

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

**4.00pm 13 APRIL 2022**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor Moonan (Chair)

**Also in attendance:** Councillor Deane (Group Spokesperson), Brennan, Grimshaw, West, Barnett and Pissaridou

**Other Members present:** Geoffrey Bowden (Healthwatch); Caroline Ridley (CVS representative)

**PART ONE**

**26 APOLOGIES AND DECLARATIONS OF INTEREST**

- 26.1 Apologies were received from Cllrs John, Wilkinson, Lewry and McNair, and from Lola Banjoko and Rob Persey.
- 26.2 Cllr Ebel attended as substitute for Cllr John  
Cllr Barnett attended as substitute for Cllr McNair  
Cllr Pissaridou attended as substitute for Cllr Wilkinson.
- 26.3 There were no declarations of interest.
- 25.4 AGREED – that the press & public be not excluded from the meeting.

**27 MINUTES**

- 27.1 RESOLVED – that the minutes of the meeting of 26 January 2022 be agreed as an accurate record.
- 27.2 Cllr Brennan noted, with reference to the young people mental health item in the January 2022 papers, that she would like the response to mASCot's formal complaint circulated. The Chair agreed that this would be circulated following the meeting.

**28 CHAIRS COMMUNICATIONS**

- 28.1 The Chair gave the following communications:

At the last HOSC meeting we heard from University Hospitals Sussex on their improvement planning following a critical CQC inspection of maternity and surgical services. I wanted to have a progress update at today's meeting, but unfortunately this was not possible. We will have a full update at the July meeting. In the meantime I asked UHS for a brief update:

### **Brighton and Hove HOSC CQC Improvement Plans**

Since receiving the Warning notices for maternity services and surgery in 2021, the Trust has been working with clinical leaders and frontline staff to make the improvements required. Using our Patient First methodology for continuous improvement we have focussed on immediate actions like increasing the number of staff who have had appraisals and who are up to date with their training. Alongside these sort of short-term actions we are also continuing to make every effort to recruit more staff, for instance in maternity services (where there is a national shortage of midwives) we are hopeful that a cohort of undergraduate trainee midwives will stay with the Trust and take up substantive posts later this year.

The committee will be aware that the NHS locally as well as nationally continues to operate under severe pressure. The number of patients attending our emergency departments has risen considerably with knock on impacts across the hospitals. The number of patients who are medically fit for discharge but for whom a suitable alternative placement (home, residential or nursing care) for their on-going care has been identified is at an all time high. Alongside all of this our staff are affected by Covid and we continue to have significant numbers of staff away off sick from work with it each week. Not only does this make delivering care more difficult it also has a negative impact on our ability to release staff for activities such as training. Nonetheless, we continue to ensure that services are safe and to make every effort to address the issues raised with us by the CQC, which is a top priority for our Board.

We anticipate that the CQC will re-inspect in April and we are planning to make a detailed response to the CQC by the end of the month.

**ICS.** I was also keen to have an update at this meeting on plans to develop new regional NHS structures. Again, this was not possible and I will aim to have a full update at the July meeting. In the interim I have received the following update from the CCG and HASC:

The Health & Social Care Bill which is currently progressing through parliament requires the establishment of regional statutory Integrated Care Systems (ICS). There are 42 ICSs across the country, bringing NHS organisations, local authorities, and wider partners together to improve health and care services and outcomes for local populations. Sussex has been operating as a non-statutory ICS since April 2020.

Health and care organisations across Sussex have worked in partnership over the last few years, and this has enabled better joined-up and collaborative working for the benefit of local people. This has been crucial in how the health and care system has responded to the pandemic, and there is now an opportunity to build on these strong

foundations with the creation of a statutory ICS, which will include two main bodies: an Integrated Care Board (ICB) and Integrated Care Partnership (ICP).

