AGENDA ITEM 12

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 17 JULY 2019

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Deane (Chair)

Also in attendance: Councillor Barnett, Druitt, Evans, Grimshaw, Hills, Lewry, McNair, O'Quinn and Powell

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

PART ONE

1 APOLOGIES AND DECLARATIONS OF INTEREST

1.1 Apologies were received from Caroline Ridley (community sector representative) and from the Youth Council.

1.2 There were no substitutes.

1.3 There were no declarations of interest.

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

2 MINUTES

2.1 The minute of the 20 March 2019 HOSC meeting was noted.

3 CHAIRS COMMUNICATIONS

3.1 The Chair welcomed members and thanked everyone for agreeing to change the scheduled date of the meeting.

4 PUBLIC INVOLVEMENT

4.1 There were no public questions.

5 MEMBER INVOLVEMENT

5.1 There were no member questions.

6 POSSABILITY PEOPLE DISABILITY ADVICE CENTRE FUNDING

6.1 Geraldine Des Moulins, Chief Officer of Possability People, addressed the committee. Ashley Scarff, Director of Partnerships and Commissioning Integration, and Dr David Supple, Chair, of Brighton & Hove CCG, were present to respond to members' questions.

6.2 Ms Des Moulins told members that Possability People:

- have challenged the CCG's decision to cease funding the Disability Advice Centre (DAC), but have not to date received a full response;
- have also challenged the Equality Impact Assessment (EIA) process which underpinned the CCG's decision;
- Are unhappy with the mitigations offered in the EIA, particularly since they contend that there was no comprehensive attempt to check that alternative providers were willing and able to take on DAC clients;
- Contend that the EIA was seemingly written after the funding decision had been taken (whereas it should have been used to inform the decision);
- Argue that there is a clear evidence base for the health benefits of the DAC (including its role in reducing healthcare spend, particularly in terms of mental health services);
- Wanted the HOSC to scrutinise the CCG's decision-making process in terms of whether it accorded with Public Sector equalities duties.

6.3 In response to a question from Cllr Druitt on the EIA, Ms Des Moulins told members that Possability People have asked the CCG to clarify when the EIA was completed but have not yet received a response.

6.4 In answer to a query from Cllr Hills on alternative service provision, Ms Des Moulins informed the committee that she had spoken to alternative providers. There are some excellent services in the city, but all providers are struggling with capacity, particularly given the impact of Universal Credit. The DAC is the only specialist advice service for people with disabilities and some of the alternatives are not fully accessible.

6.5 In response to a question from Cllr Powell on numbers of people using the DAC, the committee was told that there were more than 4000 contacts in 2017/18. The number of contacts has been steadily rising in recent years. This service will not easily be replaced and there will be a real impact on people's lives if they do not have rapid access to advice. This can lead to a loss of benefits and the danger that people's problems may spiral out of control.

6.6 In answer to a question from Cllr Powell about engagement with the CCG, Ms Des Moulins told members that the short notice of closure meant that there had been no opportunity to put a case to the CCG or to prepare properly to wind-down the service.

6.7 Dr Supple told the committee that the CCG was required to use NHS funding wisely and to fulfil the NHS mandate. The CCG is required to meet its annual Control Total, and in a very constrained financial environment, this entails making very difficult decisions. The

CCG has reviewed all its non-mandated commissioning and has subsequently reduced some funding. Ultimately, money invested in advice services is money that cannot be spent on treatment. Whilst there is a case to be made for investing more in long-term prevention, the NHS financial system does not currently work to facilitate this.

6.7 In response to a question from Cllr Grimshaw on the equalities impact of the decision, Dr Supple told members that the CCG did pay due regard to equalities; there are alternative advice services in the city. Ashley Scarff added that the CCG used its EIA to explore mitigatory measures prior to making a decision. This process was time-consuming, hence in part the 'late' notification of the decision. Cllr Grimshaw noted that whilst there are other advice services in the city, the DAC offers the only dedicated service for people with disabilities.

6.8 Fran McCabe noted that Healthwatch Brighton & Hove had recently published a report on Personal Independence Payment (PIP) assessments. People's health problems can be exacerbated by the PIP process, and the DAC provides vital support to mitigate this. The fact that the decision to cease funding the DAC was made is indicative of how poorly integrated the city health and care system is. The decision also seems odd given the high prevalence of long term health conditions in Brighton & Hove (according to the city Joint Strategic Needs Assessment: JSNA). Dr Supple noted that the CCG did take JSNA data into account when making its decision. The NHS is faced with making a number of unpalatable decisions and remains committed to learning from all decisions in terms of ensuring that all mitigatory steps have been taken.

6.9 In response to a request from Cllr Powell, Dr Supple agreed to circulate the relevant EIA.

6.10 In answer to a query from Cllr Powell on consultation, Mr Scarff told members that there had been no formal consultation process; formal public consultation would not be required when a contract is not renewed.

