

**BRIGHTON & HOVE CITY COUNCIL**  
**HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE**

**4.00pm 11 JUNE 2014**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor Rufus (Chair)

**Also in attendance:** Councillor C Theobald (Deputy Chair), Bennett, Bowden, Marsh, Meadows, Sykes and Wealls

**Other Members present:** Healthwatch; Older People's Council; Youth Council

**PART ONE**

**1 PROCEDURAL BUSINESS**

- 1.1 Councillor Andrew Wealls was attending as substitute for Councillor Graham Cox.
- 1.2 Councillor Bowden declared a non-prejudicial interest in item 6, the GP challenge, as he works with Health and Social Care information Centre. This was noted.
- 1.3 There were no declarations of party whip.
- 1.4 There was no exclusion of press and public.

**2 MINUTES OF PREVIOUS MEETING**

- 2.1 The minutes of the meeting on 22 April were agreed.

**3 CHAIR'S COMMUNICATIONS**

- 3.1 The Chair welcomed everyone to a new year of Health scrutiny.
- 3.2 He welcomed new members Councillors Bennett, Bowden and Meadows who were replacing Councillors Buckley, Robins and Wealls. He thanked those members who had left. The education co-optees and the parent governor co-optee have also moved on to the Children and Young People's committee; they were thanked for their involvement.
- 3.3 The Care Quality Commission carried out a major inspection of the hospital site in May 2014, with 50 inspectors looking at BSUH, and local GPs so HWOSC will hear more about that in due course.

- 3.4 The Chair congratulated the Scrutiny Team and all involved in their Centre for Public Scrutiny award, for the impact of the trans equality scrutiny panel.

#### **4 UPDATE ON THE 3TS HOSPITAL DEVELOPMENT PROPOSAL**

- 4.1 Professor Duane Passman, Director of 3Ts, Brighton and Sussex University Hospitals NHS Trust, gave a verbal update on progress with the 3Ts development of Royal Sussex County Hospital.
- 4.2 Professor Passman said that this was the first time that he had been to HWOSC since the Trust had gained approval from central government for the outline business case, which had been approved on 1 May 2014. This was a huge step forward. Professor Passman said that he and his team were hugely grateful for all of the support that they had been given over the last five years.
- 4.3 The next stage is to complete the full business case, which will be completed over summer 2014. BSUH would like to have full approval before May 2015 so that it is granted before the general election. This would mean that work on the main part of the development could then start in September 2015 as currently planned. Professor Passman noted that, despite the title of outline business case, this had been a very detailed document and represented the major hurdle which had to be cleared to allow the development to proceed. The full business case would have greater detail in certain areas (and this was being discussed) but it was hoped that approval would be a smoother process.
- 4.4 Some preparatory work has already taken place; St Mary's Hall has been refurbished and administrative staff moved into the site, which will free up space for some demolition and some development work. There are a number of other small-scale moves currently under way. BSUH have made sure that they notify all neighbours of planned work in order to minimise the disruption.

One new building is needed to allow for the larger scale moves and redevelopments to take place. This building will be in the north-east corner of the hospital site; it has to go through planning permission but BSUH is hopeful that this will be granted. The Trust will be undertaking engagement and consultation on this over the coming months.

- 4.5 Professor Passman said that this was a brief update but that he would be very happy to come back to a forthcoming HWOSC in order to provide a fuller update. This was welcomed.
- 4.6 HWOSC members all congratulated Professor Passman and his colleagues for their achievement in gaining approval to the outline business case. They also asked questions and made comments.
- 4.7 Members asked for more details of what the next stage was. Professor Passman said that they now had to present the full business case for approval. The outline business

case which has been approved was very detailed but they have been asked for more detail in certain areas so this will be provided. There are a number of different organisations who have to give approval; they are being grouped together in a national programme board which, it was hoped, should streamline the process.

- 4.8 Members asked about road closures; Professor Passman said that Eastern Road will have to be closed in parts. The Trust and its contractors have committed to a communication protocol which has worked well so far.
- 4.9 Members asked about whether there was scope for a kitchen on site. Professor Passman said that kitchens were not included in the development proposals, as there was so much clinical demand for the money. The Trust will continue to subcontract the meal provision. It should be noted that the Trust tries to supply some of their food locally where possible. Professor Passman offered to give more information about this to HWOSC members; this was welcomed.
- 4.10 Members queried why it had taken so long for outline business consent to be given. Professor Passman said that the application was made during the start of the period of public financial constraint in 2009. Much more information was requested than had ever been before. This reflected the financial climate and need for increased scrutiny of public expenditure. There had been some Trusts in the country who had completed large redevelopment projects and then found that they could not financially sustain the development which had major implications for the service provision. This has naturally led to later projects being more closely scrutinised to provide assurances that they can stay stable and not destabilise the local health economy.
- 4.11 Members asked whether the redevelopment plans ought to be updated given the amount of time it has taken to gain approval. Professor Passman said that the scheme is reviewed every six to eight months, internally and with contractors and commissioners to ensure that it is still fit for purpose. The reviews have not identified any significant updates to the scheme.
- 4.12 HWOSC members noted the update from Professor Passman and welcomed the further update due later in the year.

