Brighton & Hove
City Council

Health Overview & Scrutiny Committee

Date: **12 April 2023**

Time: **4.00pm**

Venue **Council Chamber, Brighton Town Hall**

Members: **Councillors:** Moonan (Chair), West (Group Spokesperson), Barnett, Brennan, Grimshaw, John, Lewry, O'Quinn and Rainey
Cooptees: Geoffrey Bowden (Healthwatch Brighton & Hove), Michael Whitty (Older People's Council), Nora Mzaoui (Community & Voluntary Sector representative)

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AGENDA

PART ONE **Page**

43 PROCEDURAL BUSINESS

(a) **Declaration of Substitutes:** Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.

(b) **Declarations of Interest:**

(a) Disclosable pecuniary interests;
(b) Any other interests required to be registered under the local code;
(c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare:
(i) the item on the agenda the interest relates to;
(ii) the nature of the interest; and
(iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

(c) **Exclusion of Press and Public:** To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: *Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls and on-line in the Constitution at part 7.1.

44 MINUTES 7 - 26

To consider the minutes of (a) the previous Health Overview & Scrutiny Committee meeting held on 25 January 2023 and (b) the minutes of the special meeting held on 15 March 2023 (copy attached).

45 CHAIR'S COMMUNICATIONS

46 PUBLIC INVOLVEMENT

To consider the following items raised by members of the public:

(a) **Petitions:** To receive any petitions presented by members of the public to the full Council or to the meeting itself;
(b) **Written Questions:** To receive any questions submitted by the due date of 12noon on the 6th April 2023
(c) **Deputations:** To receive any deputations submitted by the due date of 12 noon on the 6th April 2023.

47 MEMBER INVOLVEMENT

To consider the following matters raised by Members:

(a) **Petitions:** To receive any petitions submitted to the full Council or to the meeting itself.
(b) **Written Questions:** A list of written questions submitted by Members has been included in the agenda papers (copy attached).
(c) **Letters:** To consider any letters submitted by Members.
(d) **Notices of Motion:** To consider any Notices of Motion.

48 TRANS HEALTH CARE: SPECIALIST SERVICES **27 - 52**

Contact Officer: Giles Rossington Tel: 01273 295514
Ward Affected: All Wards

49 GP SERVICES IN BRIGHTON & HOVE **53 - 72**

Contact Officer: Giles Rossington Tel: 01273 295514
Ward Affected: All Wards

Date of Publication - Tuesday, 4 April 2023

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FURTHER INFORMATION
For further details and general enquiries about this meeting contact Giles Rossington, (01273 295514, email giles.rossington@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

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BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 25 JANUARY 2023

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Moonan (Chair)

Also in attendance: Councillor West (Group Spokesperson), Barnett, Grimshaw, John, Lewry and Sankey

Other Members present: Geoffrey Bowden (Healthwatch Brighton & Hove), Nora Mzaoui (CVS representative), Theresa Mackay (Older People's Council)

PART ONE

28 APOLOGIES AND DECLARATIONS OF INTEREST

27(a) Declaration of Substitutes

27.1 Cllr Sankey attended as substitute for Cllr O'Quinn.
Theresa Mackay attended as substitute for Michael Whitty (Older People's Council)

27(b) Declaration of Interests

27.2 There were none.

27(c) Exclusion of the Press and Public

27.3 RESOLVED – that the press and public be not excluded from the meeting.

29 MINUTES

28.1 RESOLVED – that the minutes of the 23 November 2022 meeting be agreed as an accurate record.

30 CHAIRS COMMUNICATIONS

29.1 The Chair gave the following communications:

Following very high demand for health services at the end of the year a critical incident was put in place across Sussex. This allowed the NHS to put in additional measures and use all available capacity across the health and care system. Although this has now been stepped

down, all services remain extremely busy and NHS services in Sussex currently remain in business continuity with additional measures in place and people may continue to experience disruption over the coming weeks.

Additional changes were also required during the recent industrial action.

I am sure later in the year HOSC will have a full report on performance over the winter as a whole but in the meantime, can I ask the public to please think carefully about the best service for your needs.

Only use 999 and A&E departments for serious or life-threatening emergencies.

Remember you can get expert advice about minor health concerns from a pharmacist and that NHS111 provides support 24 hours a day online or over the phone and will direct you to the most appropriate service for your need.

With Covid and flu still circulating at high levels, make sure you've had all the vaccines you're eligible for so you have the best possible protection against serious illness.

Covid vaccine appointments can be booked online or by calling 119, or walk-in sessions remain available for adults at Hove Tesco, Hove Polyclinic and St Peter's Church each week.

Flu jabs can be booked at many pharmacies in the city.

Find out more or make a booking at www.nhs.uk/wintervaccinations or by calling 119.

Finally, members may recall that we had planned to have an item on Trans healthcare at this meeting, with a particular focus on the new Sussex gender dysphoria service pilot. This was something that I had originally asked to come to the October 2022 HOSC, but was delayed while the tender for the Sussex service was being concluded.

The contract has now been awarded. However, after the announcement of the award, it swiftly became clear that elements of the new contract had caused considerable upset in the local Trans community, and that NHS commissioners and the new provider needed to do much more work on the design and implementation of the service with the community and with clinicians before the pilot could begin. This work is now underway, and I have accepted that it wouldn't be appropriate to have these issues discussed at a public forum like HOSC before community engagement has been concluded.

I have received assurances from NHSE commissioners that they remain committed to providing the best possible care for Trans people, and that they will definitely be able to come to the April HOSC meeting to talk about the full range of specialist Trans services, included the gender dysphoria pilot, specialist adult services and service for young people.

31 PUBLIC INVOLVEMENT

30.1 There were no public questions.

32 ITEMS REFERRED FROM COUNCIL

31.1 There were no referrals from Council.

33 MEMBER INVOLVEMENT

32.1 Cllr Platts asked a member question: “What is the assessed impact of public toilet closures on the successful delivery of the Council’s Health & Wellbeing Strategy?”

32.2 The Chair responded by stating that no assessment has been undertaken on the impact of public toilet closures on the delivery of the Joint Local Health & Wellbeing Strategy. Public Health have been asked to provide advice on the public health implications of the budget proposals relating to public toilets. This will be included as part of the Equality Impact Assessment that will be included in the papers for Budget P&R Committee on 9th February and Full Council on 23rd February.

32.3 Cllr Platts asked a supplementary question: “Will the Council commit to undertaking a full impact assessment, that includes a consultation with key stakeholders and regular users of the park and reviewing the decision about Council closures before any partial or full closures take place?” The Chair responded that she was unable to answer this directly, as she is not a member of the administration, but she would engage with the administration to ensure that a response is provided.

34 SOUTHERN WATER: FLOOD OVERFLOW MANAGEMENT

33.1 This item was presented by Dr Toby Willison, Director of Environment and Corporate Affairs, Southern Water. Dr Willison told the committee that he was concerned about the impact of storm overflows on the coastal and marine environment, and the detrimental effect that overflows could have on public health and wellbeing. He outlined a number of measures being taken to reduce overflows or ameliorate their impact:

- The Environment Agency’s inspection of bathing water quality is limited and infrequent. Southern Water have been trialling testing buoys that can provide accurate and up to date information about water quality. These could potentially be rolled-out around the coast.

- Southern Water is engaged in an outflow awareness programme; not all outflows are owned or managed by Southern Water.

- Southern Water systems have ample capacity to manage in dry or rainy conditions, but struggle in stormy weather, where rainwater and sewage combine (in a ratio of 95/5), and threaten to cause surface flooding unless overflows are deployed.

- Reducing, or slowing, the flow of rainwater into the sewer system lessens the risk of overflows being required. Source control measures (domestic water butts, permeable paving, grassed areas etc.) can have a major impact. For example, a trial on the Isle of Wight, using rainwater harvesting on 200 properties, has reduced local overflows from 15-20 per annum to zero.

- Optimising existing infrastructure also has an important role to play, for instance by introducing a digital system that enables pumping stations to distribute water around the system more effectively.

- The construction of big infrastructure is another option. However, this is both carbon intensive and disruptive, so is not a favoured option where alternatives exist.

- It is important to recognise that storm overflow is not the only source of bathing water pollution; bird and dog waste are both significant polluters, and people flushing items that should not be flushed leads to sewers being blocked or compromised, reducing the system's effectiveness.

33.2 In response to a question from the Chair about co-working with the city council (BHCC), Dr Willison responded that Southern Water meet regularly with the BHCC transport and maintenance teams. There are opportunities to align maintenance and investment activities here, since around 40% of rainwater overflow comes from roads and roofs. Dr Willison agreed to forward details of these contacts.

33.3 Cllr West noted that Brighton & Hove is a resort city, and sea pollution will have a serious detrimental impact on our economy. Increasingly common storm events will inevitably lead to more flood overflow. We urgently need a solution to this issue. In response to a question from Cllr West on what Southern Water intended to do about rainwater flooding downhill into the city from the South Downs, about infrastructure investment, and about the replacement of hard road surfacing with permeable surfacing, Dr Willison told members that local authorities are responsible for surface water management. However, Southern Water is keen to work constructively with partners on solutions: e.g. potentially using BHCC land to develop wetlands to slow water flow. There is limited funding for investment in the near future, but possibly more scope from 2025-30.

33.4 In response to a question from Cllr West as to whether Southern Water was willing to invest outside its own systems, Dr Willison responded that this was an option. However, Southern Water was also exploring other funding vehicles to create financing to support additional expenditure without increasing billing to customers.

33.5 Cllr Grimshaw asked who, other than Southern Water, owns outflows. Dr Willison responded that this was currently being mapped by the Environment Agency, but that local authorities would likely be significant owners.

33.6 In response to a question from Cllr Grimshaw on the impact of leaks on overflows, Dr Willison responded that this is a factor, and Southern Water invests considerable sums in detecting and addressing leaks.

33.7 Cllr Grimshaw suggested that Southern Water might potentially work with other agencies to alert households (e.g. by text message) when there was a risk of flood overflow in the area so that people could change their behaviours temporarily (take a shower rather than a bath, or not flush the toilet etc.). The Chair supported this idea. Dr Willison agreed that it was an interesting idea and one that he would take away and explore.

33.8 In response to a question from Geoffrey Bowden on fines, Dr Willison told the committee that he was unaware of any major fines paid by Southern Water in the past six months, although there had been large fines paid in previous years. Fines were effectively covered by shareholders rather than by customers.

33.9 Cllr Rainey asked about communications to customers, for example to encourage people not to flush items that could cause blockages. In response, Dr Willison agreed that more could be done to target both domestic and business users, potentially in concert with local authorities.

33.10 In response to a question about the impact of overflows on seafront businesses (e.g. water sports), Dr Willison told members that the current level of overflows is not acceptable. However, it is important to see this in historical context: before privatisation there was regular high level discharge of untreated sewage into the sea. The situation now is much better, with far lower levels of discharge.

33.11 In response to a question from Cllr Rainey on the removal of interceptors from pipes, Dr Willison offered to take up any specific query outside the meeting.

33.12 In answer to a question from Cllr Sankey on Southern Water profits, Dr Willison told the committee that the company did make an operating profit in some years, but that all profits were reinvested in infrastructure improvements etc. There has been no shareholder dividend paid since 2017.

33.13 In response to a query from Cllr Sankey about raw sewage leaks near playing fields, Dr Willison responded that he was not aware of the specific instance mentioned. However, this sounded like an asset failure rather than an overflow issue.

33.14 In answer to a question on ratings from Cllr Sankey, Dr Willison told members that Southern water was rated 1 star in 2021. However, this was expected to rise to 2 stars in 2022 and to 3 by 2024. In fact overflow performance does not contribute to this rating; overflows are monitored by the Environment Agency, and Southern Water is actually the best performing water company in terms of this metric, although there is clearly room for improvement.

33.15 Cllr Sankey asked why the Southern Water CEO has declined to attend the HOSC given the scale of overflows and the position the Environment Agency takes on this. Dr Willison responded that Southern has sent very senior officers to talk to the HOSC. Dr Willison said he was personally happy to attend as many council meetings as necessary. The Environment Agency has commented on custodial sentences for senior officers of water companies who act illegally. However, the challenges of overflows need to be dealt with in partnership as the vast majority are legal and are explicitly permitted by the Environment Agency.

33.16 Cllr John suggested that Southern Water could pay for dog waste to be collected. Cllr John also asked how overflow targets would be met if sufficient funding could not be accessed, reiterated the point that the committee would like to talk directly to the CEO, and suggested that Southern Water might want to consider funding public toilets. Dr Willison responded by reiterating that overflows are not illegal.

33.17 The Chair asked that all additional information requested at the meeting be provided in one email. The Chair thanked Dr Willison for his contribution.

33.18 RESOLVED – that the report be noted.

33.19 Southern Water subsequently sent written responses to questions that members had asked in writing in advance of the meeting. These responses are included below.

Brighton and Hove City Council
Health Overview and Scrutiny Committee
Answers from Southern Water

Storms are becoming more frequent and extreme as a result of climate change. Does Dr Willison agree that by taking and ecosystem services approach to flood prevention would prove more cost effective, resilient and carbon efficient than reliance on increasing levels of downstream hard engineering to cope with ever greater quantities of flood water?
From a health perspective, does Dr Willison agree this green approach would lead to less effluent over topping episodes contaminating bathing water?

Yes – this approach is key to the innovative work currently being undertaken by the Clean Rivers and Seas Task Force.

Therefore, can I ask, will SW agree to consider committing serious financial support to highway authorities and landowners to invest in significant source flood management, rather than SW aiming to spend so much on their own flood water containment?
and
Over the last few years, we have seen an increase in marine life off Sussex coast. Regular sightings of dolphins, porpoise and seals. Southern Water is polluting their habitat, how is this being addressed?
and
Climate change is leading to more extreme weather conditions including increased incidence of, and more severe, rainstorms. How is SW improving its systems to ensure this is accommodated for in ways other than overflow into bathing water?

We are committed to protecting our natural environment – investing in natural capital and working in collaboration with customers and stakeholders are fundamental to our Pathfinder work.

Storm overflows are an emergency release valve during heavy rain, protect homes and businesses from flooding during heavy rain. Our Clean Rivers and Seas Task Force is dedicated to finding the best ways to drastically reduce use of storm overflows and roll them out to the region. You can find the latest report on its activity here.

The Task Force prioritises nature-based solutions where at all possible., Examples include:

- Incentivising and promoting Sustainable Drainage solutions (SuDS).
- Partnering with the Department for Education to deliver a £1.7million project whereby 247 schools will receive free solutions to divert rainwater back to the environment, rather than running off hard surfaces and into the sewer network.
- Using wetlands as a low carbon, nature-based solution to cleaning wastewater (southernwater.co.uk)

It's not good enough to simply build more storm tanks – although where this is required, we will of course do so. But this doesn't tackle the root cause of most of our storm releases. Instead, we must

prevent rainwater from getting into the network, or slow its flow, so we can create a sustainable system fit for the future.

