

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 28 JUNE 2017

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors K Norman (Chair), Allen, Bennett, Deane, Gilbey, Greenbaum, Morris, A Norman and Wealls

Also in attendance: Caroline Ridley, Rob Persey (Executive Director, BHCC), Dr David Supple (CCG Clinical Chair), Pippa Ross-Smith, Jon Amos (Director of Strategy, SECAMB), Marianne Griffiths (CE, BSUH).

PART ONE

1 PROCEDURAL BUSINESS

- 1.1 There were no substitutes.
- 1.2 There were no declarations of interest.
- 1.3 Apologies were received from Adam Doyle, Cllr Tom Bewick and Zak Capewell.
- 1.4 There were no Part 2 items.

2 MINUTES

- 2.1 Paragraphs 49.1 and 49.5 should refer to 'she' rather than 'he' as Cllr Dee Simpson was chair of the previous meeting.
- 2.2 Paragraph 49.4 – the spelling of 'Daren' has been checked and confirmed as correct.
- 2.3 Cllr Allen spoke on a matter arising in relation to paragraph 49.5. Rob Persey was due to speak at the February meeting which he was unable to attend, and then the March meeting was cancelled so this still needs to be arranged. Rob Persey advised he was happy to attend the next meeting but would need some guidance on what the committee would like him to speak about. It was agreed that Rob would attend the next meeting and update the committee on the current position of the Adult Health and Social Care directorate and discuss the directorate plan.

ACTION: Rob Persey to attend the next meeting to discuss and update on the Adult Health and Social Care directorate.

- 2.4 In relation to paragraph 48.1 on the cost of managing the STP, Fran McCabe advised she had not yet received the information. This had been circulated previously but would be distributed again.
- 2.5 Cllr Morris identified that a section in the minutes only lists the questions that were asked at the previous meeting but not the resulting answers and would like more detail than this in the future. Apologies were given and it was confirmed that the reason for this was due to staff sickness and that there would be more detail recorded in future minutes.

3 CHAIR'S COMMUNICATIONS

- 3.1 Cllr Ken Norman introduced the meeting and welcomed new committee members. He told members that the meeting would hear from key figures in the health service about significant changes taking place.

4 PUBLIC INVOLVEMENT

A – Written Questions

- 4.1 There was a late public question on breast feeding from Valerie Mainstone. However, it was decided that it would not be heard in this committee as it has already been to the Health and Wellbeing Board (HWB) on 13th June and they are providing an answer. It was however agreed that Valerie would be able to make a brief comment on this situation.
- 4.2 Valerie explained she was disappointed at being unable to present this question as she had received a written reply from HWB and this question to HOSC was different based on the reply already received. The pilot in Portslade had been successful and it was thought to be a mistake to redeploy and dismiss workers rather than take the project and its benefits throughout the city.
- 4.3 Rob Persey thanked Valerie for her statement and advised that the HWB did ask for a report to come back on the subject of breastfeeding in order to provide reassurance. It is hoped that this report will be presented at the HWB in July. However more time may be required to gather and present the data so this could well be delayed until September.

B – Deputations

- 4.4 There was one deputation that had been presented to HWB in June 2017 and this had been referred to HOSC for information.

5 MEMBER INVOLVEMENT

- 5.1 There were no Member questions.
- 5.2 Pippa Ross-Smith provided an update on the Ridgeway practice which outlined that notice of intention to terminate was given at the end of May as the premises was no longer available for the NHS to use. The process for dealing with this is as follows:

- The CCG writes to patients to notify them of the closure and setting out how they can express their views. This step has been completed already.
- Responses are used to shape an options paper to set out commissioning decisions.
- The Options paper will be considered by the Primary Care Commissioning Committee.
- Patients are informed of the results of the meeting and told where and how to register at a new GP if required. Patients are supported through the process.