## **5 BETTER CARE FUND/ FRAILTY PILOT - PHASE ONE**

- 5.1 Geraldine Hoban, Chief Operating Officer, Brighton and Hove CCG, updated HWOSC on the Better Care Fund. Denise D'Souza had sent her apologies that she was not able to attend HWOSC as well.
- 5.2 Ms Hoban recapped the Better Care Fund; it is a pooled fund between health and social care providers to provide support for the most frail and vulnerable in Brighton & Hove. This will not just be elderly people but also people with psychological, social or mental health needs. It is a fund of £18 million locally and is administered by the Health and Wellbeing Board. Practitioners are actively looking for people and aiming to get involved at an early stage, rather than waiting for people to hit crisis point. They are also looking

to standardise care planning, and wrap care around the individual with individual led outcomes.

Brighton and Hove is in a lucky position of being able to pump-prime some of the contracts as there is some financial capacity at present which means that we can invest now in integrated care in order to ultimately release spending elsewhere in the system.

All GPs were invited to apply to take part as pilot groups; there was very high interest with over 50% of practices applying. The two pilot groups will be St Peter's Practice in Park Crescent and a group of practices in the west of the city. They have very different cohorts of patients, with St Peter's practice dealing more with people experiencing social deprivation and the west dealing more with residents in care homes. This means that the practitioners can test the system for different frailty approaches.

There is also a strand of work for an integrated homeless care team, based around Morley Street surgery. They have 1,000 service users registered and will work with the Red Cross, housing services etc.

They are appointing a manager to oversee all of the pilots and manage the operational delivery of integrated care.

- 5.3 Ms Hoban said that there has been a lot of national attention on negative sides to the Better Care Fund, including how long it will take for programmes to release savings. Brighton & Hove does not have the same pressures as it has some funding capacity; it does not have to see savings released for three years.
- 5.4 Ms Hoban said that there had been queries about whether it was the right time to release money from the acute sector given the 3T development. The feeling was that there was a real synergy with the 3T work; if it reduces the number of A&E admissions and leads to shorter stays it will help the aims of the 3T development.
- 5.5 Members asked whether some services which are currently charged for, eg physiotherapy for care home residents, would be free to all. Ms Hoban confirmed that the integrated teams would give a consistent service. There had been a level of inequity until now but this should be resolved.
- 5.6 The Youth Council representative asked whether there would be special provision for homeless young people within the service. Ms Hoban said that she was not sure, but she would find out and let members know.

The Youth Council representative also highlighted the importance of consulting with young people when re-designing services. This was noted.

- 5.7 Members asked how GP clusters were formed. Ms Hoban said that you needed an optimum population of 20,000-25,000 for a critical mass for service delivery without losing the personal link. The CCG suggested to GP practices that they work with this size population but left it to the practices to arrange themselves in whatever way they preferred. The CCG would particularly welcome high performing practices buddying up with ones that may be struggling to share learning.

- 5.8 Members asked about time frames for when the Better Care Fund will be rolled out. Ms Hoban said that the working group is taking its lead from the national Better Care Fund framework.
- 5.9 Members noted the report and thanked Ms Hoban. She said that she could come back in six months, when the pilots will be in operation. This was welcomed.

## **6 GP CHALLENGE- LOCAL PILOT SCHEME**

- 6.1 Dr Jonathan Sarjeant and Zoe Nicolson from Brighton Integrated Care Service (BICS) spoke to HWOSC members about the GP Challenge pilot.

BICS is a non-profit membership organisation which was set up six and a half years ago. Its 250 members include a range of health professionals including GPs and nurse practitioners. Their aim is to transform local health services and find new solutions to problems, working in partnership with GPs. They deliver a range of services in Brighton & Hove including mental health provision, MSK and dermatology.

The GP Challenge fund is a national pilot aimed at increasing access to health services. There were 250 bids nationally, and BICS was chosen as a pilot. Their pilot is called EPIC. BICS will work with 18 practices and pharmacies locally, to try and improve access for patients whilst at the same time recognising the workload pressures on GPs.

They are aiming to achieve this through a number of ways:

- A skill mix between pharmacies and GPs; enabling pharmacies to access medical records (with explicit patient consent) so that you do not have to attend GPs
- Using 61 trained volunteers as care navigators to spend time with people with more complex needs, helping them to access local support services etc
- Increasing opening hours at GPs by clustering them into modules and sharing the extended hours between them. They will also trial video consultations.

BICS will support the implementation of the 12 month pilot; they have experience of developing transformational change.

BICS will aim to involve users as much as possible and work with Patient Participation Groups (PPG).

- 6.2 Members thanked Dr Serjeant and Ms Nicolson and asked questions.