In the peak summer season last year, every beach along the south coast was polluted with raw sewage and some were forced to closed. Our tourist economy is built around our popularity as a seaside resort and this is extremely off-putting for visitors to say the least. Can you let me know the ways in which you are working to ensure this does not happen again this summer?

As highlighted above, our Clean Rivers and Seas Task Force is dedicated to reducing reliance on combined storm overflows, which will reduce the number of spills into the environment.

The latest report goes into detail about their Pathfinder Projects, including results of the pilots:

Latest news, reports, and updates (southernwater.co.uk)

Alongside the work of the Task Force, our Drainage and Wastewater Management Plan is a 25-year plan for handling surface and wastewater. Details can be found here:

Drainage and Wastewater Management Plans (DWMPs) (southernwater.co.uk)

We welcome your goals to reduce storm releases by 80% by 2030, but our residents would rather see a 100% target. Can you explain why you can't carry out the urgent work at the level needed to ensure that our bathing water is 100% free of sewage?

We acknowledge – and agree – that storm overflows are used too often, and that customers and stakeholders very rightly demand that the use of CSOs be tackled urgently. If we were to design a brand-new water supply and treatment system from scratch, we would not include any reliance on storm overflows

With the current network there are limits to how far the engineering can take us. A 100% reduction is – regretfully – neither achievable nor realistic, so we would not make this commitment.

Completely eliminating the use of storm overflows would require one of two options. Either:

1. remove all the storm water *or*
2. treat all the storm water.

Removing stormwater from the system would involve digging up every single road, every street, and every property to disconnect the storm water. This would be incredibly disruptive and expensive and would push bills to unaffordable levels.

Treating all stormwater would come with a huge environmental cost.

- Water companies currently use **around 5% of the national grid and consume 1-2% of the UKs CO2**. Pumping what is almost exclusively rainwater has a significant CO2 footprint.

- Every sewage treatment works relies on **biological processes and requires a calorific value**. When the treatment systems are fed rainwater, it starves the organisms that provides the treatment and results in a poorer quality effluent.

Our Task Force is dedicated to finding a practical route around these issues – finding an environmentally sound solution which does not impact customer bills. We are collecting promising evidence that rolling out the work undertaken in our Pathfinder projects will result in a significant reduction of storm overflow use. We will be doing this as soon as legislation and regulators allow.

Major investment in sustainable drainage systems in Brighton and Hove could massively reduce sewage entering the sea. The purpose of these systems is to soak up excess rainwater and reduce the volume of pouring into drains during extreme weather (which is set to get worse due to climate breakdown), which leads to pipes overflowing and sewage being released into our bathing water. Would you be able to promise investment in a number of these schemes here in Brighton and Hove?

We think this is a fantastic idea. However, in most cases, we do not own the land or impermeable area that contributes towards the excess stormwater runoff. We are exploring a delivery model whereby we make a financial contribution towards Local Authority public realm schemes to incorporate sustainable drainage so pressure on the sewage system can be reduced.

The Environment Agency does not test seawater for microplastics, yet they can have grave consequences for human health and that of marine life when they enter the sea. Can you let me know what work Southern Water is doing to reduce the level microplastics in the sea?

We are funding research to better understand how to extract these materials from the water we treat – and filter them out of wastewater to stop them being released back into the environment. We're not the source of plastics in our oceans, but we are a link from source to sea. We take our opportunity to intervene very seriously.

For example, we're part of a study by research body UKWIR (UK water Industry Research) to examine the risk of microplastics in freshwater settings.

Plastic pollution (southernwater.co.uk).

As a commercial business we are not monitored enough on the amount of waste or what waste we put down our drains. There are no longer any interceptors (these hold items that shouldn't be there) connected to commercial drains. We were told they were removed as they were not "fit for purpose" as they kept getting blocked ie doing their job. Some businesses have not been inspected for 20 years to 30 years. Southern Water is failing to ensure that businesses have procedures in place, and these are frequently being monitored. When will Southern Water start focusing on what is causing the sewer system to fail?

Interceptors were not designed to catch things in the sewer that should not be there such as sanitary products or Fat, Oil and Grease (FOG). The design of the interceptor is Victorian and was originally designed to stop odours travelling back up the sewer.

Sewers are built to nationally agreed standards which provide for good levels of protection from flooding. However, the sewers are designed to cope with foul wastewater only. Regrettably, heavy rainfall can cause surface water to infiltrate the sewer causing it to become overloaded. Unfortunately, they do not have unlimited capacity and there are occasions when, due to heavy rainfall are unable to cope and when this happens, there is a risk of overflow at low points in the system.

Whilst we hope you do not experience any difficulties, our 24-Hour Call Centre is on hand to provide information concerning the frequency and nature of any flooding/problems. They can also arrange for a sewer crew to attend and carry out an investigation and clean-up operation, if required.

The Covid period saw a massive increase in open water swimming and water sports. We have seen first-hand the positive affect these sports and activities have had on people's lifestyles, health and mental wellbeing. Last year we saw these same people avoiding the sea and giving up their newfound hobbies because they didn't think the sea was safe. What is Southern Water doing to help these people?

Southern Water's releases are monitored by the Environment Agency (EA) who are also responsible for water quality testing. For bathing water sites, the EA take samples during the bathing water season, which is between May 1st and September 30th . The classifications that are subsequently attributed to each bathing water indicate to beach users the prevailing water quality. Southern Water does not offer bathing water advice but rather works with local authorities and regulators to provide information about storm water release and operational issues.

For near-real time information about releases of stormwater or wastewater near bathing water sites, please see our Beachbuoy app here: https://www.southernwater.co.uk/water-for-life/our-bathing-waters/beachbuoy
In a meeting with Sussex MPs and Sir James Bevan on 22nd March 2023, Sir James said that water quality is better than at any time since the industrial revolution. We agree that there is still work to be done to reduce CSO discharges.

In view of the desire to protect public health, which is the subject we are concerned with over sewage release into the environment, Sarah is interested in whether SW might contribute to the funding public toilets which the Council find increasingly challenging to maintain.

We are open to discussions with the Council to explore how this might work.

Last year coastal water sports facilities, retailers of water sports and open water swimming equipment, saw a massive drop in revenue sometimes up to 70%. The direct cause of this was concerns over water quality. What compensation plans are in place to support these businesses for destroying their workplace and businesses?

There have been zero releases from the Albion groyne in the last year. Should any business feel that they have a claim, they should contact their insurers. We can confirm that we have not received any business loss claim or any indication that any business has suffered any loss as a direct result of any concerns about water quality in the Brighton or surrounding area.

Whilst Southern Water is a factor in bathing water quality, it is not its sole guardian. For example, the Environment Agency deems the cause of the recent classification of Brighton's bathing water from 'Excellent' to 'Good' as being the result of increased beach usage by the public.

The presentation makes a number of references to the role of communities in reducing the volume of water entering the sewage system and making sure that items which might cause blockages are disposed of elsewhere. How is SW investing in these communities and communicating with them?

Work in the community
Last year we donated £28,000 in Community Centre Grants and Local Grants to support young people in Sussex. This includes organisations in Brighton - the Clock Tower Sanctuary and Hangelton Community Centre. Later this year further grants will become available for gardening and volunteer groups to support sustainable water practices and support underrepresented groups with access to nature.
In February, we provided free standpipes for Brighton Half Marathon to reduce plastic bottle usage and impact to local environment.
You can request a representative to attend a community event here School and Community talks (southernwater.co.uk).
Through our Customer and Community Grants Scheme, individuals and organisations can apply for a one-off grant to alleviate financial hardship or support charity and community projects.
Work in schools
We funded two rain gardens and delivered lessons on the importance of harnessing rainfall, in partnership with The Aquifer Partnership (Moulescoomb Primary and Wallands Primary in Lewes).
We work with schools to support and deliver teaching in subjects such as geography, PSHE and Citizenship. We have spoken to 1,312 young people in Brighton and Hove since January 2023
We have released a new Primary level teaching resource that you can find here
https://www.southernwater.co.uk/water-for-life/education

35 SUSSEX HEALTH & CARE: SYSTEM DEVELOPMENT AND GOVERNANCE

35.1 This item was presented by Lisa Emery, NHS Sussex Chief Transformation, Innovation & Digital Officer; by Lola Banjoko, NHS Sussex Managing Director, Brighton & Hove; and by Rob Persey, BHCC Executive Director, Health & Adult Social Care. Ms Emery explained the purpose and goals of the Integrated Care Strategy, telling members that:

- The Strategy aims to work at scale (e.g. Sussex) where it makes sense to do so, and at place (e.g. Brighton & Hove) where there is more value in local working;
- There have been real improvements in partnership working over the past few years, but there is a need to build on these strong foundations;
- The Strategy has system-wide priorities around workforce, digital, partnerships, and neighbourhood working;
- There are place priorities also: cancer, mental health, children & young people, multiple compound needs, and multiple complex conditions.

35.2 In response to a question from the Chair about the role of HOSCs in scrutinising the Integrated Care Strategy specifically, and the Integrated Care System generally, Ms

Emery told members that it was for HOSCs to determine what to focus on, but that the System would welcome HOSC involvement, particularly in terms of scrutiny of delivery: e.g. there would be a HOSC role in scrutinising the Shared Delivery Plan (the delivery plan for the Integrated Care Strategy).

35.3 Cllr West commented that public understanding of the Integrated Care System was not assisted by the decision to adopt local names for the nationally prescribed System infrastructure: calling the local Integrated Care Partnership the Sussex Health & Care Assembly etc.

35.4 In response to a question from Cllr Rainey on place-based structures, Ms Banjoko told the committee that there is a place-based partnership co-chaired by the NHS Sussex Managing Director (Brighton & Hove) and the BHCC Executive Director, Health & Adult Social Care. Local priorities have been developed also. These reflect the demographics of Brighton & Hove in terms of having a young population, lots of diversity, homelessness issues and so on. The Brighton & Hove priorities will look very different to the place priorities for East and West Sussex. Ms Emery added that there would be elements of system priorities that would be delivered at a place level also.

35.5 The Chair asked a question about the potential need for joint scrutiny of system-wide change plans. Ms Banjoko responded that there may be a requirement for formal joint scrutiny in the future, but that these plans are still at a relatively early stage in development and there is nothing new in the pipeline to share with HOSCs at the current time. There are change plans around regional children's cancer services and around West Sussex stroke services which are already with the relevant HOSCs.

35.6 The Chair noted that workforce is clearly a major challenge and that it is important to think about solutions at scale in terms of joint recruitment, training, mentoring and so on. Ms Emery agreed, also stressing the importance of working closely with education sector partners.

35.7 In response to a question from the Chair in joint working in practice, Mr Persey told members that there is lots of joint working already in place: for example, social workers embedded in Primary Care Network multidisciplinary teams, supporting specific patient cohorts, social prescribing etc.

35.8 The Chair asked how local people could hold a complex system to account. Ms Banjoko responded that organisational responsibilities to engage with and respond to local people are still in force. There are also defined roles for HOSCs and Health & Wellbeing Boards in the new system. Mr Persey added that Healthwatch has an important role to play here also.

36 SUSSEX INTEGRATED CARE STRATEGY

36.1 This item was presented by Lisa Emery, NHS Sussex Chief Transformation, Innovation & Digital Officer; by Lola Banjoko, NHS Sussex Managing Director, Brighton & Hove; and by Rob Persey, BHCC Executive Director, Health & Adult Social Care.

36.2 Nora Mzaoui asked a question about the role of the third sector in preventative care. It is positive to see the importance of the sector recognised in the Strategy, but it needs to be recognised that many CVS services are overstretched already and more funding is needed if they are to play a greater role in preventative care. Mr Persey responded by noting the importance of prevention in future system planning, particularly in relation to young people. The NHS is coming to recognise the importance of primary/early prevention, having traditionally focused on prevention in terms of preventing people entering secondary care. There is an important role for the CVS in this agenda, perhaps being sub-contracted by NHS providers as well as being commissioned directly. Ms Banjoko added that the need to embed the CVS as a part of core service delivery rather than as an added extra is recognised, as is the need to join up local authority and NHS funding and to provide multi-year funding settlements. This all needs to be managed in a very challenging financial environment.

36.3 Ms Emery suggested that engagement plans for the Shared Delivery Plan could be shared with the HOSC at a later date and the Chair welcomed this.

37 BHCC HEALTH & ADULT SOCIAL CARE BUDGET PRESSURES

37.1 This item was introduced by Michelle Jenkins, BHCC HASC Assistant Director, Resources; and by Rob Persey, Executive Director, HASC.

37.2 Theresa Mackay (Older People's Council) asked how HASC would manage future demand. Ms Jenkins responded that there is a statutory duty to provide services to eligible people in need of support, so demand management has to focus on prevention. Mr Persey agreed that a focus on prevention was key, but a longer term funding settlement would be really helpful also.

37.3 Cllr Sankey expressed sympathy for HASC's budget position and her support for a preventative approach. She asked how confident HASC was in its ability to delivery 2023/24 savings targets. Mr Persey responded that he would not have submitted an unachievable savings target. This said, however, HASC (and children's care) are demand-led services and financial planning can be undermined by a few additional high cost care packages needing to be provided. It is also the case that service budgets have been shaved for a number of years in anticipation of a long term funding settlement that has not yet materialised. The scope to make further savings is limited.

37.4 Cllr Sankey asked why life expectancy has started to fall. Mr Persey replied that this is due to a combination of factors, including poor diet, obesity, and substance and alcohol misuse. It is important that young people understand the benefits of a healthy lifestyle and there is consequently a focus of preventative services on young people and on communities experiencing health inequalities.

37.5 Cllr West noted that the Council's external auditor had flagged significant financial risk, and limited further opportunities to draw on reserves. What has HASC's budget performance been like across the year? Mr Persey responded that HASC has not made all its in-year savings targets, but is nonetheless expected to come in on-budget. Next year's savings targets are realistic and are supported by robust programmes of work. Ms Jenkins added that there is limited value in focusing on individual TBM reports across the financial year, as reports can be impacted by a single expensive placement.

It is also the case that in-year savings programmes can take a number of months to start generating savings, so early TBMs may look bad even when plans are progressing well and will deliver on target by year end. However, it is not possible to continue cutting services for ever.

37.6 Cllr Sankey noted that plans include a 0% uplift to many block contracts and asked whether this meant workers would not receive a pay rise. Mr Persey responded that a number of contracts are being uplifted by 5-6% and that Living Wage commitments will be unaffected.