5.3 Questions were asked and the following points were clarified:

- Fran McCabe asked what actions were being taken to minimise the impact of GPs retiring on patients and fellow GPs, given that the city has an ageing population of doctors?
- It was confirmed that 6 months' notice is required that a GP is retiring.
- Dr David Supple confirmed that information on the number of GPs who are nearing retirement should be in the public domain and that this is something to be mindful of throughout the city. Pippa Ross-Smith advised that in the February meeting a request was made for a GP paper to be brought to the September meeting.

ACTION: PR-S to write General Practice report to be brought to the September meeting.

5.4 The idea of creating a working group on GP sustainability was discussed and it was decided that it would be best to wait until this report is received before deciding if a working group is required.

6 CARING TOGETHER - THE CITY'S RESPONSE TO THE SUSTAINABLE TRANSFORMATIONAL PARTNERSHIP (STP)

6.1 The presentation was introduced by Dr David Supple (CCG Clinical Care) and Rob Persey (Executive Director of Health & Adult Social Care, BHCC), and provided an update on the Caring Together (CT) programme and the city's response to the Sustainability & Transformation Partnership (STP).

6.2 The following aspects of Caring Together were outlined:

- There are seven work streams to support the CT programme, the structure for which is currently being prepared and will be brought to the Health & Wellbeing Board (HWB) in autumn 2017.
- The draft governance structure will receive feedback from HWB. This is needed to ensure relationships are built and communicated effectively.
- There are a series of engagement events, the first being the Big Conversation at the Brighton Dome on 4th July. The CCG will ensure that terminology is simplified to make information more accessible.
- If the STP didn't exist the CT programme would still be taking place. This plan is in the context of the public health report and is about what those involved in health care feel is needed.

6.3 In response to questions asked, the following was clarified:

- The *current* funding gap across the STP footprint is £55m (2017-18) which is not evenly distributed between each CCG. Meetings are taking place to decide how best

to close the gap but there is confidence that in Brighton there will be no discussions around closures of hospital wings or large scale resources.

- The Big Conversation engagement meeting is open to all. However there is a capacity issue with the venue. There will be other public meetings in the future and the CCG will ensure that they are accessible to all. There will be as many engagement events organised across the city as required and they will be properly advertised.
- The presentation given was an introduction and update on the CT programme but Brighton & Hove is looking at how public organisations can work more effectively together. Detailed discussions about accountable care organisation models have not yet taken place.

7 UPDATE ON MOBILISATION OF THE NEW SUSSEX PATIENT TRANSPORT SERVICE

- 7.1 Derek Laird introduced the item outlining that he had been asked to come and provide support and stability to the Sussex Patient Transport Service as part of the transition plan put in place after the termination of Coperforma's contract in October 2016. South Central Ambulance Service (SCAS) was awarded the contract and a detailed transition plan that all parties were a part of was put in place. Auditors also made ten recommendations, all of which have been implemented, including Derek's appointment.
- 7.2 It was explained that a phased approach to the transition was taken to reduce risk. Staff were given a lot of training before transferring to South Central Ambulance Service; subcontracted services continued to be used but were managed better; the transfer of data was achieved in a couple of weeks.
- 7.3 The service has now reached a business as usual stage with a quarterly review scheduled for August. Moving forward, discussions will take place with South Central Ambulance Service about using more central employment instead of relying on subcontractors.
- 7.4 Performance is significantly better compared to last year and targets are very close to being met.
- 7.5 The call centre received a lot of calls in the first couple of weeks, many of which were patients wishing to confirm their bookings. There is still quite a high level of calls so ongoing training with hospitals is taking place in order to improve the online booking figure to around 70%.
- 7.6 Work looking into specifically renal transport services is ongoing with an aim of improving the performance for patients. Renal is a large part of the contract and there is also a dedicated renal manager.
- 7.7 The following was clarified:
- Patients detained under sections of the Mental Health Act are not part of the PTS contract. Certain opportunities for this may exist but this area needs to first be better understood.
 - In regard to concerns raised in CQC report about Thames as a service provider it was confirmed that the areas of concern included processes, patient control and

standard of equipment. In response to this Thames are continually updating the CCG and have regular update meetings.