6.11 In answer to a question from Cllr Powell on accessibility, Dr Supple told members that the CCG had not visited all the alternative provider sites to check their accessibility.

6.12 In response to a query from Cllr Hills on the timing of the announcement of the decision, Mr Scarff told members that the CCG had spent all available time exploring possible alternatives to ceasing funding.

6.13 In answer to a question from Cllr Hills on what it would take for the CCG to rethink its decision, Dr Supple responded that the CCG would reflect on the views expressed by HOSC members. Mr Scarff added that the CCG will monitor the impact of the decision, but that the CCG is bound to apply its resources to meet mandated requirements and to meet its control totals.

6.14 Cllr Druitt noted that the CCG announced its decision to cease funding the DAC after the city council had set its budget for the coming year. This meant that it was not possible for the council to plug the funding gap had it wished to do so. In the circumstances, the least the CCG should reasonably do would be to maintain funding this year until alternative arrangements can be made. Dr Supple responded by saying that there has been a historical lack of alignment between CCG and BHCC budget-

setting processes which is being addressed. Mr Scarff added that there was a lesson to be learnt about terminology: the CCG believed it had been clear that the contract was being reviewed and that there was no certainty of ongoing funding and about risks to services at an early stage, but in hindsight could perhaps have spoken more bluntly to ensure this was fully understood.

6.15 In response to a question from Cllr McNair on the criteria for making savings, Mr Scarff told members that there are significant financial challenges and the CCG is mandated to prioritise clinical services.

6.16 There was discussion of the CCG's funding. Dr Supple explained that in 2018/2019 the CCG was required to generate a surplus in order to meet its nationally-set control total but that this surplus was not available for commissioning.

6.17 Members discussed further action and Cllrs Hills suggested that the Chair write a letter to the Chair of the CCG setting out member concerns. It was unanimously agreed that the Chair should write to the CCG further expressing member concerns about the DAC decision and asking the CCG to reconsider its stance. (A copy of the letter sent by the Chair and a copy of the CCG's response are included in the October 2019 HOSC papers for information.)

6.18 RESOLVED – that the report be noted.

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

7.1 This item was introduced by Ashley Scarff, Director of Partnerships and Commissioning Integration at Brighton & Hove CCG.

7.2 In response to a question from Cllr O'Quinn on waiting times, Mr Scarff told members that waiting times remain a problem for the local health and care system, but that the Urgent Treatment Centre (UTC) should help 'stream' patients to the most appropriate treatment settings, relieving some of the pressure on A&E.

7.3 In answer to a question from Fran McCabe on staffing for the UTC, Mr Scarff told the committee that this would be closely watched. The UTC has the same staffing model as the current Urgent Care Centre (UCC) which offers very similar services. The current prediction is that there will be the same volume of activity as experienced by the UCC, but a potentially different patient case-mix. Co-location with A&E helps with staffing as additional capacity is generally available close to hand.

7.4 In response to a query from Ms McCabe as to how booked and un-booked patients would be managed, Mr Scarff responded that this will be refined during the planning for implementation between now and when the UTC opens, once the UTC is in operation patient feedback can be collated. Walk-in patients will be able to in effect book an appointment on arrival at the UTC so neither booked nor walk-in patients are advantaged or disadvantaged over one another, they will be streamed on clinical need.

7.5 In answer to a question from Ms McCabe about the possible relaxation of national NHS A&E targets, Mr Scarff confirmed that the targets are being reviewed, but there is as yet no information on what changes may or may not be made.

7.6 In response to a question on media from Cllr McNair, Mr Scarff affirmed that there would be local and regional press campaigns to explain how UTCs function.

7.7 In answer to a question from Cllr McNair about the Brighton Station Walk-In Centre (WIC), Mr Scarff told members that the WIC is a valuable asset, but one that could probably be better used. The WIC is being reviewed and any change plans will be presented to the HOSC in due course.

7.8 In response to a query from Cllr Powell on the accessibility of the UTC, Mr Scarff confirmed that it will be fully accessible, offering the same access and interpretation services as the UCC currently does.

7.9 In answer to a question from Cllr Powell on how well staff have been prepared for the UTC, Mr Scarff responded that the existing pool of UCC staff should have ample time to prepare before the 01 December UTC launch.

7.10 In response to a query from Cllr Grimshaw about people with urgent mental health issues, Mr Scarff told the committee that people calling 111 may be advised to go directly to dedicated mental health services. Alternatively they might be directed to A&E or the UTC; either would suitable as the on-site mental health liaison team will cover both services.

7.11 In response to a question from Colin Vincent on whether more diagnostics capacity would be required at the UTC, Mr Scarff responded that it was anticipated that demand would be similar to that currently managed at the UCC.

7.12 In answer to a question from Cllr Druitt on readiness, Mr Scarff told members that 21 of the 27 UTC requirements have been met to date. The remaining requirements relate to the booking system and are on schedule to be met prior to opening.

7.13 In response to a query from Cllr Powell on scheme costs, Mr Scarff responded that these would not be significant as the current UCC provides almost all UTC services. There may be some minor capital spend required.