37.7 In response to a query from Cllr Sankey about plans to dispose of unused space at Wayfield Avenue, Ms Jenkins replied that this is space in a mental health residential home that was previously used to deliver a now discontinued day service.

37.8 In response to a question from the Chair about the Section 75 agreement with Sussex Partnership NHS Foundation Trust (SPFT), Mr Persey explained that savings have been agreed with the Trust. This will involve pushing some costs back to SPFT.

37.9 The Chair thanked officers for their contributions. Cllr Moonan also noted that members need to recognise that HASC delivers crucial services, and that it can't sustain more cuts for ever.

38 HEALTHWATCH BRIGHTON & HOVE: CURRENT AND PLANNED ACTIVITIES

38.1 This item was introduced by Geoffrey Bowden, Chair of Healthwatch Brighton & Hove. Mr Bowden told the committee that he had circulated a list of activities that Healthwatch has undertaken in the past year. The list was by no means complete, but gives an indication of the volume and the breadth of Healthwatch activity. Although Healthwatch is not primarily a campaigning group, it nonetheless has been engaged in pushing for specific outcomes in certain respects: e.g. for maintaining GP provision at New Larchwood, and in lobbying for public toilet provision.

38.2 Mr Bowden also noted that Healthwatch receives a large volume of concerns about GP services, and particularly about problems people face in getting an in-person GP appointment. HOSC might wish to scrutinise this issue, and potentially also look at maternity and mental health, and at dentistry. The Chair noted that there would be an item on primary care at the April 2023 HOSC meeting and NHS colleagues would be asked to address GP numbers and the issue of virtual Vs face to face appointments. The other areas raised by Mr Bowden would be considered as part of the future committee work programme.

38.3 Cllr West thanked everyone at Healthwatch for their hard and effective work. Cllr West noted that there has been a really worrying rise in poor health in recent years, which he ascribed to a Conservative government presiding over an increasing wealth gap, destroying the healthcare system, and to Brexit. Mr Bowden responded to say that he felt unable to comment on this, but would like to note that Healthwatch is suffering badly from inflation.

38.4 Mr Bowden noted that Healthwatch has to use its powers carefully in the current climate. For example, Healthwatch has enter & view powers, but recognises that healthcare

settings are operating under intense pressures, and consequently uses these powers very carefully so as not to add to the burden. Healthwatch is also navigating the issue of being part of the Sussex Integrated Care System at the same time as being an independent watchdog.

38.5 The committee thanked Healthwatch staff and volunteers for all their much appreciated work over the past year.

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

11.00am 15 MARCH 2023

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Moonan (Chair)

Also in attendance: Councillor West (Group Spokesperson), Grimshaw, O'Quinn and Rainey

Other Members present: Nora Mzaoui (Community & Voluntary Sector representative), Michael Whitty (Older People's Council)

PART ONE

38 PROCEDURAL BUSINESS

38A Substitutes and Apologies

38.1 Cllr Hugh-Jones attended as substitute for Cllr John.

38.2 Apologies were received from Cllrs Lewry, Barnett and John, and from Geoffrey Bowden (Healthwatch representative).

38B Declarations of Interest

38.3 There were none.

38C Exclusion of Press & Public

28.4 **Resolved –** that the press & public be not excluded from the meeting.

39 CHAIR'S COMMUNICATIONS

39.1 The Chair gave the following communications:

I have called a special meeting of the HOSC today to look at NHS England plans to make changes to specialist cancer services for children.

Unfortunately, it wasn't possible to wait until the scheduled April meeting for this item. The formal scrutiny of regional change plans needs to be via a Joint HOSC, and for

Brighton & Hove the final decision as to whether to join a Joint HOSC is resolved for full Council – we needed to schedule this meeting to potentially feed into 30 March full Council or we would have needed to wait until Annual Council on 25 May, which would have been a significant delay.

I apologise for the inconvenience and appreciate those who have been able to attend today. I think if it hadn't been for the school strike, we would have had several more with us today.

I also want to be clear about the purpose of today's meeting. Today's meeting is for HOSC members to decide whether they think these plans are of sufficient local importance that the represent a 'substantial service variation' for our residents, and that the city council should therefor join a Joint HOSC.

We do have colleagues from NHS England here today; I will ask them to present on their plans, and they will be available to answer questions. However, in-depth scrutiny of these plans, and questions about which provider offers the best option, are really matters that are reserved for a Joint HOSC. Therefore, please ask questions that will help you come to a view about a substantial variation of service and the needs of our local population affected, rather than the commissioning decision itself.

If the committee agree the recommendation today, then we will link up with other HOSCs across the region which have expressed an interest in scrutinising the plans. We don't yet know definitively which HOSCs this may be involve, although we do know that several have decided not to formally scrutinise this issue. If we decide not to take part in the joint HOSC, then NHSE will keep us updated on the progress of the plans, but we won't be formally involved in any scrutiny. I do need to be clear that the options are for formal scrutiny via a Joint HOSC or for no formal scrutiny. Under health scrutiny legislation we do not have the option to formally scrutinise regional change plans as individual HOSCs.

My personal view is that, although the number of children involved are small, the nature of these serious cancers mean that the whole family is heavily affected. The illness and care pathway can lead to life changing consequences for the siblings, parents and extended family, as well as the child with cancer. My personal view is that this therefore represents a substantial variation of service, which we should scrutinise for our B&H residents affected. It is of course up to the committee this morning to decide if they agree.

There is an additional factor that influenced me in coming to the view that we should take part in joint HOSC. As we now have much larger ICPs across the southeast there are likely to be many more service changes that cross local authority borders. As BHCC has not taken part in a joint HOSC for more than a decade, this will be an opportunity for the new HOSC chair and committee to learn about the process and make link with other HOSCs across the region. This should stand us in good stead when much larger service changes are proposed in the future.

Finally, I would like to add in the interests of openness, that on the request of St Georges University Hospitals NHS Foundation Trust I met their chair and some senior clinicians last week. I was briefed about their service and their views on future service

models. This was an informal meeting and did not influence my view that we should take part in the JOSC. And if we do decide to proceed, I will of course offer the same opportunity to meet Guy's & St Thomas' NHS Foundation Trust in order to be fully briefed by all parties prior to formal scrutiny at the joint HOSC.

40 PUBLIC INVOLVEMENT

40.1 There were no public engagement items.

41 MEMBER INVOLVEMENT

41.1 There were no member involvement items.

42 CHILDREN'S CANCER SPECIALIST SERVICES: PLANS FOR SERVICE CHANGE

42.1 This item was presented by Dr Chris Streather, NHS England South East Medical Director. Chris Tibbs (NHS England South East Medical Director, Specialised Commissioning), Sabahat Hassan (NHS England Head of Partnerships & Engagement, South East Commissioning Directorate), and Hazel Fisher, NHS England, also attended the meeting via teams.

42.2 Dr Streather outlined the reasons for making changes to services, noting that there is a new National Service Specification for Paediatric Treatment Centres (PTC) requiring the bulk of services to be provided on a single site. There are currently two PTCs for London and South East England: Great Ormond Street Hospital for Children (GOSH) covers North London and counties to the north of London; St George's University Hospitals NHS Foundation Trust (St George's) and the Royal Marsden NHS Foundation Trust (RM) jointly cover South London, Kent, Sussex and Surrey. Since the southern service currently operates across two sites, a consolidated alternative will need to be identified.

42.3 There are two options for a single-site PTC: St George's or Guy's & St Thomas' NHS Foundation Trust/Evelina Hospital for Children (GSHT). NHS England (NHSE) is the commissioner of specialist children's cancer services, and as such is leading the search for a new PTC. NHSE has scored both potential providers, and has a narrow preference for GSHT. However, NHSE will engage with stakeholders and the public, taking their views into account before a final decision is reached. This will include consultation with any of the Health Overview & Scrutiny Committees in the footprint via a Joint HOSC (JHOSC). As part of its decision-making process, NHSE will conduct a full Health Inequalities Assessment.

42.4 In response to a question from Cllr O'Quinn, Mr Streather confirmed that wherever possible, children's cancer services are provided locally. For Brighton & Hove residents this will be at the Royal Alexandra Children's Hospital, Brighton. Some services may have to be provided at the PTC, typically in the early stages of treatment. There will be means-tested support for families who need to travel to the PTC.

42.5 In answer to a query from Cllr O'Quinn, Dr Streather stressed that the quality of patient and family experience was of paramount importance. There is learning here from the

current joint PTC, but also from GOSH which has been operating an excellent single-site PTC in central London for some time.

42.6 Cllr West challenged the data on deprivation that had been shared with members, noting that a focus on Brighton & Hove as a whole could be misleading, as the relative wealth of parts of the city tends to obscure, but does nothing to alleviate, very real issues of deprivation. Dr Streather responded that NHSE works with more granular data than was represented on the deprivation map shared with members, and a more granular approach will be followed in preparing the Health Inequalities Impact Assessment.

42.7 In response to a question from Cllr West on journey modelling, Dr Streather told the committee that modelling had been undertaken on a number of scenarios (e.g. on both a 50/50 split of journeys by private car/public transport and on a 70/30 split), and he was confident that patient traffic can be managed.

42.8 In answer to a question from Cllr Rainey on the benefits of change Vs the risks of disruption, Dr Streather told members that discontinuity in transition is a significant risk. Commissioners will work closely with the current and future providers, both to identify high performing elements of the current service which must be maintained, and to ensure a smooth handover.

42.9 Cllr Grimshaw asked questions about means-testing and about support for people who don't meet the criteria for receiving support but who may nonetheless be struggling financially. Dr Streather responded that this is always an issue with means-testing and that NHSE have no control at the levels at which support is provided. However, all the providers involved in this provision have well-funded charities and there is likely to be plenty of support on offer to families. The Chair noted that this was an issue that HOSC members would be likely to wish to focus on should it be agreed that the city council should join a Joint HOSC.

42.10 Cllr Hugh-Jones noted that she would welcome a Joint HOSC focus on transport support. Dr Streather responded that NHSE modelling shows that either future provider will be somewhat easier to access via public transport than the current providers, but that car journeys would be slightly longer. Dr Streather reiterated that NHS will use granular data to fully explore the travel implications of its new model.

42.11 Nora Mzaoui asked a question about facilities for parents staying overnight. Hazel Fisher replied that both potential providers have a mix of options including pull-out beds, some capacity for using adjoining rooms, and nearby family accommodation to support longer term stays (Ronald McDonald house options).

42.12 Cllr O'Quinn asked a question about support for families with London congestion and ULEZ charges. Ms Fisher responded that there is the capacity for hospitals to register with ULEZ which allows families to claim back charges. GOSH PTC is often asked to support families with transport costs, so there is a good practice model for the new provider to draw upon.

42.13 The Chair asked a question about the transfer of workforce to a new provider. Dr Streather replied that staff will be offered the opportunity to transfer to the new provider,

although they are under no obligation to do so, so it is not possible to say with certainty what percentage of staff will move across. Under some scenarios surgeons might find themselves working across two sites; however, this is fairly standard practice and one that hospitals are well-used to dealing with.

42.14 In response to a question from the Chair about engagement with a Joint HOSC, Ms Fisher told the committee that this will be negotiated with the Joint HOSC: NHSE are keen to engage as fully as possible, and are also happy to keep HOSCs that do not wish to formally scrutinise the plans informed of progress.

42.15 Members debated whether to recommend that the city council joins a Joint HOSC. They unanimously agreed that the JHOSC option should be pursued.

42.16 RESOLVED – (i) That Committee agrees that the plans to change specialist children's cancer services for South East England outlined in Appendices 1 and 2 do constitute a Substantial Variation in Services requiring the establishment of a Joint HOSC (JHOSC); and (ii) that Committee agrees to recommend to full Council that it formally approve the decision that Brighton & Hove Council forms a JHOSC with other local authorities in the region.

The meeting concluded at 13:05

Signed Chair

Dated this day of

Brighton & Hove City Council

Health Overview & Scrutiny Committee

Agenda Item 47

Subject: **Trans Healthcare: Specialist Services**

Date of meeting: **12 April 2022**

Report of: **Executive Director, Governance, People & Resources**

Contact Officer: **Name: Giles Rossington**
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Email: giles.rossington@brighton-hove.gov.uk

Ward(s) affected: **All**

For general release

1. Purpose of the report and policy context

1.1 This report provides an update on healthcare services for trans people, with a focus on specialist services commissioned by NHS England. Appendix 1 contains detailed information on services provided by NHS and CVS partners.

2. Recommendations

2.1 That Committee notes the contents of this report.

3. Context and background information

3.1 In April 2022 the HOSC considered a member letter from Cllrs Powell and Allbrooke asking the committee to scrutinise health services for trans residents. The letter referenced the findings of the 2013 BHCC trans equalities scrutiny panel report, which had made a series of recommendations to improve trans healthcare, both in terms of local services (e.g. GP-led healthcare) and more specialist care (e.g. gender reassignment services provided in London). The member letter is included for reference as Appendix 2 to this report, and a link to the trans equalities scrutiny panel report is included in the Background Documents section.

3.2 HOSC members agreed to scrutinise this issue, and in July 2022 received a paper on locally commissioned health services for trans people. It had originally been intended to present a further paper focusing on NHSE commissioned services at the October 2022 HOSC meeting. However, at the time there was a live tender for a new Sussex-wide gender service, and it would not have been possible for commissioners to have discussed this

contract in a public arena. The contract has now been let, so there are no longer any restrictions applying.

3.2 There are more details about the Sussex gender service in Appendix 1. Also included are details of NHSE commissioned services for children and young people, and specialist services for adults.

4. Analysis and consideration of alternative options

4.1 Not relevant to this information report.

5. Community engagement and consultation

5.1 No formal engagement in relation to this report for information. However, members may wish to note that the Clare Project has contributed to the information included in Appendix 1.

6. Conclusion

6.1 Members are asked to note the update on NHSE commissioned trans health services (Appendix 1), with particular reference to the launch of a new Sussex gender service.

7. Financial implications

7.1 None identified for this report to note.

8. Legal implications

8.1 There are no legal implications to this report to note.

9. Equalities implications

9.1 None directly for this report to note.

10. Sustainability implications

10.1 None identified.

Supporting Documentation

1. Appendices

1. Information of NHSE commissioned trans health services
2. Member letter from Cllrs Powell and Allbrooke (considered at the April 2023 HOSC meeting)

2. Background Documents

    1. Trans Equalities Scrutiny Panel Report: https://www.brighton-hove.gov.uk/council-and-democracy/councillors-and-committees/trans-equality-scrutiny-panel-2013

Appendix 1

NHS

Commissioning of Specialised Services for Individuals with Gender Dysphoria

Brighton and Hove Health Overview and Scrutiny Committee

30 March 2023

Executive Summary

This paper brings together information in regard to the commissioning of NHS Gender Dysphoria Services.