- The increased number of calls received initially by the call centre was largely because patients were nervous and wanted to confirm that their booking was in place. A communications plan did exist to ensure patients were given the right information about the new service.
- A formal complaints and compliments process does exist and there is also a process where concerns can be raised by health care professionals. Hospital liaison officers are in place to help manage issues.
- A contact centre exists so that those patients that are unable to book online still have access to the service. The online service is open to patients and professionals and support and guidance for online booking is offered.

ACTION: To bring an update report to the first HOSC meeting in 2018.

8 MEET THE NEW SENIOR TEAM AT SOUTH EAST COAST AMBULANCE SERVICE (SECAMB)

- 8.1 Jon Amos (Director of Strategy, SECAMB) introduced the presentation outlining that since the last update in October there have been significant changes for the trust. Bi-monthly meetings with HOSC chairs from across the patch take place to provide detail on CQC actions and improvements.
- 8.2 The report from the CQC inspection is expected around September. Some immediate actions came as a result of the inspection which had already been identified. The key areas of focus are around consistent management of medicines and better quality of records moving to electronic. The quality of call recordings also needed improvement which has been addressed and 99.4% are now fully recorded but still aiming for 100%.
- 8.3 SECAMB has been in a period of recovery over the last year, and a new five year strategy is about to be published. This should be published in July 2017. The strategy is about how to move on from the recovery and recognising that there are still further improvements to be made.
- 8.4 There has been improved engagement with staff and a better management structure of support. Engagement from staff has been significant and they feel they are getting a response to the questionnaires.
- 8.5 The financial position is challenging in terms of demand growing more than contract income. There was a significant deficit at end of 2016/17 and a target to decrease to £1m by the end of this year.
- 8.6 SECAMB is performing well against targets in Brighton & Hove in terms of responding to Red 1 (immediately life threatening) and Red 2 (potentially life threatening) calls. This is regularly reviewed and there is an ongoing process to see if there are any adverse health outcomes as a consequence of potential delays.
- 8.7 There have been positive changes in the relationship with Royal Sussex County Hospital (RSCH). There is more work to do but both in a better place for working together.

- 8.8 There have been positive results from defibrillators that have been installed around the city.
- 8.9 Advanced preparations are happening for Brighton Pride and the trust is also planning ahead for the winter.
- 8.10 In response to questions asked, the following was confirmed:
- Jon Amos advised that the presentation today covered a broad remit but he would be happy to return with specific information and to answer more specific questions.
 - There is a significant piece of ongoing work looking at how ambulance services are measured. Currently the measurement is very time focussed with little clinical base but the aim is to move toward a more clinical and metrics-focused way of measuring performance. SECAMB expects to receive national pilot recommendations in the next few weeks which should provide new metrics.
 - Working with colleagues across the NHS and social care to deal with repeat callers. Using this multi-agency, coordinated approach has enabled the frequency of the top 10 callers to be dramatically reduced to almost 0.
 - Using alternative response vehicles is being looked at with the aim to focus on ensuring the correct resource is sent to the call initially.
 - The move to stroke centres is a positive and powerful change and a great example of improved patient care. In a proper stroke unit the patient is treated by experts and given the best possible care. Time has been spent with stroke nurses and there has been a recognisable impact on response times.
- 8.11 It was requested that the report on bullying and harassment is brought back to the board when it has been finalised.

9 UPDATE ON THE HOSC STP WORKING GROUP

- 9.1 Cllr Allen introduced the update outlining that the STP working group was established following the HOSC meeting on 7th December 2016 and the first meeting was held on 20th March 2017 where Adam Doyle was asked questions on governance, timetable and finance. The second meeting on 21st June was attended by Evelyn Barker (BSUH) and Mike Jennings (Sussex Community NHS Foundation Trust).
- 9.2 It was agreed in the Terms of Reference that the continuation of the STP working group would be reviewed in June 2017. So far there have only been two meetings and there are still others lined up to attend including GPs. More information and feedback from local people is required before it can be said that the working group has achieved what it was set up to. It was therefore recommended that the committee agree to allow the working group to continue and review again after two further meetings.

