

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 18 OCTOBER 2023

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor

Also in attendance: Councillor Baghoth (Deputy Chair), Asaduzzaman, Evans, Hill, Nann, Robins, Wilkinson, Shanks and Sheard

Other Members present: Nora Mzaoui (CVS), Theresa Mackey (Older People's Council), Christine D'Cruz (Healthwatch)

PART ONE

11 PROCEDURAL BUSINESS

- 11.1 Cllr Fowler sent apologies: she was unwell and unable to chair the meeting. Cllr Baghoth chaired the meeting in Cllr Fowler's absence.
- 11.2 Cllr Shanks attended as substitute for Cllr McLeay; Cllr Sheard attended as substitute for Cllr Fowler. Christine D'Cruz attended as substitute for Geoffrey Bowden (Healthwatch Brighton & Hove).
- 11.3 There were no declarations of interest.
- 11.4 **RESOLVED** – that the press & public be not excluded from the meeting.

12 MINUTES

- 12.1 **RESOLVED** – that the minutes of the 12 July committee meeting be approved.

13 CHAIR'S COMMUNICATIONS

- 13.1 The Chair have the following communications:

I'd like to welcome everyone to the HOSC. At the July HOSC meeting we had a presentation from NHS England on their plans to make changes to children's cancer services in the South East. These plans are now out for public consultation, and I've asked for an update report on how the consultation went to come to our next meeting in January 2024.

Winter vaccinations

I'd encourage everyone eligible for an autumn COVID vaccination or a free flu jab to get them as soon as possible so you have the best possible protection against serious illness this winter.

Anyone eligible for a COVID-19 vaccination can book on the NHS website, through the NHS app or by calling 119. Appointments are available in pharmacies or other venues including the Brighton Centre, Brighton Racecourse and Mile Oak Medical Centre. Walk in sessions are also available at Hove Tesco on Wednesdays, Hove Polyclinic on Thursdays or St Peter's Church on Fridays.

Adults eligible for a free flu jab can book an appointment with your GP or at a pharmacy. Younger children will be invited by their GP and school-aged children will be offered this through their schools.

14 PUBLIC INVOLVEMENT

14.1 There were no public questions.

15 MEMBER INVOLVEMENT

15.1 There were no member questions.

16 PRIMARY CARE NETWORKS

16.1 This item was presented by Liz Davis, Director of Primary Care Operations, East Sussex & Brighton & Hove, NHS Sussex; and by Hugo Luck, Associate Director of Primary Care, NHS Sussex (Brighton & Hove).

16.2 In response to a question from Cllr Shanks on city GP numbers, Mr Luck responded that the numbers have plateaued in recent months, but Brighton & Hove still has a poor GP to patient ratio. There is no ready solution to the national shortage of GPs, and local focus is on recruiting more allied health professionals. Mr Luck offered to circulate more information on this issue.

16.3 Cllr Asaduzzaman asked why city Primary Care Networks (PCNs) were of such differing sizes. Ms Davis replied that GP practices had been asked to come together in PCNs representing populations of 30 to 50,000 patients, but that there was no absolute bar on PCNs being smaller or larger than this.

16.4 Cllr Evans noted that the local GP to patient ratio had been one of the worst in the country and asked whether this was still the case. Mr Luck responded that the local ratio remains poor. The long term aim is to make Brighton & Hove a more attractive place for GPs to work, but there are no short term fixes. More needed to be done to attract more GP trainees, to improve the working environment, and to recruit more allied health professionals.

16.5 In response to questions from Cllr Evans on physician's assistants, Mr Luck told the committee that there were currently 1.8 physician's assistant posts in the city. It should be stressed that physician's assistants have useful roles to play in healthcare, but that clinical responsibility for patients will remain with GPs.