How would the new system address stress levels and work pressures for GPs? Dr Sarjeant said that they want to try and use this pilot to understand and map the problems. GPs are clustering together for support, using pharmacy and nurse practitioner staff to address the simpler medical issues. Pharmacists having access to medical records will be a huge boost in freeing GP time for repeat prescriptions etc. The care navigators will be able to oversee what support is available

6.3 Members asked about the timeframe. Dr Sarjeant said that the pilot was for a year, starting on 1 April 2014. BICS had grouped the practices involved in the pilot into various groups, some of which will be early adopters, and others who will start later. Both will have a three month programme of design etc to enable the best service and gather the best data. There is only a short amount of time to collect the data about what works and what is less successful. There is also a National Evaluation Team to give monthly feedback to the pilots.

6.4 Councillor Bowden said that he had an interest in this as he worked with the Health and Social Care Information Centre. He queried how the data would be kept safe. Was there a risk that the information could be sold on?

Ms Nicolson said that she was the Senior Responsible Information Officer. There would be due governance on sharing data; every time someone goes through the triage process to get to the pharmacist, they would have to give consent. The data would be part of the consultation and would not be a transfer of data to pharmacies; they would be accessing data for the benefit of patient consultation.

BICS was designing the correct level of information at present. There is also a national group on governance of sharing data who could give advice.

There was no intention to pass information on to companies at any stage.

Dr Sarjeant added that they would welcome Councillor Bowden's professional input.

6.5 Members also asked about how the digitally excluded would be included in the pilots. A number of GP practices do not have internet access.

Dr Sarjeant said that it could not be a one size fits all approach, some people will still have to attend GPs or telephone them. There was also a role for the care navigators to find those people who were not attending GPs to proactively work with them.

6.6 Healthwatch asked how BICS/ the CCG would manage patient expectations after the pilot ended. Ms Hoban from the CCG commented that the pilot was intended to see what worked and should be commissioned. At present CCGs do not commission primary care but they are involved in some of the discussions.

6.7 Members asked about the timeframe for feedback. Dr Sarjeant said that it would be best to give the pilot schemes a few months to operate before feeding back. BICS could come back to HWOSC in February 2015. They would let HWOSC know if there was any information from the national evaluation team that was relevant to Brighton and Hove.

6.8 Members noted the report and thanked BICS.

## **7      PROGRESS REPORT ON MUSCULOSKELETAL (MSK) AND DERMATOLOGY PROCUREMENT**

- 7.1 Dr Sarjeant and Ms Nicolson from BICS spoke to the members about BICS's successful bid for the MSK and dermatology procurement. There is an MSK partnership between four organisations; BICS, Sussex Partnership Foundation Trust, Sussex Community Trust and Horder. Horder is a charity based locally, recognised as a national expert in MSK care.

This is a unique mixture of providers, who want to integrate mental health and physical priorities.

The MSK contract commences on 1 October 2014, the dermatology contract begins in August 2014.

What is going to be different under the new contract? There are going to be multi-disciplinary co-located teams. There will be two MSK centres of excellence, one at Brighton General Hospital where patients will be able to have a one day assessment with full diagnostics – and Hove Polyclinic. There will much more focus on self-management and patient facing solutions.

Ms Hoban said that they were not allowed to make much comment on the unsuccessful bidders but she was happy to say that BICS had a lot of local knowledge and a real inreach into local services.

- 7.2 Members asked how the Social Value act had been applied during the procurement process. Ms Hoban said that the MSK contract had been the first procurement where social value had been applied. The CCG was very keen to use the lever of commissioning for the best local effect. They have been keen to see how providers would invest in a local workforce or use SME for example. They also considered sustainability indicators.

Ms Nicolson said that social value was very important as they are a social enterprise. All staff are employed locally and BICS makes significant investment into local communities. SCT and SPFT have strong track records in training and apprenticeship schemes too.

The MSK contract is huge, at over £200 million over 5 years. There has to be a social value attached to it. BICS is considering how best to evaluate the ongoing impact.

- 7.3 The Youth council representative was concerned that there might be pressure put on people to return to work too soon at a cost to their health. Ms Hoban said that MSK conditions were one of the main reasons that people were off work with long term health conditions, along with mental health problems. There is a real need to support people appropriately. Ms Nicolson said that clinicians were trained to work with patients to set their own goals to support shared decision making. Return to work may be a part of this.
- 7.4 Members thanked BICS and Ms Hoban for the update.

## **8 SCRUTINY PANEL ON BULLYING IN SCHOOLS - FINAL REPORT**

- 8.1 HWOSC considered the scrutiny panel report on bullying in schools.

The Youth Council representative said that they welcomed the report and appreciated the weight that had been given to young people's evidence. They suggested that one change be made to the recommendations; parents might not want the school to arrange an exit interview if they have been unhappy with the school's performance. This could be changed to allow for a third party to make the arrangements instead.

- 8.2 Members thanked the scrutiny panel members for a thorough piece of work. They commented that they hoped that schools would take notice and share learning where appropriate.
- 8.3 The report was agreed, with the one amendment at 8.2.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of