Part 1 of the paper describes the national commissioning arrangements for NHS Gender Dysphoria Services. It also details how NHS England is tackling long waiting times, by introducing pilots such as in Sussex. This part of the paper is authored by NHS England.

Part 2 of this paper covers in detail, the planning underway to establish a Sussex Gender Dysphoria Service pilot and describes the community mobilisation underway in order to open the service in September 2023. This paper is authored by the provider of the service, Sussex Partnership NHS Foundation Trust (SPFT) in collaboration with NHS Sussex ICB.

Part 1: National commissioning arrangements for NHS Gender Dysphoria Services

Author: NHS England

Background to Gender Dysphoria Services

Governance

Services for the alleviation of gender dysphoria are prescribed specialised services commissioned directly by NHS England for the population of England. NHS England also commissions specialised surgical services for this clinical pathway on behalf of the populations of Northern Ireland, Wales and Scotland as there are no specialist surgical units outside of England.

In view of the importance of improving how these services are commissioned and delivered, NHS England has established a National Programme Board for Gender Dysphoria services that is chaired by the National Medical Director for Specialised Services; a Clinical Reference Group provides clinical advice to NHS England, chaired by NHS England's National Specialty Adviser for Gender Dysphoria Services (Dr Derek Glidden, lead clinician at the adult gender service at Nottinghamshire Healthcare NHS Foundation Trust). Both groups include individuals with lived experience. As is the case for all directly commissioned specialised services, the decision-making group is the NHSE National Commissioning Group chaired by the National Director for Specialised Services, membership of which includes all of the Directors of Specialised Commissioning in each of the seven NHSE regions.

The way in which gender dysphoria services are delivered by the NHS are described in two national service specifications that are published, covering surgical and non-surgical services. The service specifications were formed as an outcome of extensive stakeholder engagement and public consultation; a report on the outcome of public consultation is published.

Clinical Pathway for Adult Services

Gender Dysphoria Clinics aim to provide improved mental health and wellbeing; social functioning and relationships; sexual health; body image and health lifestyle for those using them.

The NHS England service specification describes that the service is open to those with "*a strong and persistent cross-gender identification (such as stating a desire to be the other sex or frequently passing as the other sex) coupled with persistent discomfort with their sex (manifested in adults, for example, as a preoccupation with altering primary and secondary sex characteristics through hormonal manipulation or surgery)*".

The NHS pathway of care for adults will differ according to the individual's goals. The current adult pathway may be summarised as:

- Referral to a specialist Gender Dysphoria Clinic, usually by the individual's GP (there is no requirement for a referral to be endorsed by a mental health professional)
- Assessment for gender dysphoria, and diagnosis
- Individuals who meet the criteria for gender dysphoria are accepted on to the NHS care pathway and an individualised treatment plan is agreed between the individual and their lead clinician in the Gender Dysphoria Clinic
- Therapeutic interventions are delivered by the specialist Gender Dysphoria Clinic; and/or referral for interventions with other providers; which may include recommendations for prescribing endocrine treatments; talking therapies; psychosexual counselling; voice and communication therapies; epilation; and surgical interventions of the chest and genitals
- Ongoing review and monitoring during and after interventions
- Conclusion of contact: discharge to primary care including for long-term management of endocrine interventions

Configuration of NHS-commissioned Gender Dysphoria Clinics (non-surgical)

NHSE Region	NHS Gender Dysphoria Clinics
North East & Yorkshire	• Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust • Sheffield Health & Social Care NHS Foundation Trust • Leeds and York Partnership NHS Foundation Trust
North West	• Mersey Care NHS Foundation Trust (pilot service) • GTD Healthcare – Greater Manchester (pilot service)
Midlands	• Nottinghamshire Healthcare NHS Foundation Trust • Northamptonshire Healthcare NHS Foundation Trust
East	• Nottinghamshire Healthcare NHS Foundation / Cambridgeshire and Peterborough NHS Foundation Trust (pilot service)
London	• Tavistock and Portman NHS Foundation Trust • Chelsea and Westminster Hospital NHS Foundation Trust (pilot service)
South West	• Devon Partnership NHS Trust
South East	• Sussex Partnership NHS Foundation Trust (pilot service; operational in 2023)

Configuration of NHS-commissioned providers (surgical units)

NHSE Region	Surgical Units
North East & Yorkshire	• Hull University Teaching Hospitals NHS Trust • Newcastle Hospital (Nuffield Health)
North West	• Manchester University Hospitals NHS Foundation Trust
Midlands	• Leicester Hospital (Nuffield Health)
London	• Highgate Hospital (Nuffield Health) • Parkside Hospital (Nuffield Health) • Chelsea and Westminster Hospital NHS Foundation Trust • New Victoria Hospital • St George's University Hospitals NHS Foundation Trust
South West	• Mount Stuart Hospital • Plymouth Hospital (Nuffield Health)
South East	• Brighton Hospital (Nuffield Health)

Prevalence

Historically, planning for the number of individuals who will require access to specialist NHS gender dysphoria services has been hindered by a lack of data. The Office of National Statistics began recording expressions of gender identity through the national census in 2021, in which 0.55% of the population of England reported a "*gender identity different from sex registered at birth*"; the figure for the South-East England region was 0.47% (Appendix A). A previous Dutch study reported that 4.6% of natal men and 3.2% of natal women report ambivalent gender identity and 1.1% and 0.8% reported incongruent gender identity. Most epidemiological studies have only focused on the proportion of individuals that have engaged with specialist health services for gender incongruence.

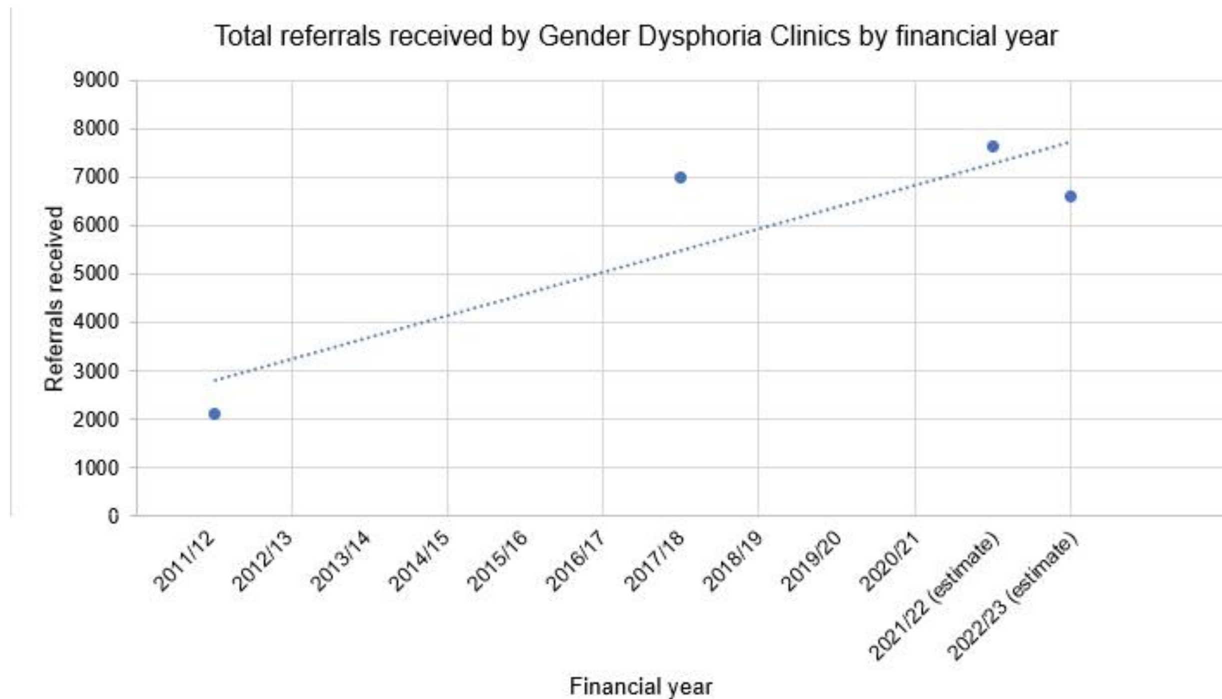
Referrals to adult gender clinics in England have increased significantly in recent years, reflecting an international trend, with a current average of 555 referrals per month[1]. It is not known if the true underlying prevalence of this condition has changed. The reasons for the increased numbers are unclear, though often surmised that it is attributable to a combination of factors: increased availability of treatment interventions; changing societal attitudes; new cohorts of non-binary and other gender-variant people; and greater awareness.

Capacity and demand pressures

Referrals into adult Gender Dysphoria Clinics have increased by around 280% over the past ten years, representing a significant growth trajectory compared to other specialised services. Although NHS England's investment in adult gender services has increased considerably – from £10.1m in 2015.16 to £28.1m in 2022/23 – it has not been possible to increase clinical capacity to match the increased demand, due to a combination of a shortage of healthcare professionals choosing to work in the field; recruitment and retention challenges; and the time it takes to train clinicians in the specialist skills required. This has contributed to long waiting lists and long waiting times.

[1] Source: Data return by providers to NHS Arden & GEM CSU August 2022 to January 2023.

Figure 1: Referrals to Adult Gender Dysphoria Clinics (straight line representation)



There are currently around 28,000 individuals waiting for a first appointment at a Gender Dysphoria Clinic with a median waiting time of >3 years for a first appointment, of whom around 1,100 are residents of Sussex[2]. The majority of the Sussex patients (around 95%) are registered on the waiting list of the Tavistock and Portman NHS Foundation Trust in London.

The direct consequences of long waiting times and waiting lists are increased risk of harm to the individual and increased pressures on other parts of the NHS system. Individuals with gender dysphoria are at higher risk of physical and mental health problems, exacerbated by barriers to access of specialised gender identity services. Incidence of 'minority stress' is high. Evidence is that coping strategies include self-sourcing of cross-sex hormone drugs from unregulated sources, self-harm, use of drugs, alcohol, tobacco or high-risk sexual activity. The incidence of suicidal ideation is high compared to the general population. Unmet needs for specialist healthcare is a contributing factor to the increased disproportionate risk of acquiring HIV in the trans population. Individuals with gender dysphoria have complex interactions with other health services which will be exacerbated if there are unmet needs for trans-specific

[2] Data not currently available at ICB level.

healthcare, particularly: primary care, mental health, CAMHS, sexual health, A&E and crisis services.

The most significant obstacle to increasing capacity and improved efficiency in the clinical pathway is the limited workforce potential. Operational research by NHS England concluded that the current workforce model is not sustainable. There is a small, ageing professional pool and limited interest amongst younger professionals. There are very different workforce models across the Gender Dysphoria Clinics, but limited evidence on the optimal models for workforce and service delivery.

NHS England's operational research concluded that an increase in staffing significantly above and beyond that of succession planning would be needed to meet demand, but there was no defined entry point, no accredited or regulated training posts, very few training places and no accepted definition of a "gender specialist".

A national workforce return in 2020 described 88.5 wte clinicians across the seven Gender Dysphoria Clinics, of whom 28.6 wte were medical posts.

It has not been possible to grow the specialist workforce at the required rate to keep pace with demand. In 2019 NHS England ran a national procurement exercise for both surgical and non-surgical services, in an effort to attract additional providers to start offering gender dysphoria services. Unfortunately no new providers came forward, which reflects the difficulty in attracting, training and retaining clinicians to work in this area of healthcare. For that reason, NHS England worked with the Royal College of Physicians to design and fund the UK's first Gender Identity Healthcare Credential, which since 2020 has provided a route for clinicians to train in the specialty of gender dysphoria healthcare. In addition, NHS England has significantly increased financial investment in the Gender Dysphoria Clinics in recent years, to recruit additional clinicians where this is possible. NHS England is also taking steps to increase the surgical workforce, including funding for a number of individual surgical fellowships where providers can identify qualified surgeons who wish to train in the specialty under experienced surgeons. Surgeons are also being brought in from abroad to train surgeons here in the required techniques under NHS contracts funded by NHS England.

Despite these actions on the part of NHS England, there remain long waiting times at Gender Dysphoria Clinics.

Based on waiting times and workforce shortages, there are concerns that the historical Gender Dysphoria Clinic model is not sustainable in its current form. In response, NHS England has established five new pilot services, testing how gender dysphoria healthcare delivered by Gender Dysphoria Clinics could be delivered in other settings, such as primary care and sexual health clinics. These pilots work to a national service

specification and are being independently evaluated. Positive evaluations of the pilots would present an opportunity to roll out the successful models of care more widely, assisting with reducing waiting times.

The four pilots currently in operation are TransPlus in London (Chelsea and Westminster Hospital NHS Foundation Trust), which opened in June 2020, Indigo Gender Service in Greater Manchester from December 2020 (managed by GTD Healthcare), CMAGIC in Cheshire and Merseyside from February 2021 (Mersey Care NHS Foundation Trust) and the East of England Gender Service from June 2021 (Nottinghamshire Healthcare NHS Foundation Trust, in partnership with Cambridgeshire and Peterborough NHS Foundation Trust).

The South-East is currently the only NHS England region without an operational Gender Dysphoria Clinic or pilot service.

Support available to adults on a waiting list

Commissioning responsibility for local support services rests with Integrated Care Boards (ICB), rather than NHS England. The make-up of local services will therefore differ according to each ICB's commissioning strategy (section 2 of this paper describes local provision). Also, an individual's GP plays an important role in supporting patients who have physical and mental health support needs, including referral to local NHS services being mindful that evidence shows that transgender and non-binary people are more likely to experience poor mental health than the general population – 88% of respondents to UK Trans Mental Health Study (2012) showed symptoms of depression and 75% showed symptoms of anxiety compared with 20% of people in the UK general population.

To supplement local support options NHS England has commissioned support resources via the Gender Dysphoria Clinics, who have various initiatives in place to support people on a waiting list. The types of support currently in place in the GDCs include:

- Screening and triage at referral so that dedicated Named Professionals can work with patients and GPs to address complex needs; and for signposting to local services and local support groups in less complex cases
- Gender Outreach Workers and Peer Support Workers who meet with patients in local community settings
- Advice and support lines delivered by third-sector support organisations with NHS funding
- Pre-Assessment workshops with people on a waiting list, providing them with information on assessment, intervention pathways and community-based support

Through the new pilot services we are evaluating new ways that patients can be supported while waiting for their first appointment (recognising that waiting times for the pilots are currently much shorter than for Gender Dysphoria Clinics). For example, the *Indigo Gender Service* in Greater Manchester is testing the role of Care Navigators, a non-clinical role typically staffed by individuals with lived experience, to support patients before their first appointment with the specialist team, in accessing other services for their overall health and wellbeing needs in an integrated and coordinated way.