- 16.6 Cllr Wilkinson asked whether there had been sufficient communication with patients on the role of PCNs. Ms Davis responded that lots of work has been done already, and that all practices are asked to display materials about PCNs. However, commissioners would welcome ideas on how to communicate better.
- 16.7 Nora Mzaoui asked about support to help people in financial difficulties access additional/enhanced services that might be hosted in a PCN GP surgery distant to the patient's own surgery. Ms Davis responded that patients should contact their patient participation group to see if there was some volunteer transport support available. However, there is no NHS Sussex funding for this. Ms Mzaoui noted that there was realistically very little funding available in practices to support patient travel, and that this was a serious problem as it is leading to people not engaging with services they need. Mr Luck acknowledged the point and noted that it was important that there was meaningful engagement with patients to identify where there were access problems. NHS Sussex are talking with Healthwatch Brighton & Hove about this.
- 16.8 In response to a question from Ms Mzaoui about training for GP receptionists, Mr Luck told members that there was no specific funding for this, but that every GP practice is expected to appropriately support its reception staff. There may also be relevant training which reception staff can access.
- 16.9 Cllr Hill asked whether the very large PCNs in the city might function better if they were split in two. Ms Davis responded that this is not for NHS Sussex to determine as it is up to GP practices how they constitute themselves as PCNs, provided that they are geographically aligned and are not too difficult to access. Mr Luck added that a PCN operating in an urban area might well have a patient population of more than 50,000 whilst covering a relatively small geographical area, so larger PCNs are not necessarily harder to access.
- 16.10 Cllr Shanks enquired about PCN impacts on continuity of care and on prevention. Mr Luck responded that assessing continuity of care can be complex, as patients differ in whether they need or value continuity of care over ease of access. Limited GP numbers mean that patients have to be triaged, with those who really need continuity of care being prioritised. In terms of prevention there are good practice examples from local PCNs. For instance, diabetes clinics have been delivered in community centres rather than GP surgeries in Hangleton & Knoll, improving access for local prevention services.
- 16.11 Theresa Mackey noted that people have been contacting the Older People's Council with concerns about access to GP services. In particular, people have complained that they have been advised to self-refer online to physio and other services, and have struggled to do this. Mr Luck acknowledged that there are issues around self-referral. Self-referral is intended to make it easier for people to book appointments and to relieve pressure on GP services, but this is still in its infancy and it is clear that there are issues with patients who are digitally excluded. NHS Sussex is working with Healthwatch on this.
- 16.12 Cllr Robins noted that some of the figures quoted in the report (e.g. at 5.32) regarding the proportion of the city's over 65 population who are frail seem far too high. Mr Luck agreed to look at the definitions of frailty being used.

16.13 The Chair thanked the presenters for their contributions.

17 SUSSEX CANCER CENTRE: PRESENTATION FROM UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST

17.1 This item was introduced by Lisa Barrott, University Hospitals Sussex Director of Nursing (cancer); and by Robert Cairney, UHSx Director of Capital Development & Property.

17.2 Mr Cairney explained the background to the 3Ts development of the Royal Sussex County Hospital (RSCH) site. Ms Barrott outlined what the Sussex Cancer Centre (SCC) will deliver, and how this will represent a major improvement in cancer services for Sussex residents. Ms Barrott also detailed how the new build will provide a pleasant environment delivering therapeutic benefits for patients as well as meeting tough environmental standards.

17.3 Mr Cairney told members that plans for the SCC include

- the creation of a public plaza to be shared with the Louisa Martindale Building. This will improve access to the hospital and provide more space for patients and staff. It is particularly important that staff have access to calm spaces as delivering cancer care is very stressful.
- Access for patients by car, ambulance and public transport. These will be separate to the entrances to the main hospital and have been designed to minimise disruption to the local community.
- An additional 105 parking spaces.

17.4 Mr Cairney also outlined plans for stage 3 of 3Ts, the development of a service yard to provide logistical support to the entire hospital. This will be operational by 2027.