7.14 In answer to a question from Cllr Powell on staff involvement, Mr Scarff responded that there would be no change to staff rotas in moving from the UCC to the UTC. There has consequently been no formal consultation with staff, but there has been engagement.

7.15 RESOLVED – that the report be noted and that the committee agrees that the plans to develop a UTC do not constitute a substantial variation in services.

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

8.1 This item was presented by Peter Prentice, Strategic Director Estates & Facilities, and Geoff Braterman, Head of Health Planning, from Sussex Community NHS Foundation Trust (SCFT).

8.2 In answer to a question from Cllr Druitt on where services would move to in the development, Mr Braterman told the committee that all patient services would be retained on the Brighton General Hospital (BGH) site, which the exception of some Brighton & Sussex University services which will be returned to the Royal Sussex County Hospital once the development of that site has been completed.

8.3 In response to a query from Cllr Druitt on the impact of Brexit, Mr Braterman told members that this was far from certain, but that there is a robust project risk assessment process that seeks to control project risks (e.g. of increased materials cost) as far as is possible. The BGH scheme is pushing ahead irrespective of Brexit, with SCFT using its own capital to progress things where necessary.

8.4 In response to a question from Cllr Hills as to whether the development of a Community Health Hub (CHH) is separate from the development of housing on the site, Mr Prentice explained that the land sale will fund the CHH. SCFT is agnostic about the form of the land sale, but it needs to generate sufficient revenue to fund the CHH. SCFT is not seeking an additional profit from the land sale and is not simply seeking to sell to the highest bidder. Mr Braterman added that the current healthcare facilities on site are far from adequate, for example in terms of disability access, and that the CHH is urgently needed. The only way to fund the CHH is via some form of land sale.

8.5 In answer to a query from Cllr McNair as to whether the BGH site was the best place for a CHH, Mr Braterman told members that a site was needed in the east of the city; Hove polyclinic already serves the west. The BGH site is perhaps not ideally located given the hilly terrain, but it is the best option available.

8.6 Cllr Evans asked a question about whether the BGH plans and/or the re-siting of the ambulance station at the BGH site potentially constitute a substantial variation in service (SViS) requiring formal consultation with the HOSC. The scrutiny support officer responded that advice was that the plans to develop a CHH should not be considered as SViS because they represent an unambiguous service improvement; there is little obvious scope for members to engage with the plans to improve clinical services, and the housing element of the scheme is not within the HOSC's statutory remit.

In terms of the ambulance station, South East Coast NHS Ambulance Trust (SECAmb) is undertaking a reconfiguration of ambulance services across Sussex, which includes the development of a new station at Falmer. The BGH site is consequently surplus to requirement. Both SECAmb's plans and SCFT's plans to develop the CHH have been previously considered by the HOSC.

8.7 RESOLVED – that the report be noted.

9 PRIMARY AND URGENT CARE SERVICES IN HOVE AND PORTSLADE

9.1 This item was introduced by Dr David Supple, Chair of Brighton & Hove CCG.

9.2 Dr Supple told the committee that the local healthcare system was moving to become a more unified service with less emphasis on distinctions between primary and acute/urgent care. Primary (GP) services in Hove & Portslade have been vulnerable, due in part to the relatively high number of smaller practices operating in the area. However, the situation has improved overall with 3 large, stable practices but nevertheless at least 2 smaller practices remain vulnerable and are receiving CCG support.

9.3 Hove & Portslade residents do not present in disproportionate numbers at either the city Urgent Care Centre or at A&E. This suggests that primary services in the west of the city are functioning as well as elsewhere – if they were markedly poorer or offered worse access, this would likely be reflected in higher than average attendance at emergency care.

9.4 It is hoped that the Primary Care Network (PCN) programme will improve experiences of primary care across the city. It is however very early days and PCNs vary considerably in terms of 'capability'; some will require significant support while relationships are established and historical challenges overcome. The model for improvement is based on better network of existing services rather than adding additional capacity in the form of new buildings at this stage.

9.5 In response to a question from Cllr McNair on how future-proof capacity planning is, given the amount of new housing scheduled for the area, members were told that Hove & Portslade is very unlikely to ever need an acute hospital, given the proximity of the Royal Sussex. At some point additional Primary Care capacity may be required; Hove Polyclinic has some potential to expand, particularly in terms of offering more out of hour provision. We may also see more of the existing GP practices jointly relocating to new, future-proofed premises.

9.6 In answer to a query from Cllr Barnett about the potential to open facilities at the Toad Hole Valley development, Dr Supple reiterated that the favoured initial direction of travel was to better network existing services via PCNs rather than to build new facilities. Although informal discussions have taken place around relocation of smaller teams to a single site, local GP practices have not expressed enthusiasm for moving to this development given its geographical disadvantages.

9.7 RESOLVED – that the report be noted.

10 HOSC DRAFT WORK PLAN

10.1 This was briefly discussed.

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of