Increasing mental health provision locally

In addition to commissioning support options specifically for individuals with gender incongruence the *NHS Long Term Plan for Mental Health* describes plans for transforming local mental health care so that more people can access treatment by increasing funding at a faster rate than the overall NHS budget – and by at least £2.3bn a year by 2023/24. Since 2019/20 every area of the country has received funding to deliver multi-agency suicide prevention services; mental health crisis teams have been strengthened and new alternative forms of provision such as safe havens and crisis cafes opened across the country – more than £200 million of national funding has been allocated to local areas to transform urgent and emergency mental health care through a network of services. Local health systems have continued to develop services in the community and hospitals, including talking therapies and mental health liaison teams, to provide the right level of care for hundreds of thousands more people with common or severe mental illnesses.

Commissioning a Sussex Pilot Service

In response to the long waiting times nationally, the gap in gender dysphoria service provision in the South East, and the success of the pilots so far, NHS England has commissioned a pilot gender dysphoria service for the Sussex population. South, Central and West Commissioning Support Unit, on behalf of NHS England, has run a formal procurement process to identify a suitable provider. At the conclusion of the procurement process, which was conducted in accordance with procurement regulations, a contract award notice was published in October 2022 stating that the contract has been awarded to Sussex Partnership NHS Foundation Trust (SPFT).

The NHS England procurement evaluation panel were assured of the suitability of SPFT's bid. SPFT has presented a model that meets the national service specification. They have credible recruitment plans and have carried out engagement to gain assurance that they can fill their key posts.

SPFT have partnered with an existing NHS-commissioned Gender Dysphoria Clinic, the Nottingham Centre for Transgender Health (NCTH), to provide training, supervision and the management of complex cases. NCTH has experience supporting gender dysphoria pilots, as they are the link clinic for the Indigo pilot and the directly contracted provider of the East of England Gender Service pilot.

A process for evaluation of the pilot will be co-designed with Sussex ICB and other stakeholders.

Expected benefits for patients include: timely assessment and treatment; care provided locally; reduced use of hormones acquired from unregulated sources; and sensitive and respectful care, tailored to the needs of the local population. The pilot will provide a high quality and timely service that is tailored for the specific needs of the Sussex population, with robust clinical and operational governance structures. The service will have a visible profile in Sussex, including an online presence and at least one physical location, and will form collaborative relationships with local voluntary sector and statutory services. The service will also work closely with local primary care teams on care and management issues relating to patients on the gender dysphoria pathway. The provider will involve the Sussex trans and non-binary communities in the co-design and ongoing development of the pilot.

A separate paper that describes mobilisation of the service, authored by Sussex Partnership NHS Foundation Trust, is attached,

Gender Dysphoria Services for Children and Young People

The sole national service for children and young people (up to the 18th birthday) is currently delivered by the Gender Identity Development Service (GIDS) at the Tavistock and Portman NHS Foundation Trust in London, with clinics in Leeds, Bristol and Birmingham.

Under current arrangements most of the referrals to the service are from GPs (65% of referrals) and child and adolescent mental health services (30% of referrals).

The GIDS provides outpatient psychosocial and psychological services. The clinical team is comprised mainly of psychologists, psychotherapists, family therapists and social workers. Children and young people who meet defined criteria may be referred by GIDS to related endocrinology clinics at Leeds Teaching Hospitals NHS Trust or University College of London Hospitals NHS Foundation Trust for Gonadotrophin-Releasing Hormone Analogues (medicines that 'block' the physical changes of puberty) and, from 16 years, for masculinising / feminising hormones that alter sex characteristics.

Young people who meet the access criteria may be transferred to an adult Gender Dysphoria Clinic from 17 years of age.

Referrals have increased significantly year-on-year (figure 2). The total referral number for 2022/23 was >5000 referrals (not shown in figure) – representing an increase of around 2450% since 2010/11. Waiting times are long – there are currently around 7000 children and young people waiting, with a median waiting time of >3 years. Evidence suggests that there seems to be a higher prevalence of autistic spectrum disorder (ASD) conditions in young people referred to gender dysphoria services than in the general population - the GIDS team has published papers that suggest that around 35% of young people referred to GIDS will have moderate to severe autistic traits.

Circa 1500 children and young people on the waiting list are registered with a GP in the South-East England region (representing around 20% of the total list).

Figure 2: Referrals to GIDS, 2010-11 to 2020-21

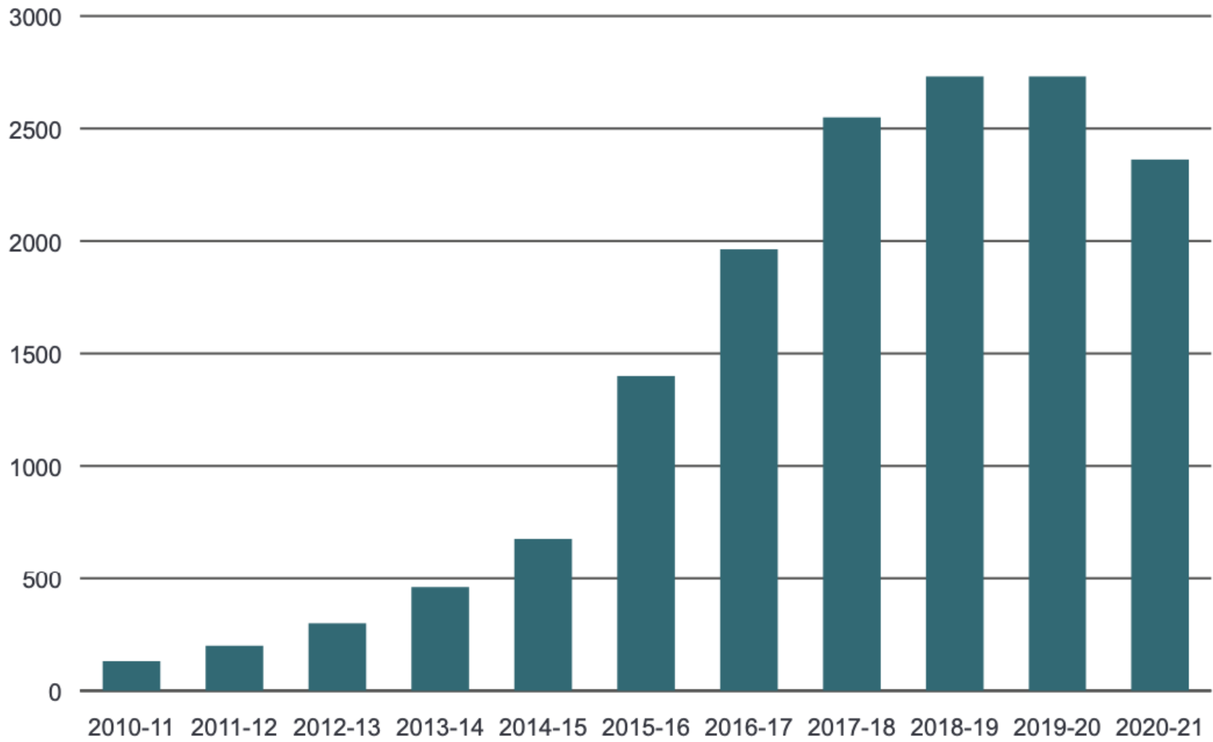
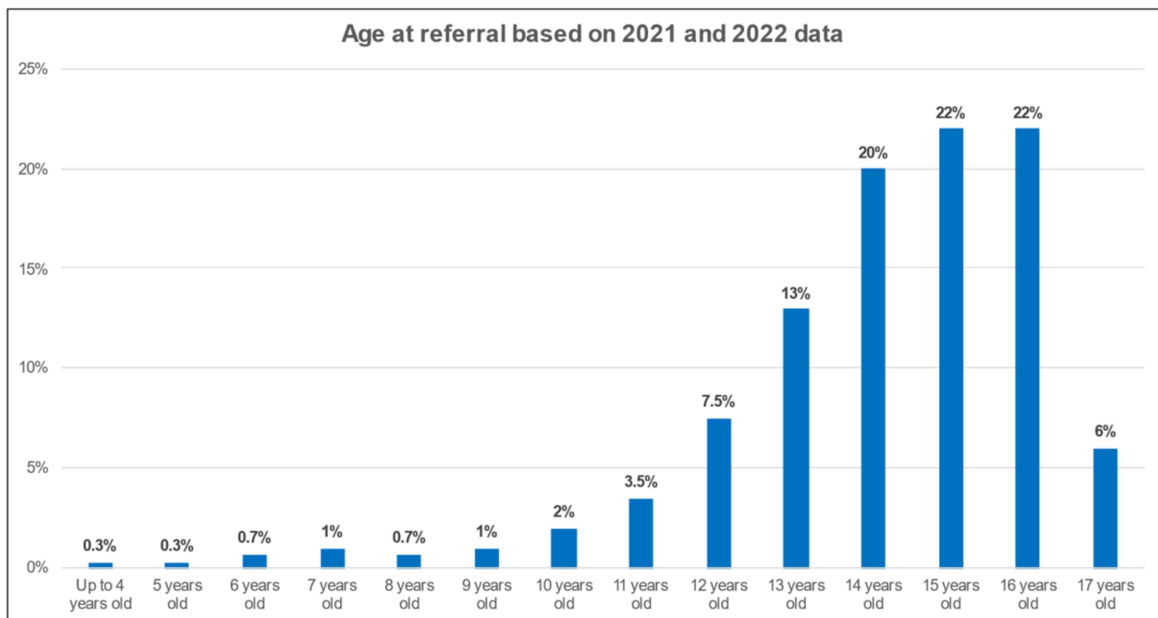


Figure 3: Age at referral to GIDS



6 | Presentation title

GIDS has not been able to increase the clinical workforce to meet the increasing demand. There is a lack of evidence to inform how services for children and young people with gender incongruence should be delivered; there is a lack of professional consensus and a disputed clinical model. In 2020 the Care Quality Commission rated the GIDS as 'inadequate', and the CQC's full report is published.

In view of these concerns, in 2020 NHS England commissioned an independent review chaired by Dr Hilary Cass, an eminent paediatrician and former President of the Royal College of Paediatrics and Child Health. The terms of reference and broad and are published.

Dr Cass published interim advice in February 2022 and July 2022; she concluded that the current delivery model is not sustainable, and that a new national service is needed that comprises regional services working to a "fundamentally different service model which is more in line with other paediatric provision" and that are hosted by tertiary paediatric units that have good academic links. In response to Dr Cass' advice, in July 2022 NHS England announced that the current GIDS at Tavistock would be brought to a managed close in 2023 and two new services established at Alder Hey Children's Hospital in Liverpool and Great Ormond Street Hospital for Children in London. Once established, these new services will take over clinical responsibility for and management of all GIDS patients – including those on the waiting list – as part of a managed transition.

Additional new regional services will then be established from 2024. Further consideration will need to be given to the optimal number of regional services, taking into account the need for good geographical distribution as well as the need to build the clinical workforce over time – an initial view is that this may be around seven to eight services but this will be confirmed in due course.

In view of the urgent need to establish the two initial services at Alder Hey and GOSH, these services will be commissioned against an interim service specification which was subject to public consultation between October and December 2022. The submissions made by respondents are currently being analysed by an independent third party, and a report on the outcome of consultation will be published alongside the final version of the interim specification by May 2023. Further work will take place with the Cass Review over 2023 to build a new service specification for the new regional services, including through stakeholder engagement and public consultation.

END

Appendix A
2021 Census Data

Area Name	Gender identity the same as sex registered at birth (percent)	Gender identity different from sex registered at birth but no specific identity given (percent)	Trans woman (percent)	Trans man (percent	Non-binary (percent)	All other gender identities (percent)	Not answered (percent)
England	**93.47**	**0.25**	**0.10**	**0.10**	**0.06**	**0.04**	**5.98**
Wales	**93.28**	**0.16**	**0.07**	**0.08**	**0.06**	**0.04**	**6.32**
North- East	98.41	0.20	0.08	0.09	0.06	0.03	4.73
North-West	94.19	0.23	0.09	0.09	0.06	0.03	5.31
Yorkshire and Humber	93.65	0.25	0.09	0.09	0.06	0.04	5.81
East Midlands	93.44	0.22	0.08	0.09	0.06	0.03	6.08
West Midlands	93.14	0.26	0.10	0.10	0.05	0.03	6.33
East of England	93.92	0.20	0.09	0.09	0.05	0.04	5.62
London	91.21	0.46	0.16	0.16	0.08	0.05	7.88
South- East	94.12	0.18	0.09	0.09	0.07	0.04	5.42
South- West	93.99	0.14	0.08	0.08	0.07	0.04	5.59

Part 2: Provision of adult gender service pilot for Sussex

Author: Sussex Partnership NHS Foundation Trust (SPFT) in collaboration with NHS Sussex ICB

Introduction

NHS England has commissioned an adult gender service pilot for Sussex to be led by Sussex Partnership NHS Foundation Trust (SPFT) in partnership with the Nottingham Centre for Transgender Healthcare (NCTH), one of the seven established NHS Gender Dysphoria Clinics (GDCs) operating across England.

In line with NHS England's vision for improving adult gender dysphoria services through increased capacity and patient choice, SPFT's intention is to establish a Sussex Gender Service pilot that is designed in partnership with NHS and community & voluntary sector organisations, that prioritises patient experience and choice, and makes efficient use of specialised resources. The pilot will deliver additional, local specialised gender service capacity in Sussex. It will also look to provide outreach support for patients, ensuring their needs are meet at all stages of their gender dysphoria assessment and treatment journey including whilst they are waiting to access the service.

NHS Sussex is committed to improving care for the TNBI community in Sussex, via the Locally Commissioned Service (LCS) for trans healthcare, established through close working with local voluntary and community sector organisations.

Update on the Locally Commissioned Service (LCS)

Following a successfully pilot project in Brighton, a Transgender Non-Binary and Intersex (TNBI) Locally Commissioned Service (LCS) was agreed and went live in Sussex on 1 April 2022 (LCSs are services provided by General Practice that are additional to core services which are part of the General Medical Services (GMS). The LCS aims to improve the experience of TNBI patients in accessing utilising health services; reduce health inequalities through the delivery of structured, supportive, and integrated physical and mental health care; improve access to hormonal therapy where appropriate; offer annual reviews of physical, mental and sexual health; improve access to appropriate national cancer screening programmes; and improve awareness and training of general practice staff.

The LCS has gained significant traction in Sussex in the first year, with over half of practices signing up. The associated training was well received and we will be commissioning more in the coming year. Not all practices sign up to all LCSs, usually

due to capacity. Workforce, and other pressures within the practice. We need to ensure all patients can access the service, and are currently in discussions with other practices who may have spare capacity to see patients. The LCS allows patients to receive the service in another practice (and this is happening), but we need to ensure enough capacity is available across Sussex.