Our ICB will be known as NHS Sussex and will become the new NHS statutory organisation, agreeing the strategic priorities and resource allocation for all NHS organisations in Sussex. The ICB will take on the commissioning functions currently carried out by Sussex CCGs. The ICP will be known as the Sussex Health and Care Assembly and will be a statutory joint committee between the NHS and local government, which will agree the strategic direction of our health and care system. The Assembly will have a specific responsibility to develop an 'integrated care strategy' for its whole population using the best available evidence and data and addressing health inequalities and the wider determinants which drive these inequalities. The Sussex Health & Care Assembly will be the principle forum at which the views of local government will be expressed. Arrangements for partnership working at 'place' (e.g. Brighton & Hove) do not form part of formal ICS governance, but are being progressed by all partners. The Assembly will have a key role to play in terms of interacting with the three places within the ICS.

The membership and governance of both the ICB Board and ICP is currently being finalised following an extensive engagement process across partner organisations. Details of these will be published in the coming weeks and a draft ICB constitution will also be published in early May for comment.

Assuming that the progression of the Bill is as anticipated, the ICS will go live on 01 July 2022. To prepare for this, all local systems have been asked by NHS England to agree the formal local arrangements and meet nationally-decided criteria.

The Department of Health & Social Care is in the process of updating its guidance on health scrutiny; and new guidance, including how HOSCs should go about scrutinising ICS, will be published later this year.

28.2 The Chair told members that she has concerns about the ICS, including the potential for private sector provider involvement, and the degree to which services would genuinely be oriented to the needs of 'place'. She also noted that the "extensive engagement process" mentioned in the statement on ICS development had not included the Chair of the HOSC.

28.3 The Chair also welcomed Geoffrey Bowden, Chair of Healthwatch Brighton & Hove to the meeting as the new Healthwatch co-optee.

## **29 PUBLIC INVOLVEMENT**

29.1 There were no public involvement items.

## **30 ITEMS REFERRED FROM COUNCIL**

30.1 There were no referrals from Council. The Chair noted that a Notice of Motion on Southern Water sewerage discharge had been referred to the HOSC from the Environment, Transport & Sustainability Committee. The Chief Executive of Southern

Water had been invited to a HOSC meeting, but was unable to make the April 2022 date. Southern Water have agreed to attend the July 2022 HOSC.

### **31 MEMBER INVOLVEMENT**

- 31.1 A member letter on Trans health was submitted from Cllrs Clare and Powell. Cllr Clare attend the meeting and spoke to her letter.
- 31.2 Cllr Clare told the committee that she had spoken to a number of young people with concerns about the provision of Trans healthcare in the city. Given this, it would be helpful for the HOSC to call for a report on this issue. The report should focus on the progress made in implementing the agreed recommendations of the 2013 Trans Equalities Scrutiny Panel. Trans Pride will be taking place in July, so it would make sense for this report to come to the July 2022 HOSC. It would be helpful if the local Trans community was engaged with in the production and presentation of this report.
- 31.3 The Chair thanked Cllrs Clare and Powell for their letter and confirmed that she was happy to take a report on Trans health at the July HOSC meeting. There has been lots of activity following the 2013 Scrutiny Panel report, but it would make sense to revisit this work as much has changed in the interim.

### **32 DENTAL SERVICES: UPDATE FROM NHS ENGLAND**

- 32.1 This item was introduced by Mark Ridgeway, NHS England (NHSE) Dental Commissioner. Mr Ridgeway provided a summary of the current state of city NGS dental services and answered members' questions.
- 32.2 Cllr Grimshaw told the committee that people in her ward were reporting many problems with dental services, including being summarily removed from dentist's 'lists'; and being unable to access dentistry, leading to people having to attend A&E instead, or trying to fix their own teeth. Mr Ridgeway told the committee that there have been no formal dental lists since 2006: practices may choose to operate their own lists, but there is no formal registration as there is with GPs, and consequently no NHSE influence on how practices manage their lists. Dental practices which choose to undertake NHS dentistry are contracted to undertake a set amount of NHS activity each year, but it is up to each practice how they manage this. Mr Ridgeway also noted that practices had been forced to focus on urgent care during the pandemic and, although the situation is less pressured than it was, the system has not yet fully recovered.
- 32.3 Cllr West noted that the scale of the dental backlog was bound to have an impact in terms of the deterioration of people's oral health. What is the potential health and cost impact of this? Mr Ridgeway responded that this analysis was being undertaken, but data was not yet available. The Chair agreed that this was a key issue and one that the HOSC would need to revisit once data becomes available.
- 32.4 In response to questions from Cllr Pissaridou on children's dentistry, Mr Ridgeway told members that data on children's dental health would be available shortly. Alistair Hill, Brighton & Hove Director of Public Health, added that young people's dental health is an important issue, with one in four children starting school suffering dental decay (pre-

