position of primary care services in Portslade (Cluster 4) and Hove (Cluster 6); and current support, and future plans for the development of such services in these localities and across the city.

Hugo Luck
Deputy Director of Primary Care
4 July 2019

Item	Description	Referred By	Notes
17 July 2019 HOSC Meeting			
Primary and Urgent Healthcare Provision in Hove & Portslade	Referral of NoM from Jan 19 Full Council	Full Council FC may refer NoMs for consideration by BHCC committees	HOSC considered NoM at March 19 meeting and agreed to request report for June 19 HOSC from CCG **Contacts:** Lola Banjoko (BH CCG)
Urgent Treatment Centre	To consider CCG plans to develop UTC at RSCH	referral by CCG	This is a national programme, requiring all local health systems to develop a UTC. **Contacts:** Leila Hughes (Central Sussex & East Surrey Commissioning Alliance: CSESCA)
Development of a Community Health Hub (CHH) on Brighton General Hospital (BGH) Site	Update on plans to develop a CHH (and plans to use remainder of site for housing)	Sussex Community Foundation Trust (SCFT) General powers of scrutiny (not SViS as no substantial service change is anticipated)	HOSC has been monitoring this process and members had requested an update. Focus is on development of a CHH and also on plans to use some of remainder of site for key worker/additional needs housing **Contacts:** Mike Jennings (SCFT)
Additional Activity Summer 2019			
10 July 2019 South East Coast HOSC Chairs Network (meeting with NHSE)			
10 July 2019 STP HOSC Chairs Meeting (meeting with STP leaders)			

22 July 2019 Performance Information Group (PIG) meeting (HOSC and HWB members' informal meeting to discuss performance, work planning etc.)			
16 October 2019 HOSC Meeting			
Hospital to Home Review	An independent peer review (ADASS, LGA, NHSE, NHSi) of city hospital discharge was undertaken in March 2019. An action plan for implementing the recommendation from this review has been agreed by all partners and the HWB (is expected to) refer this to HOSC to oversee implementation.	HWB? anticipated referral from HWB (the report to June HWB will recommend that HOSC is asked to oversee implementation of the action plan) HOSC has legal duty to scrutinise local NHS performance	**Contacts:** Barbara Deacon (BHCC) NB: this is tentative as it will depend on the HWB choosing to refer to HOSC. Delayed Transfers of Care/flow and capacity at the Royal Sussex are major issues in the local health economy and it is appropriate for the HOSC to focus on them. A follow-up item will be required (March 20)
Clinically Effective Commissioning (tranche 3)	CEC is Sussex-wide programme to standardise commissioning and ensure it aligns with best clinical practice	Anticipated referral by CCG (summer 19?) HOSC has legal duty to consult with NHS re: SViS plans	CCGs have indicated that they anticipate that CEC tranche 3 will include cross-border SViS and will consequently require scrutiny by a joint HOSC (JHOSC) of B&H, East Sussex and West Sussex HOSCs. Although this will be for a JHOSC rather than HOSC, HOSC will need to determine how it wants to be updated. **Contacts:** Peter Kottlar, Wendy Hughes, Raheem Anwar (CCGs) Helena Cox (West Sussex HASC) Harvey Winder (East Sussex HOSC)

Establishment of a Joint HOSC (JHOSC)	BH HOSC is required to join a JHOSC to scrutinise NHS SViS plans that cut across HOSC boundaries	HOSC has legal duty to consult with NHS re: SViS plans	BH HOSC rejected (Jan 19) proposals to join a voluntary JHOSC, but will be required to join a mandatory JHOSC if and when NHS bodies announce cross-boundary SViS plans (e.g. re: CEC tranche 3) NB: HOSC will need to approve plans for JHOSC, but FC is final BHCC decision-maker
NHS 111 Procurement	HOSC is monitoring the process of the procurement of a new NHS 111 call-centre service for Sussex & Kent	Sussex CCGs HOSC has legal duty to consult with NHS re: SViS plans	HOSC has been monitoring this procurement process since its inception. Current timetable: contracted awarded summer 19; mobilisation autumn 19 (and HOSC report-back) **Contacts:** Colin Simmons (CCGs)
Primary Care in Brighton & Hove	Update on primary care performance and capacity and CCG primary care planning (including the pathway to Primary Care Networks)	HOSC members Member concerns about aspects of city primary care (e.g. GP to patient ratios; access to GP services in some parts of the city). The NHS Long Term Plan requires local areas to introduce Primary Care Networks	Report from the CCG. **Contacts:** Ashley Scarff/David Supple (CCG)
Additional Activity Autumn 2019			