Model

We have started the mobilisation phase of the pilot which is set to open in September 2023. The pilot will run for an initial two-year period with an option to extend it for another year. At that point the service will be assessed and next steps agreed.

The pilot is required to operate within the national service specification, and in line with this, the pilot will assess people and ensure they can access the relevant gender dysphoria treatments according to their clinical needs and treatment goals . There will be an emphasis on shared decision-making, and treatment plans will be co-created with patients.

GPs from Sussex practices will be core members of the clinical team and will work within the Sussex Gender Service pilot. In addition to GPs, the service will recruit and train nurses, speech and language therapists, and psychologist to develop skills and expertise as gender specialists. The multi-disciplinary teams will not only offer a range of specialisms but will increase the clinical capacity of the Sussex Gender Service.

In collaboration with NCTH, the pilot will provide onward care as appropriate, including making referrals for surgical interventions. The pilot will deliver specialist endocrinology services, speech and language/voice coaching and gender-specific psychological support. The pilot will also use a range of digital/virtual consultation platforms to support improved patient access.

SPFT will pilot outreach support via ‘care navigator’ roles employed by local TNBI community and voluntary sector organisations, ensuring that the treatment needs of the TNBI community are met.

Consultation and engagement with the TNBI community

Engagement with the TNBI community is central to the success of the pilot. In early developmental work for the Sussex Gender Service pilot, SPFT commissioned The Clare Project, a Sussex based TNBI charity run by and for the TNBI community, to undertake an online consultation. There was a significant response which informed the subsequent pilot proposal.

As the pilot moves into the mobilisation phase, the TNBI community are taking a shared leadership role in the creation of an engagement plan. Initial TNBI engagement planning sessions have been held to gather insight which will be used to develop a co-produced engagement plan, outlining who will be engaged, how they will be engaged and what elements of service development the community can help shape and develop. The plan will be supported by joint SPFT and community approval.

The plan will be presented to the NHS Sussex Trans Healthcare Improvement Board, which has multiagency representatives from across Sussex, to seek feedback and provide assurances on the commitment to engagement. The aim is for the engagement plan to be in place and agreed at the Board on 19 April 2023.

The engagement plan will be live; the document will be held by SPFT, but will be reviewed on a monthly basis at the Sussex Gender Service Pilot Stakeholder Advisory Group. This group will have a wide range of stakeholders on it, and will provide expert advice on the mobilisation and delivery of the pilot.

Mobilisation
Service mobilisation is underway with detailed work being carried out in key areas including development of required sub-contracting arrangements, recruitment and staffing for the service, premises readiness, set up of electronic patient record system, clinical and operational governance arrangements, primary care engagement, development of clinical pathways and procedures, and development of a communication strategy. The engagement plan will take account of how the TNBI community members can be involved in all aspects of service mobilisation, to ensure the successful co-production of the service. We are working towards the service opening in September 2023.

Trans Healthcare Board
It is acknowledged that Transgender, Non-binary and Intersex (TNBI) people experience significant health inequalities in terms of unequal access, treatment, and experience direct and indirect transphobia in both primary and secondary care services.

In response to the significant health inequalities identified for the TNBI population, the Sussex Trans Healthcare Improvement Board (THIB) was established in June 2022.

The purpose of the THIB is to reduce health inequalities and improve the health and wellbeing of the adult TNBI population by making changes to the way services respond to the needs of TNBI people in terms of access, experience, and

outcomes. Membership of the board includes NHS Sussex, GP leads, Community Group (Clare Project and Switch board), People with Lived Experience, Public Health, University Hospital Sussex, local authority, Sussex Gender Service and NHS England.

The Board takes a population health approach aimed at improving the health of the TNBI population by improving physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities. It includes action to reduce the occurrence of discrimination and transphobia.

The key areas of focus for the THIB include:

- The key identified clinical priorities such as fertility, cancer screening, sexual and mental health
- Response to the key findings and actions from the 'temperature check' survey carried out by The Clare Project to further develop the programme priorities
- Developing a lived experience and involvement model, aimed at ensuring the TNBI community and patient voice is embedded in service development, delivery and decision making
- Monitor progress of the Sussex Gender service
- Oversee Primary care service provision of the Sussex Transgender, Non-binary and Intersex (TNBI) Locally Commissioned Service

END

Appendix 2

Dear Chair,

We are writing to submit the following letter under Council Procedure Rule 23.3 to be included on the agenda for the meeting of Health Overview and Scruitiny Committee on Wednesday 13th April 2022.

As leads for equalities and young people, we both receive regular communication regarding the health inequalities for trans people. This is an issue we both feel strongly about and feel it is of significant importance.

In a recent school visit, Cllr Clare was asked by a young trans person what more we can do to improve trans healthcare. In particular, they wanted to understand why we do not have a gender identity clinic in Brighton and Hove. We therefore thought this would be a good matter for Health Overview & Scruinity Committee to examine.

The London GIC currently has a waiting list of more than 10,000 people and they are currently offering appointments to people referred to the service 5 years ago. This is an unacceptable wait and shows the real pressure on their services. [1]

In the 2013 Brighton & Hove Trans Scruitiny Panel, there was a recommendation for the NHS to bring a clinic to the city. Yet almost 10 years later, this goal is no further forward. It has never been more urgent. [2]

Therefore we would like to ask the chair whether they would consider bringing a report to the next meeting of HOSC in July 2022, the week of trans pride Brighton & Hove outlining:

- The state of trans healthcare in the city
- Further feedback on the recommendations of the trans scrutiny panel, with regard to whether a gender identity clinic in the city is being considered by the NHS

Kind regards

Cllr Clare, Chair, Children Young People and Skills
Cllr Powell, co-Chair, Tourism, Economy, Communities and Culture

Brighton & Hove City Council

Agenda Item 49

Health Overview & Scrutiny Committee

Subject: GP Services in Brighton & Hove

Date of meeting: 12 April 2023

Report of: Executive Director, Governance, People & Resources

Contact Officer: Name: Giles Rossington
Tel: 01273 295514
Email: giles.rossington@brighton-hove.gov.uk

Ward(s) affected: All

For general release

1. Purpose of the report and policy context

1.1 This report provides an update on GP services in the city. Information provided by NHS Sussex, the commissioner of local GP services, is included as Appendix 1.

2. Recommendations

2.1 That Committee notes the contents of this report.

3. Context and background information

3.1 NHS Sussex commissions GP services for the residents of Brighton & Hove. An update on GP services, including information on current performance and improvement planning, is included as Appendix 1 to this report.

4. Analysis and consideration of alternative options

4.1 Not relevant to this report for information.

5. Community engagement and consultation

5.1 No engagement has been undertaken with reference to this report for information.

6. Conclusion

6.1 Members are asked to note this update report.

7. Financial implications

7.1 There are none for the Council in this report for information.

8. Legal implications

8.1 There are no legal implications to this report

Name of lawyer consulted: Elizabeth Culbert Date consulted 03.04.23

9. Equalities implications

9.1 None identified for this information report.

10. Sustainability implications

10.1 None identified for this information report.

11. Other Implications [delete any or all that are not applicable]

Supporting Documentation

1. Appendices [delete if not applicable]

1. Update on GP services provided by NHS Sussex

BRIGHTON AND HOVE HOSC PRIMARY CARE BRIEFING

GENERAL PRACTICE

Introduction

As of 1 February 2023, there are 31 GP Practices in Brighton and Hove, delivering services across 39 locations (including eight branch surgeries) for a practice population of 331,831.

Practices are typically owned and managed by an individual GP or group of GPs, or sometimes alternative providers, who hold a contract to provide services to the NHS.

The General Medical Services (GMS) contract does not set absolute requirements on access to services but does require Practices to provide routine services within core hours (Monday – Friday 8:00am till 6:30pm excluding bank holidays). Out-of-hours care is usually provided through separate contracts with other providers, although some Practices do offer this themselves.

Practices regularly work with Primary Care Support England (PCSE) to ensure that their patient lists are as up to date and as accurate as possible. This is particularly relevant for practices such as the University of Sussex, as the patient cohorts are subject to regular change.

In terms of patient care, GP practices are required to provide essential medical services to people registered with them between 8:00am and 6:30pm Monday to Friday.

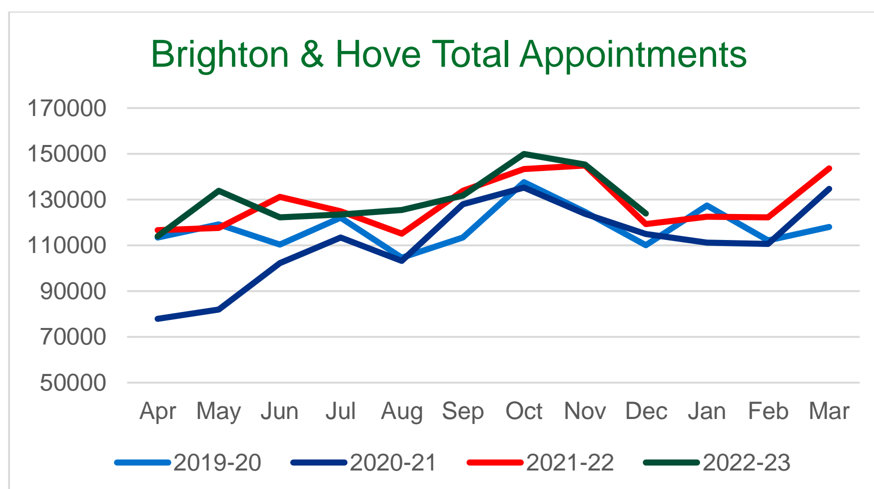
In Brighton, a walk-in centre is also available to both registered and non-registered residents from Brighton and Hove based at Aspect House by Brighton Train Station. It offers treatment, information, and advice for a range of minor illnesses and injuries and is open seven days a week from 8am to 8pm, including Bank Holidays. The walk-in centre is available to people who are registered with a GP practice in addition to those who are not. It is a particularly useful resource for people who have a health need but may not be able to access their own practice for a variety of reasons, such as people travelling to and from the city and students who may be residing in the city during termtime but are still registered at their home.

Appointments in General Practice

The total volume of appointments in the 31 Practices across Brighton and Hove averaged 130,000 for the first nine months of 2022-23, and per 1000 population is consistently below the Southeast regional and National average. In December 2022 on average 42.8% of appointments took place on the same day as booking, 16.5% within two to seven days, and 13.9% within 8 to 14 days. Both latter percentages are higher than the National average. 63.9% of these appointments were held face to face at the surgery or as a home visit.

Appointment data is published by NHS Digital, and although still experimental and non-standardised, it gives NHS Sussex an indication of performance against this trajectory utilising a consistent methodology. The number of appointments now exceeds those offered in 2019, before the pandemic, as illustrated in table one:

Table One: total number of GP appointments in Brighton and Hove April 2019 to March 2023



Source. NHS Digital, available at https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/december-2022

To ensure that practice lists are as accurate as possible, practices regularly work with Primary Care Support England (PCSE) to make sure that the people on the lists reflect the population living in the area. This is especially important for practices where there may be a high turnover of people living in the area and registering with a practice, then moving on within a short period of time, such as areas around a university for example. In these situations, the practices work with PCSE to regularly refresh their patient list.

As a response to the winter pressures, particularly Strep A in children, GP practices reported increased demand over the winter period, predominantly from adults and children with respiratory illnesses. The ICB with the support from the federations and general practice set up respiratory hubs across Sussex with the increased demand peaking in December/ early January.

To manage this increased and unexpected demand, a **respiratory hub** for Brighton and Hove was set up in December 2022 and delivered by a local primary care provider, HERE with the aim of supporting GP practices with the high number of respiratory cases. It is situated at Aspect House which is next to Brighton Station and offers face to face appointments across the week to all practices in Brighton and Hove. The hub enabled practices to direct appropriate children and adults to the service to been seen quickly by a GP or appropriate clinician. As of 2nd February, 260 additional appointments were made available to Brighton patients, booked in through their own GP. The intervention will continue until mid-April then will be evaluated.

Table 2 indicates that the number of appointments per 1000 list size offered in Brighton and Hove during the first nine months of 2022-23

Table 2: Appointments per 1000 list size

Appointments Per 1000 List Size									
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Brighton & Hove	346	406	373	375	382	401	454	439	374
West Sussex	396	446	422	420	444	480	531	532	450
East Sussex	429	492	461	461	469	506	599	562	461
Sussex Total	397	453	425	425	440	474	538	525	440
South East	382	438	411	412	422	449	515	501	429
England	389	448	420	421	429	457	517	504	431

It should be noted that the number of appointments per 1000 list reduced in all areas in December. This is due to the bank holidays, and although figures demonstrate that notable progress has been made in increasing availability of appointments, work continues to drive improvement as detailed below.

Workforce

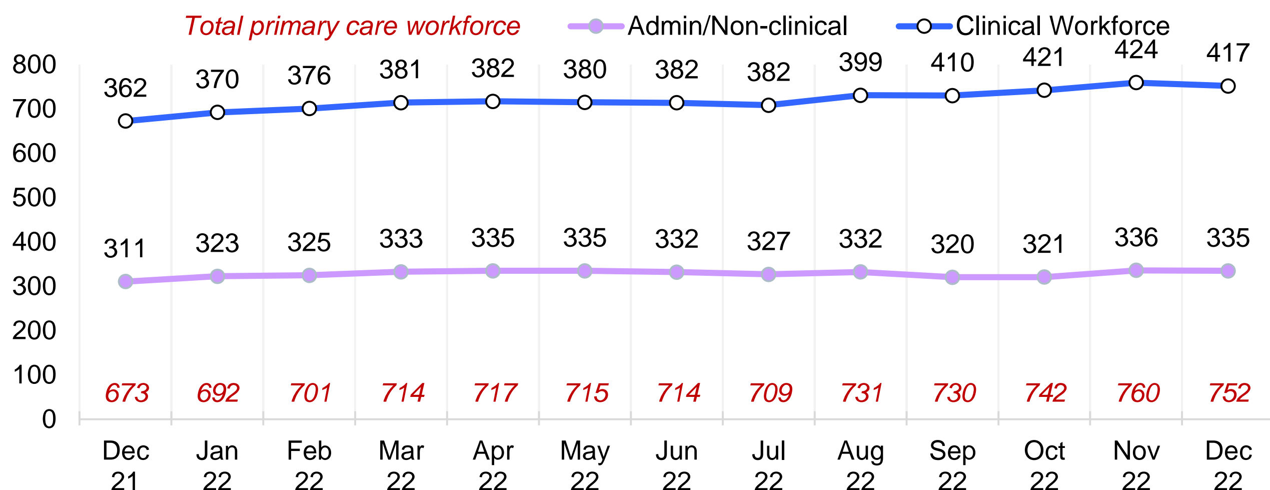
On 1 December 2022, there were around 147.3 full time equivalent (FTE) doctors employed in GP Practices in Brighton and Hove. General Practitioners (GPs) also work with nurses and other professionals to treat and advise on a range of illnesses, manage patients' conditions in the community and refer patients for hospital treatment or social care where appropriate.