17.5 Cllr Wilkinson asked whether, given the longstanding capacity issues at RSCH, there were guarantees that the SCC would not get used as emergency department overflow. Ms Barrott responded that the SCC is not a fully standalone unit as it is important that there is easy access to hospital services such as radiology and to intensive care. However, the SCC is functionally separate from the main hospital and everyone at the hospital recognises the critical importance of cancer care.

17.6 In response to a question from Cllr Wilkinson on taxi ranks, Mr Cairney told the committee that the current taxi rank by outpatients would remain. There will be room to create an additional bay by the SCC with room for 2-3 cars.

17.7 Cllr Asaduzzaman asked whether there was confidence that the SCC would be future proof, particularly in terms of increased demands from an ageing population. Ms Barrott replied that this is a challenge. Additional headroom has been included in the SCC, but it is also important to note that there are cancer facilities at hospitals in Chichester, Worthing and Hayward's Heath. These can all be utilised to deal with additional future demand.

17.8 In response to a question from Cllr Evans about cancer performance across the Trust, Ms Barrott responded that there are currently significant challenges and the Trust is in

Tier 1 (the highest level of oversight). However, there have been recent improvements in waiting times.

- 17.9 Cllr Evans asked whether it was the intention to undertake more cancer surgery locally. Ms Barrott responded that the SCC is not a surgical unit. However, University Hospitals Sussex is looking at its cancer surgery pathways with the intention of increasing the range of procedures that can be delivered locally.
- 17.10 Cllr Hill asked a question about links between the SCC and city universities. Ms Barrott responded that this is a key area, with a major aim of the SCC being to improve research. There are good links with local universities. Building a reputation for quality research will also help with recruitment to the SCC.
- 17.11 The Chair thanked the presenters for their time.

18 SUSSEX POLICE & CRIME PANEL LETTER TO SUSSEX HOSCS: SUSSEX POLICE AND MENTAL HEALTH

HOSC 18 Oct 2023 Excerpt from UNCORRECTED draft minute

- 18.1 This item was introduced by John Child, Chief Operating Officer, Sussex Partnership NHS Foundation Trust (SPFT). Mr Child presented to the committee on the current challenges within the mental health urgent and emergency care pathway in Brighton & Hove and across Sussex. Mr Child outlined that the request to present to the committee was a response to correspondence between Sussex Police commissioners and HOSC Chairs outlining Sussex Police's concerns as to the impact on their operational policing capacity as a result of supporting increasing numbers of members of the public with mental health needs. Issues of concern included people requiring a mental health admission having to wait for long periods of time in the Royal Sussex County Hospital emergency department for a bed to be found; police time being taken up supporting people detained under Section 136 (S136) of the Mental Health Act because there is no free capacity in a local Health Based Places of Safety (HBPOS) (and linked to this, the police's move away from supporting mental health crisis as set out in the Right Care Right Person national guidance) .
- 18.2 Mr Child outlined the Mental Health Urgent and Emergency Care Improvement Plan informing the committee this was a health and care system plan, rather than a Sussex Partnership plan to improve these matters via a wide set of initiatives, some of which are already active and others in an advanced stage of planning. Mr Child described developments including the Havens, Blue Light Triage, Text Sussex, Blue Light Line, Staying Well Cafes, Sussex Mental Health Line and plans to remodel crisis teams. Mr Child outlined the root causes of the current challenges as additional need within the mental health urgent care pathway since the Covid pandemic but primarily as an issue of flow through the pathway, particularly in terms of the timely discharge of patients from acute psychiatric hospital into supported housing, residential and nursing care- those patients who are classified as being medically ready for discharge.
- 18.3 Cllr Nann asked who or what would fill the gap if the police were no longer fully using their S136 powers. Mr Child noted that the use of S136 has been fairly static in recent months, but had dropped appreciably in the past few years because alternative services

such as Street Triage had been introduced. Given that only around 60% of patient subject to S136 detentions end up with admission to an acute mental health bed, there is considerable scope for the system to do more to find alternative ways of supporting people in crisis, as outlined in the improvement plan.