Covid data). Mr Hill agreed to check whether there was more up to date population health data available.

- 32.5 In answer to a question from Cllr Brennan on who dental practices are accountable to, Mr Ridgeway told members that accountability is to the General Dental Council ,and to NHSE as commissioners.
- 32.6 Geoffrey Bowden noted that since December 2020, the highest number of enquiries to Healthwatch have concerned dental services. Mr Bowden told members that Healthwatch has a number of serious concerns about dental services, including provision for refugees and migrants, inequalities in terms of access, and the impact on general health of poor dental access.
- 32.7 Cllr Deane told the committee that she was not reassured that local dental need will ever be met and asked what NHSE's strategy is to ensure that there is good quality NHS dentistry. Mr Ridgeway responded that NHSE is looking to reform the dental contract, has invested in the additional hours scheme, and is looking to place more emphasis on prevention. However, contact reform is not imminent and there is a finite resource of dentists willing to offer NHS treatment, with major recruitment issues for the profession.
- 32.8 In response to a question from Cllr Pissaridou as to whether NHS dentistry is in crisis, Mr Ridgeway responded that NHSE is doing all it can to mitigate problems, but the situation is currently very difficult and it will take many months to return to pre-pandemic levels of service.
- 32.9 In response to a question from the Chair about the new dental service in Moulescoomb, Mr Ridgeway told the committee that the service has been procured to address capacity issues in the city. The recruitment environment is currently very challenging and it was Mr Ridgeway's understanding that this services was not yet running at full capacity.
- 32.10 The Chair thanked Mr Ridgeway for attending and for answering questions. She noted that this was clearly an issue that the HOSC would have to revisit in coming months.

### **33 WINTER 2021/22 - UPDATE ON HOW THE LOCAL HEALTH & CARE SYSTEM MANAGED WINTER PRESSURES**

- 33.1 This item was introduced by Alistair Hill, Director of Public Health; David Jones, Interim Assistant Director of Operations, HASC; and by Ashley Scarff, CCG Deputy Managing Director.
- 33.2 Mr Scarff told the committee that winter pressures persist, as does Covid which is having a particular impact on workforce planning. However, the health and care system response to demands this winter has been remarkable. The steps taken to deal with unprecedented levels of demand include:
- Additional capacity (e.g. community beds)
  - Block contracts for home care
  - Additional support for care home providers
  - A focus on avoiding hospital admissions
  - Enhanced working with CVS partners

- A focus on communications
- A focus on ensuring that patients Medically Ready for Discharge do not experience delays in their discharge
- The opening of an Urgent Treatment Centre at the RSCH
- An effective flu plan, including an improved vaccination programme.

33.3 Mr Jones added that there has been really strong partnership working between Adult Social Care, Public Health and the NHS. However, workforce pressures are intense, and many workers are really tired. Long-term workforce issues are not easy to address, but can best be approached as a system issue. Home care represents a particular challenge, both nationally and locally. Commissioners have given providers more up-front funding, and this has helped; but the complexity of need in domiciliary care has increased, and recruitment is very difficult, particularly for unsocial hours.

33.4 Cllr West told members that he was extremely frustrated that the information provided in the presentation was not made available in advance of the meeting as it should have been. The Chair agreed, noting that she had made repeated requests for information to be included as an appendix to the report for this item, but had not received the promised text. Mr Scarff noted that officers had wanted to present the most up to date information, but acknowledged the point.