These other staff groups total a further 85.1 FTE nurses, and 82.6 direct patient contact (DPC) clinicians. Collectively, they are providing care to the c.315, 979 (weighted population) of patients registered at GP Practices in Brighton and Hove.

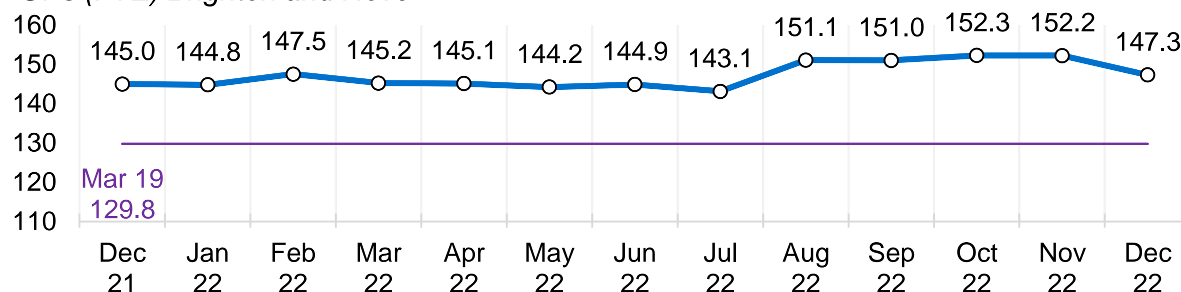
The Brighton and Hove Primary Care workforce increased by 79.2 FTE (or 11.8%) compared to December 2021. Clinical staff in FTE increased by 15.2%, non-Clinical staff showed a +7.8% change.

A primary care workforce report is produced by the Sussex Training Hub monthly. The tables below show primary care workforce across Brighton and Hove in December 2022 compared to December 2021.

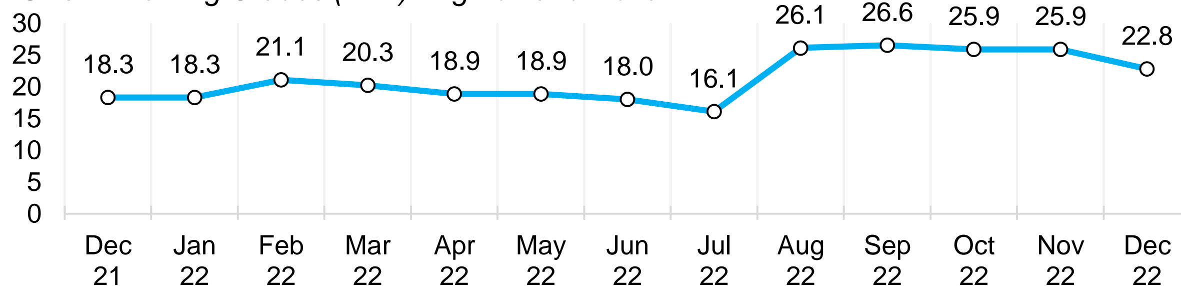
 Appendix 1



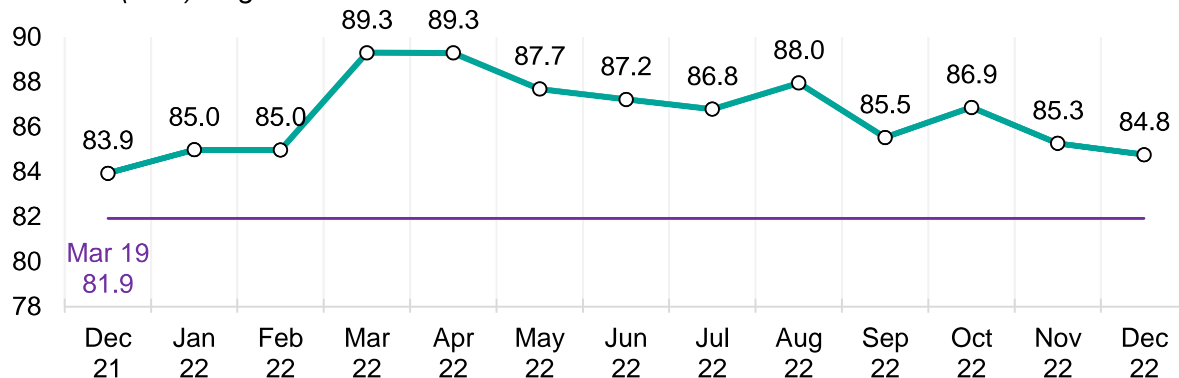
The GP workforce (in FTE) has increased by 1.6% compared to staff levels in December 2021. Since March 2019 (purple line) the GP workforce has increased by 13.5% (17.5 FTE).



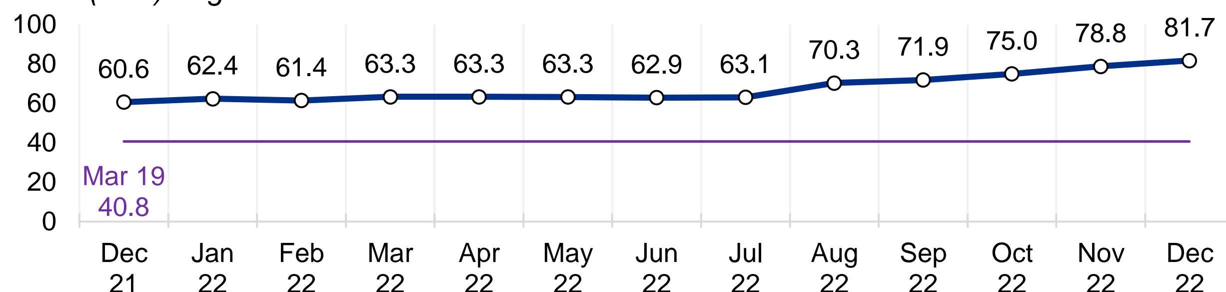
The number of GPs in Training Grades has increased by 24.4% (+4.5 FTE) compared to December 2021 staff levels. In Brighton and Hove 15.5% of GPs are GP trainees compared to 25.4% in England.



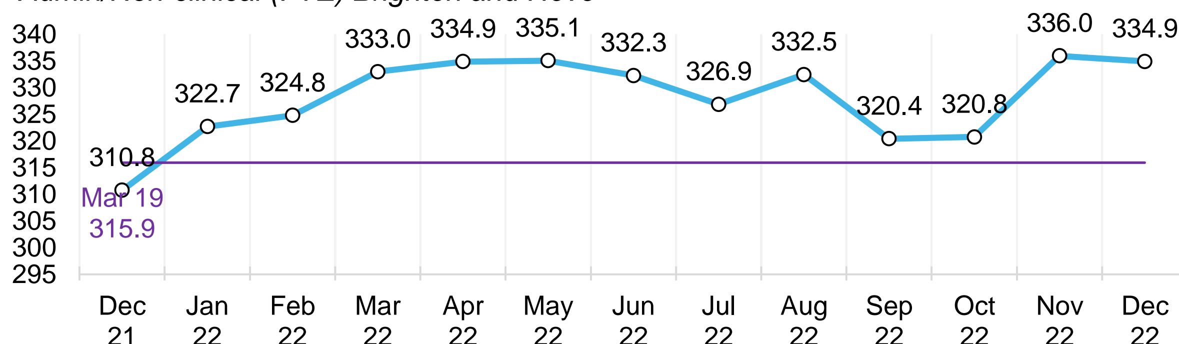
The Nursing workforce (in FTE) has increased by 1.0% compared to staff levels in December 2021. Since March 2019 (purple line) Nursing staff levels have increased by 3.5% (2.8 FTE).



Direct Patient Care (DPC) staff employed by GP practices has increased by 34.7% compared to December 2021. From March 2019 (purple line) staff levels have increased by 100.4% (40.9 FTE).



The Non-clinical workforce (in FTE) has increased by 7.8% compared to staff levels in December 2021. Since March 2019 (purple line) non-clinical staff levels have increased by 6.0% (19.0 FTE).



GP trainees - to encourage new GPs into the city, the Training Hub team are working with practices in the city to inspire established GPs to become GP trainers. This helps to share the expertise of proven GPs at practice with newly qualified doctors wanting to become GPs and directly benefits the patients. Often GP trainees stay with their practice or within the city when they qualify, thereby expanding the number of GPs in the city.

GP recruitment - most practices that wanted to expand their workforce and employ either salaried GPs or GP Partners have struggled to recruit over the last year. However more recently, several practices have now shared with the ICB that they have successfully recruited or are in the process of recruiting GPs and other clinical staff to their practices. This means that the ratio between GPs and patients at some practices is improving.

The Primary Care Workforce Bank Platform delivered by Brighton and Hove GP Federation went live in January 2023. This platform aims to meet the resilience issues and demands of general practice by providing both clinical and administrative staff towards practices that are experiencing urgent workforce issues. The intention, once the service gets going is to have a repository of staff whereby people from across primary care can deposit their 'spare' hours. These will then be drawn on from PCNs and practices that need additional workforce to enable the delivery of specific clinics.

PRIMARY CARE NETWORKS (PCNS)

Primary Care Networks (PCNs) were introduced in July 2019 to improve access to primary care and expand the range of services available, through better integration with community services and greater involvement of a wider, integrated primary care team. They are comprised of groups of neighbouring general practices, with additional national funding being made available to employ Additional Roles Reimbursement staff (ARRS) to deliver services to patients across the member practices. PCNs are not statutory bodies in themselves. All practices in Brighton are members of one of the six 6 PCNs (see Annex A for an overview).

PCNs are based on GP registered patient lists, typically serving communities of between 30,000 to 50,000 people. The largest Primary Care Network (PCN) in Brighton and Hove is Goldstone PCN. This is made up of three GP practices and has 78,346 registered patients, followed closely behind by East and Central PCN which is made up of nine practices and has 74, 620 registered patients.

The smallest PCN is Dean's and Central PCN which has four practices and 27, 722 registered patients. Brighton Station Health Centre will join this PCN on the 3 April 2023, bringing a further 9,948 registered patients into that PCN. Details of each PCN, and their member practices, are shown at Annex A, and PCN maps in Annex B.

PCNs are being actively supported to recruit additional staff, including new GP Assistant and digital and transformation roles, to ensure patients see the right clinician at the right time. To date around 540 FTE "additional roles" have been recruited across Sussex, 103.3 in Brighton and Hove, including Physiotherapists, Physician Associates, Mental Health Practitioners and Social Prescribers.

Enhanced Access

From 1 October 2022, PCNs have been offering a national Enhanced Access service which aims to remove variability by putting in place a more standardised offer for patients. This replaces the Improved Access Service previously commissioned by

the CCG and subsequently NHS Sussex. The new service provides appointments between the hours of 6.30pm to 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. There may also be further additional appointment slots available e.g., on Sundays and early mornings on weekdays. Exact arrangements have been informed by patient preferences following engagement by PCNs with their local patient participation groups or other means of patient consultation.

In Brighton and Hove the enhanced access delivers an additional 12,000 minutes or 200 hours of appointments per week beyond core hours, which includes the following:

- a mixture of face-to-face and remote (telephone, video or online) appointments.
- appointments delivered by a multi-disciplinary team of healthcare professionals, including GPs, nurses and other "additional roles" such as mental health practitioners, physician associates, physiotherapists, and Social Prescribers.
- a blend of appointments offered on the same day or pre-booked for a future day.

These flexibilities enable patients to offer targeted interventions in addition to regular appointments, such as specific screening clinics; support for particular patients' groups such as people experiencing the menopause; and support for the system in times of surge demand, for example in response to the recent surge in respiratory presentations in December and January.

The development of the enhanced access offer across PCNs has provided additional support for practices within the PCNs, and has been provided by HERE since the inception of EA. From April 2023 this offer will move across and be provided by the Brighton and Hove Federation.

Personalised care

Each PCN is producing a personalised care plan. Personalised care is one of the five major, practical changes to the NHS that will take place over the next five years, as set out the recently published Long Term Plan. Working closely with partners, the NHS will roll out personalised care to reach 2.5 million people by 2023/24 and then aim to double that again within a decade.

Personalised care means people have choice and control over the way their care is planned and delivered. It is based on 'what matters' to them and their individual strengths and needs. This happens within a system that makes the most of the expertise, capacity and potential of people, families, and communities in delivering better outcomes and experiences. As part of a broader social prescribing service, a PCN and commissioner jointly work with stakeholders including local authority commissioners, voluntary and community partners and local clinical leaders, to design, agree and put in place a targeted programme to proactively offer and improve access to social prescribing to an identified cohort with unmet needs. This plan must take into account views of people with lived experience.

Tackling Neighbourhood Health Inequalities (TNHI)

Following a recent stocktake by the Primary Care Directorate between December 2022 and February 2023 progress has been made to date across Sussex PCNs with some examples highlighted below:

- Chronic Respiratory Disease/Chronic Obstructive Pulmonary Disease (COPD) – Improving awareness and access to available screening services through targeting specific patient cohorts with a view to increasing uptake of screening services and early diagnosis. Example of cohorts targeted include carers, people with long term conditions such as cardiovascular disease, people with mental health conditions and or learning disabilities.
- Early Cancer diagnosis - Increasing uptake of cancer screening programmes and supporting people in accessing services as well as working to address and remove barriers. Example of patient cohorts targeted in this area include those from ethnic minorities, males over 60 years old and those with Learning Disabilities and/or Mental Health conditions as well as carers and those with a high Body Mass Index (BMI).
- Increasing hypertension awareness and monitoring through educational sessions and case finding, aimed at various cohorts of people.
- Annual Health Checks - Increasing engagement and uptake, with targeted support aimed at hard-to-reach groups. For example, rough sleepers, those in temporary accommodation, Asylum Seekers and veterans.
- People who are Housebound - Focusing on housebound patients with long term conditions, or those who struggle to access onsite practice/PCN level services due to poverty and or poor connections.
- Diabetes control - Initiatives aimed at people who are housebound, frail and/or living in Care Homes

All Brighton and Hove PCNs have plans in place for tackling local health inequalities using data sources that range from public health and practice profiles, Joint Strategic Needs Assessments (JSNA), NHS digital data dashboards, GP surveys, voluntary sector feedback, and national Health Inequalities dashboard.