- 18.4 Cllr Nann asked whether the police were being irresponsible in seeking to withdraw from mental health incidents. Mr Child replied that he did not believe that the police intended to withdraw totally from supporting people in acute mental health crisis, but that they were understandably concerned about the time officers had to spend staying with people they had detained under S136 because those patients cannot access a HBPOS. Mr Child said the police rightly believe that available, timely support should typically be provided by mental health professionals in a clinical setting.
- 18.5 The Chair asked whether there was confidence that the system could cope if the police withdrew support. Mr Child responded that sometimes S136 detention is absolutely the right action, and the police should and would continue to support this. Mr Child outlined that on occasion the police use S136 because people have not been able to access alternative services whilst in a crisis to prevent their mental health problems escalating and the improvement plan described was seeking to address this issue.
- 18.6 Cllr Shanks asked about numbers of acute mental health beds available within Sussex. Mr Child replied there are challenges for people accessing acute psychiatric admissions and as a result people are having to wait an excessive length of time in hospital emergency departments. Mr Child explained that was due to Health Based Places of Safety being occupied with patients waiting onward acute admission or for an alternative community placement. The root cause of the challenge was described not primarily as a lack of acute beds but rather issues with the timely discharge of people into community settings, who are waiting for supported accommodation, residential and nursing care and that if discharge pathways were improved there would be better flow and less pressure on urgent and emergency services supporting patients in mental health crisis. Mr Child gave examples of the length of delays in acute psychiatric beds across Sussex.
- 18.7 Cllr Robins voiced concerns about police withdrawal from mental health emergencies, noting that families typically only call the police when they have no one else to turn to and there is immediate life-threatening concern to the safety and welfare of family members. Mr Child responded that he was unable to speak for the police, but that he was confident that they would continue to respond to threats to life. Mr Child reiterated the greatest challenge outlined by the police is the time they spend with people after they have intervened, and the time they spend dealing with lower level mental health related incidents- not necessarily for people known to mental health services. Mr Child said that people should continue calling the police if they believe that someone's life may be in danger.
- 18.8 Cllr Nann stated that the police would be happy to continue with their S136 role if they could then pass people on to a place of safety. However, mental health services are themselves in crisis, and the structures to better support people are just not there; it is wishful thinking to believe that they can be transformed at short notice.
- 18.9 Cllr Hill asked a question about local place of safety capacity. Mr Child responded that there are 5 Health Based Places of Safety across Sussex which includes one at Mill

View Hospital in Brighton. He outlined the 5 Havens across Sussex which are also used as Alternative Health Based Places of Safety. Mr Child clarified all hospital accident & emergency departments are also deemed to be health based places of safety. He was happy to provide precise figures in writing.

- 18.10 Cllr Asaduzzaman asked what was done to support people waiting in the hospital emergency department for a mental health bed. Mr Child responded that SPFT has a mental health liaison team (MHLT) working at the Royal Sussex (in keeping with all acute hospitals across Sussex) that provides assessment and treatment for patients presenting with mental health needs. The MHLT also provide specialist support and advice to A&E staff in caring for patients waiting for acute psychiatric admission. University Hospitals Sussex employs additional mental health nursing staff to provide care to people with mental health issues. Mr Child described the steps taken to support alternatives for patients waiting for acute admission, for example if there is capacity, people waiting for an acute mental health bed will be transferred to the Haven to wait there instead, if clinically appropriate.
- 18.11 The committee discussed what to do next with this issue, as a number of members were not assured that there are adequate measures in place to deal with the police changing their role in relation to mental health crisis, and more generally to deal with problems in emergency care caused by issues accessing acute mental health beds. Members were also unhappy that they had not been given the opportunity to question Sussex Police. Members were advised by the Policy, Partnerships & Scrutiny Team Manager that the report in front of them was to note, leaving them little scope to amend it, but that they could request an update report at a later meeting, or they could refer the matter to another Council committee.
- 18.12 Resolved** that the report be noted and that the report be referred to the Health & Wellbeing Board for attention.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of