22 Oct 2019 Performance Information Group (PIG) meeting (HOSC and HWB members' informal meeting to discuss performance, work planning etc.)			
Date TBC South East Coast Ambulance Trust (SECAmb): invitation to visit new ambulance station at Falmer **Contact:** Helen Wilshaw (SECAmb)			
Date TBC Sussex HOSC Chairs informal joint meeting with BSUH: quality, performance and forward planning			
Date TBC Sussex HOSC Chairs informal joint meeting with BSUH: quality, performance and forward planning			
Date TBC STP HOSC Chairs Meeting (meeting with STP leaders)			
22 January 2020 HOSC Meeting			
Young People Mental Health	Report on YP experiences of mental health services – to include input from Youth Council	Youth Council (deferred from 18/19 work plan at YC request as restructure meant that they were unable to engage with this) HOSC has legal duty to scrutinise local NHS performance	Aim to align with CAMHS re-commissioning (Oct 19)? **Contacts:** Rob Scoble (Youth Council) Monica Brooks (CCG)
Healthwatch Report on Older Patient Experience of Discharge from RSCH	Monitor implementation of report action plan	Healthwatch BH HOSC has legal duty to scrutinise local NHS performance	At March 19 HOSC members considered HW report on hospital discharge and agreed to monitor implementation of joint CCG/BSUH/BHCC action plan (autumn 19?) **Contacts:** Grace Hanley (HASC)

			BSUH? CCG? David Liley (Healthwatch)
Additional Activity Winter 19/20			
17 Dec 2019 Performance Information Group (PIG) meeting (HOSC and HWB members' informal meeting to discuss performance, work planning etc.)			
Date TBC STP HOSC Chairs Meeting (meeting with STP leaders)			
Date TBC South East Coast HOSC Chairs Network (meeting with NHSE)			
18 March 2020 HOSC Meeting			
Cancer	Monitor local performance re: screening (bowel, cervical, breast) and treatment	HOSC HOSC has legal duty to scrutinise local NHS performance	CQC identifies local cancer performance as a concern and BH performance re: screening and re: treatment is poor. Report at March 19 HOSC – HOSC follow-up/monitoring? **Contacts:** Becky Woodiwiss (BHCC PH) Max Kammerling (NHS England) Ben Stevens/Oliver Phillips (BSUH) Lola Banjoko/Dr Alex Mancey-Barratt) CCG
Royal Sussex County Hospital (RSCH): Improving Outpatient Services	BSUH plans to improve OP services	Potential referral by BSUH? HOSC has legal duty to scrutinise local NHS performance	CQC rates OP services as requires improvement. Improvement planning discussed at March 19 HOSC – HOSC to follow-up and monitor improvement trajectory? **Contacts:**

			Oliver Phillips (BSUH) Ben Stevens (BSUH)
Hospital to Home Review: implementation of action plan	To oversee implementation of the action plan from the independent peer review of hospital discharge	HWB (anticipated referral) HOSC has legal duty to scrutinise local NHS performance	**Contacts:** Barbara Deacon (BHCC) This is a follow-up to the (tentative) Hospital to Home Review item at Oct 19 HOSC
Additional Activity Spring 2020			
04 Feb 2020 Performance Information Group (PIG) meeting (HOSC and HWB members' informal meeting to discuss performance, work planning etc.)			
Date TBC STP HOSC Chairs Meeting (meeting with STP leaders)			