33.5 In response to a question from Cllr Grimshaw on alternatives to A&E, Mr Scarff told members that the Urgent Treatment Centre, advice offered via NHS 111, the GP remote access service, and the walk-in centre had all been deployed to help manage A&E pressures. Cllr Grimshaw further requested information on the breakdown of an average month's A&E admissions, and Mr Scarff agreed to provide a response in writing.

33.6 In answer to a question from Cllr Grimshaw about vaccination rates in Moulescoomb, Mr Hill agreed to follow up outside the meeting.

33.7 Cllr Brennan and Cllr Grimshaw both raised issues about Access Point. Mr Jones responded explaining that a service redesign was ongoing which would improve the service's responsiveness to carers. Wait times have decreased recently, but performance is still not acceptable.

33.8 Caroline Ridley told members she was happy that the community and voluntary sector had been praised for its work over the winter. However, there was frustration in the sector that CVS had been approached to help establish a discharge service, and organisations had spent lots of time planning only for the project not to be progressed. Mr Scarff offered to pick this up outside the meeting.

33.9 **RESOLVED** – that the report be noted.

## **34 COVID: UPDATE ON THE CURRENT SITUATION**

34.1 This item was introduced by Alistair Hill, Brighton & Hove Director of Public Health. Mr Hill noted that much less testing was being undertaken under the new national 'Living With Covid' plan, which means that there is less data to report on.

34.2 Mr Hill told members that:

- The weekly ONS survey shows very high rates of Covid infection. Local modelling suggests that this may be as high as one in 12 people currently infected, which would be the highest level yet recorded. However, some recent PCR testing data is showing a fall in positivity rates which could suggest that infections are likely to reduce.
  - The numbers of inpatients with Covid in local hospital beds has reduced from March.
  - There are some Covid-related deaths being reported, but death rates are generally much lower than in previous waves of the virus, and death rates locally are regularly below the 5-year average rates for all-cause mortality.
  - It is clear that vaccination significantly reduces the incidence of severe disease and hospital admissions
  - In terms of social care, there have been some cases in recent weeks, but the trend continues downwards. There are currently severe workforce pressures being experienced by homecare. The Spring booster campaign for care homes is underway and is progressing well.
  - The city council, local NHS organisations and the community & voluntary sector continue to work closely together to deliver the city vaccination programme.
  - The national Living With Covid plans see testing focused on those most at risk. However, the pandemic is not over and Covid remains a risk.
- 34.3 Cllr Ebel asked whether an additional booster round for the general population was imminent. Mr Hill responded that there has been nothing on this to date from UKSA or from the JVCI.
- 34.4 In response to a question from Cllr Ebel on the percentage of people in hospital with Covid who are unvaccinated, Mr Hill told members that this information is held by University Hospitals Sussex, if by anyone. However, capturing this data is complicated by the fact that by no means everyone in hospital with Covid was admitted to hospital because of Covid: many patients will have been admitted for another reason and/or tested positive whilst an inpatient. Mr Hill noted that Public Health and the NHS continue to work closely together to promote vaccination.
- 34.5 Cllr Pissaridou asked about vaccination uptake by electoral ward. Mr Hill responded that he did not have the information to hand but would circulate following the meeting.
- 34.6 Responding to a query from Geoffrey Bowden on the ending of free Lateral Flow Testing (LFT), Mr Hill noted that lots of testing was still taking place in health and care settings and for clinically vulnerable people. However, policy has changed at a national level, with Covid in the general population being treated like other respiratory conditions...
- 34.7 In answer to a question from the Chair on long Covid, Mr Hill told the committee that the ONS survey was studying the incidence of Covid symptoms persisting for more than three months (reported by 1 in 17 people). Research is at a relatively early stage, although local treatment pathways are in place. People should not hesitate to come

forward if they have persistent symptoms. It is important to stress that there is good evidence that vaccination reduces the risk of developing long Covid.

34.8 The Chair thanked Mr Hill for his presentation.

**35 OSC DRAFT WORK PLAN/SCRUTINY UPDATE**

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of