DECISION: The STP working group will have two further meetings and then be reviewed again.

ACTION: Cllr K Norman to arrange for a Conservative Cllr to attend the working group meetings.

10 MEET THE NEW SENIOR TEAM AT BRIGHTON & SUSSEX UNIVERSITY HOSPITAL TRUST (BSUH)

- 10.1 Marianne Griffiths (CE of BSUH) introduced her colleagues and explained that she wanted to highlight to the committee what they want to achieve, how they will achieve it and what the challenges are.
- 10.2 The Care Quality Commission (CQC) has put the organisation into special measures – there are issues with quality (staff culture) and finances (a deficit of £65m at end of last year). This team of staff were brought in from West Sussex in April 2017 to undertake the leadership for a minimum of 3 years. BSUH has a link to West Sussex as a lot of patients are sent to specialist units in Brighton from West Sussex.
- 10.3 There are five key things they want to achieve:
- Moving out of Quality Special Measures – The CQC left 63 issues to address, some of which were large problems including leadership, culture and governance. The CQC came back to re-inspect when this leadership team had only been in place for two weeks so it is unlikely this report will allow the exit from special measures. It is hoped that some significant change will have occurred in a year's time when the CQC return again.
 - Moving out of Financial Special Measures – when the management agreement was signed B&H received a dowry from BSUH. £30m capital reinvestment to redesign A&E, £19m emergency fund for backlog maintenance and £2m for patient first programme.
 - Building an organisational culture that will sustain improvement into the longer term – BSUH came out at the bottom from a staff survey. There is a need to re-win the trust of staff and front line staff are being worked with to try and improve morale and move the organisation forward.
 - Building on A&E improvements – a full business case should be announced on Friday.
 - Progressing the 3Ts programme – This is a complex programme but it is on track.
- 10.4 The main challenges exist around the workforce being demoralised. This is being dealt with through trying to win back trust of staff and also hiring the right people through an ongoing recruitment campaign. Regulators can also mean that there is little room to carry out improvements however it has been agreed that the regulators will only review once per month.
- 10.5 In response to questions the following was clarified:
- It was confirmed that the £65m figure for deficit was a negotiated settlement that allows a £65m deficit to be delivered with headroom for some investment and changes to be made.
 - In relation to the restructure of the estates management department it was confirmed that the change was not managed as it should have been and lessons will be learnt from this. Should have been clear on how the new management structure was designed, the impact of this and support available but this was not done so they would like an opportunity to revisit.
 - Partners are being engaged with including Adam Doyle who has been met with as he is part of the single plan. He agreed that there should be a stretch target of 1% for delayed discharges and having a different contract together to deal with

transformation was spoken about. It is felt that there has been a good start to the working relationship and that the right discussions are taking place. A positive start has been made with the commitments made and some improvements can already be seen from the action taken by partners and themselves.

- Vacancies have been advertised and there is the correct quality of person applying so it is hoped that in the near future there will be some stability in the organisation in terms of employees. The last 18-24 months has been looked at to see which employees have left and they are now being contacted and invited to events in July to encourage them to re-join.

11 CONSULTATION ON A PROPOSED HOSC WORK PROGRAMME FOR 2017/18

- 11.1 Cllr Allen reminded the committee that Rob Persey had been invited to the next HOSC meeting on 6th September to present facts, figures and performance for the Adult Health and Social Care directorate. Pippa Ross-Smith would also bring an update on GP sustainability to this meeting.
- 11.2 Cllr Wealls asked for confirmation on whether service provision around the reorganisation for children and health is being looked at by HOSC or CYPS.
- 11.3 It was suggested that a piece of work looking at the best models and challenges for service providers and commissioners be looked at in relation to social prescribing benefits.
- 11.3 The annual report for Healthwatch is almost complete so an agenda item on diabetes can come to the next meeting.
- 11.4 It was agreed that it would be useful for the agenda to be organised more strategically, looking at programme plans occurring so they can be scrutinised as they move along.

ACTION: Cllr K Norman to meet with lead members, Cllrs Allen and Greenbaum, to discuss the above.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of