PCNs within Brighton and Hove have reported a range of forms of engagement with their selected population. All the PCNs are effectively engaging with their system partners and local stakeholders, which has helped to achieve a range of successful interventions and initiatives that include: -

- North and Central PCN are effectively using their ARRs (Additional Roles) staff to **increase hypertension awareness and involve patients in the ICB BP@Home project as well as increasing engagement with patients with serious mental illness**, resulting in an increased number of SMI reviews. Their initiatives have also seen increased engagement between social prescribing link workers and patients with Learning Disabilities, resulting in increased uptake of annual health checks.

- Deans and Central PCN are **increasing both quality and uptake of the pneumococcal vaccination programme, as well as expanding education**

around of hypertension awareness. They have seen an increase of 332 patients on their hypertension register in the past twelve months.

- West Hove PCN are targeting cohorts of people in the most deprived parts of the PCN's geography, with initiatives focused on chronic respiratory disease, early cancer diagnosis and hypertension. Their initiatives have resulted in **improved monitoring and management of blood pressure; increased diagnosis of lung conditions, identifying undiagnosed cancers through targeted lung checks.**

Supporting our homeless, migrant and asylum seeker populations

Brighton & Hove has a specialist surgery for patients that are homeless, rough sleeping, in temporary or emergency accommodation, sofa surfing or a traveller. Since 1998 when, in response to rising numbers of people experiencing homelessness in the city, a pioneering health facility in the School Clinic on Morley Street was opened. Arch Health Community Interest Company (CIC) was established to address the health needs of people experiencing homelessness and housing insecurity in the city. In 2016 Arch took over the running of the Morley Street GP surgery and the homeless health engagement service for Brighton & Hove. They are rated 'outstanding' across all domains by the Care Quality Commission (CQC) in March 2019. The service has been recently reprocured with the new contract now in place until 2030.

Arch offer a range of innovations for the homeless cohort, including an extended outreach service for people who are hard to reach or are reluctant to leave their belongings and come to the practice building. This enables clinicians to go out to where people are and offer direct medical care, thereby building trust and engaging with this cohort, so reducing the likelihood of exacerbations or conditions going untreated leading to an emergency admission.

Brighton and Hove have several migrant and asylum seeker accommodation locations for people who are living in Brighton and Hove and are not signed up to a GP practice. Several local GP practices have signed up to directly support the residents, enabling them to access primary care services.

In addition to this, across the city there are now seven safe surgeries (Safe Surgeries - Doctors of the World). A Safe Surgery can be any GP practice which commits to taking steps to tackle the barriers faced by many migrants in accessing healthcare. At a minimum, this means the practice declares a 'Safe Surgery' for everyone and ensures that lack of ID or proof of address, immigration status or language are not barriers to patient registration. Safe Surgeries recognise the difficulties to healthcare access that exist, particularly for migrants in vulnerable circumstances, and believe that small changes in practice can make a difference. They are willing to lead by example and work to ensure that nobody in their community is excluded.

This report will now go on to outline some key areas of focus that support patients and practices.

Optimising Capacity

From 2023/2024 same day data from GP Practices will be automatically extracted to highlight where there are pressures in the system and offer support as soon as possible to ensure they can continue to meet patient needs. Improved Business Intelligence systems will be commissioned for Practices so they can identify those patients most in need and plan their appointments and workforce rotas accordingly.

Recognising the problems patients have reported having in contacting their Practice, as reported in the patient satisfaction survey, all Practices will be supported to purchase advanced cloud telephony systems which will improve the patient experience, ensuring patients are informed on progress throughout the call and linked with the right healthcare professional. Currently 26 of the 31 GP Practices in Brighton and Hove are now live or going live with the new service and will be live before the end of March. Two practices have been delayed for a variety of reasons, however with the support of NHS England (NHSE) are progressing and are expected to go live by the end of March.

Digital support

The new Integrated Care System will encourage PCNs to integrate more fully with Community/Mental Health providers, Local Pharmacies, Adult Social Care, and the voluntary sector, working together across Brighton and Hove.

NHS Sussex will continue to work with Sussex Healthwatch across all three places, patients, and Practices to codesign website ‘good practice’ templates and offer funding to those Practices whose websites have identified as being the most 'in need of improvement’, based on self-selection, Healthwatch ‘Mystery Shopper’ surveys, and a review by the Digital First team.

We continue to work with our GP Practices to ensure their websites are helpful, easy for patients to navigate and that they support patients to contact and use the practice in the most appropriate way.

Across Sussex 84 practices were offered funding to upgrade their websites – these were chosen by a combination of 1) the lowest scoring on the Healthwatch survey 2) Previously submitted an expression of Interest (EOI) and/or 3) Being in a Core20+5 area.

For Brighton and Hove 11 B&H practices were invited to apply for funding, and 10 practices accepted the offer.

Digitally Excluded Groups will be supported to learn how to better use digital health technologies, but promoting use of the NHS App, online consultations and NHS 111 Online where digital exclusion is recognised issue.

GP - Community Pharmacist Consultation Service (CPCS)

The NHS Community Pharmacist Consultation Service (CPCS) was launched by NHS England on the 29 October 2019, to facilitate patients having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine, improving access to services and providing more convenient treatment closer to patients’ homes.

The service is helping to alleviate pressure on GP appointments and emergency departments, in addition to harnessing the skills and medicines knowledge of pharmacists. Should the patient need to be escalated or referred to an alternative service, the pharmacist can arrange this.

Currently 26 of the 31 GP Practices in Brighton and Hove are either live with this service or engaging in training to begin.

ADDITIONAL SERVICES PROVIDED BY THE HERE AND THE FEDERATION TO SUPPORT PATIENTS AND PRACTICES:

Supporting patient flow

Other local improvement projects include the **Primary Care redirection service** at the front door of the UTC at the Royal County Hospital Trust. This service supports the system by triaging and redirecting appropriate patients that attend the hospital towards a GP service at the front door provided by HERE. This service is particularly flexible at times of high demand such as Brighton Pride and other key events that take place in the city.

Supporting people to access targeted Lung screening

Brighton and Hove and Crawley are the first places in Sussex to take advantage of the **Cancer Alliance Targeted Lung Health Checks Programme**. The intention of the programme is to pick up patients that are at the early stages of cancer and to liaise with secondary care for the onward treatment of the patient. This means that Brighton and Hove patients are identified and invited forward by letter and supported with a wide variety of resources such as a website setting out details of the programme, including patient and clinician led videos prior to the lung scan which is situated in a mobile unit. The individual patient letters are organised by a partner (InHealth) and any booking queries are managed by them to support general practice and expedite patients. For practices who prefer that all community actionable incidental findings are managed outside the practice, their patients can be directed to HERE in the CT results letters. HERE then support patients with any queries they may have and organise follow-up or clinical support, if required.

Supporting people to receive their covid vaccination

Covid-19 Vaccination clinics – the autumn Covid-19 booster delivery campaign in Brighton and Hove has now concluded and we are now preparing for a Spring booster campaign to commence. As per last spring, the following groups will be eligible for a vaccination:

- adults aged 75 years and over
- residents in a care home for older adults
- individuals aged 5 years and over who are immunosuppressed.

The current delivery model in Brighton and Hove consists of:

- The Racecourse as the main site led by HERE the provider
- Mobile vaccination units deployed to communities facing the greatest challenges in relation to vaccine uptake
- Six community pharmacies in central and outskirts of Brighton

In addition to the above, outreach activity has consistently been an ongoing theme from the start of the vaccination campaigns. The targeted areas were led by local data intelligence from public health partners and NHS data sources. As part ongoing plans to decrease inequity, vaccine champions are actively engaged with the key demographic groups in targeted areas to understand and support local community needs, while highlighting the importance of the vaccinations and address any vaccine hesitancy.

To maximise vaccination uptake in all priority groups and reduce inequalities equity of uptake for all Covid-19 vaccinations, additional equity plans were submitted to the Brighton and Hove Cell for approval, which targeted specific underserved groups for vaccination in Q4 and aimed to drive active communications and engagement initiatives in preparation for the Spring.

PRIMARY CARE PREMISES IMPROVEMENTS

Work continues with Local Authority, NHS organisations, and other partners to invest in premises where primary care services are delivered, to ensure opportunities to improve the capacity and quality of these are maximised. NHS Sussex has a strategy for population support regarding premises, including close working with all Borough, District and City Councils around known or anticipated areas of housing growth, which includes:

- Building new premises at scale and combining with other services where an opportunity arises – for example the new University of Sussex health, and Preston Barracks development.
- Consolidation of premises even if no integration opportunity arises, but the quality, capacity and resilience of services can be improved – for example the rebuild of the St Peter's Medical Centre.
- Developing existing sites where opportunities arise for extensions, refurbishments, and the conversion of additional rooms into clinical space or offices for staff – for example work with surgeries across Brighton and Hove.

CONCLUSION

Since the recovery and restoration programme described in the paper to HOSC in September 2021, NHS Sussex commissioners have worked with primary care providers, the Voluntary Community Sector, and the Community to ensure the best possible service is delivered to patients. Nevertheless, General Practice continues to face significant pressures upon its capacity, including increased patient demand and workforce shortages. The maintenance and expansion of access for patients in Brighton and Hove to primary care services remains a high priority for NHS Sussex,

and will feature prominently in local work with Practices, PCNs, the GP Federation, HERE and working with partners across the Brighton and Hove health and care system.

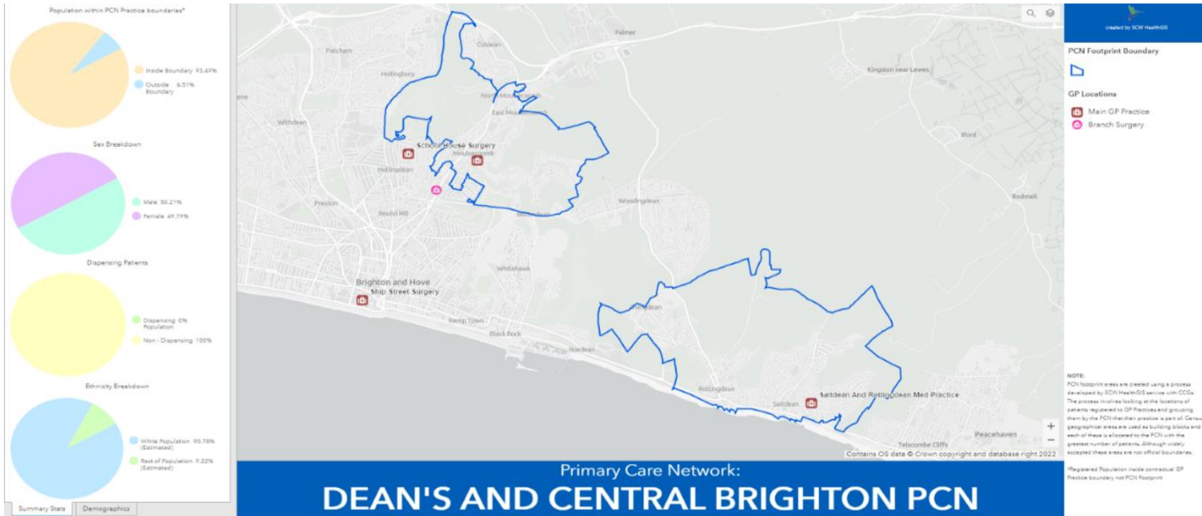
NHS Sussex

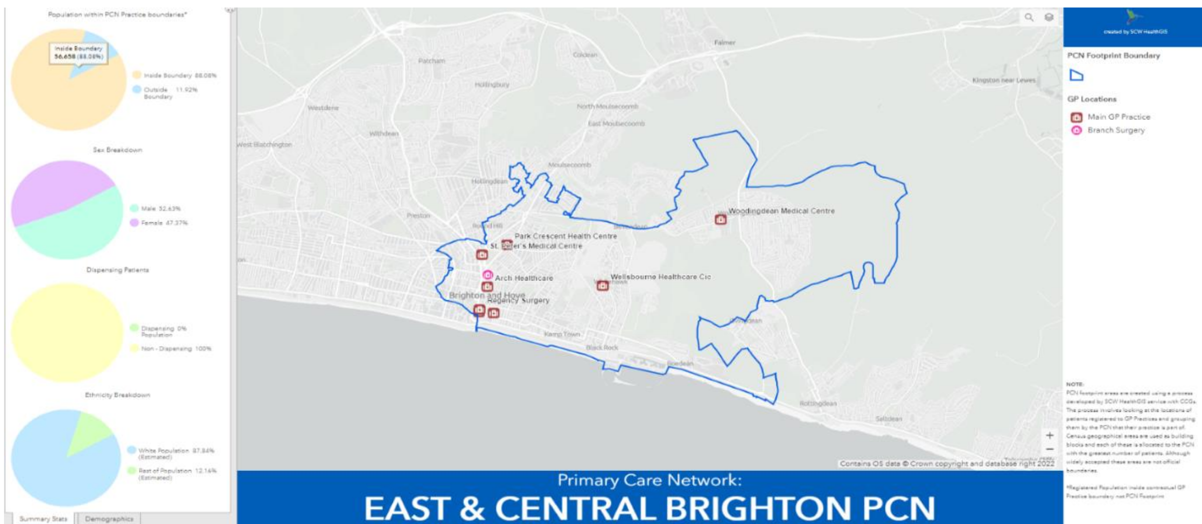
Annex A: List of PCNs and GP Practices in Brighton and Hove

Practice	Practice list size January 2023	PCN list size January 2023	PCN
ST. PETER'S MEDICAL CENTRE	19,035	74,620	East and Central PCN
PARK CRESCENT HEALTH CENTRE	12,413		East and Central PCN
WELLSBOURNE HEALTHCARE CIC	7,950		East and Central PCN
ARCH HEALTH CIC	1,427		East and Central PCN
ARDINGLY COURT SURGERY	6,501		East and Central PCN
PAVILION SURGERY	10,400		East and Central PCN
REGENCY SURGERY	5,378		East and Central PCN
WOODINGDEAN MEDICAL CENTRE	9,134		East and Central PCN
BROADWAY SURGERY	2,383		East and Central PCN
SCHOOL HOUSE SURGERY	5,257	27,722	Dean's and Central PCN
THE AVENUE SURGERY	6,665		Dean's and Central PCN
SHIP STREET SURGERY	3,194		Dean's and Central PCN
SALTDEAN AND ROTTINGDEAN MED PRACTICE	12,606		Dean's and Central PCN
BEACONSFIELD MEDICAL PRACTICE	13,597	55,755	Preston Park PCN
PRESTON PARK SURGERY	11,880		Preston Park PCN
STANFORD MEDICAL CENTRE	18,552		Preston Park PCN
WARMDENE SURGERY	9,056		Preston Park PCN
THE HAVEN PRACTICE	2,700		Preston Park PCN
MILE OAK MEDICAL CENTRE	8,408	42,087	West Hove PCN
PORTSLADE HEALTH CENTRE	11,813		West Hove PCN
WISH PARK SURGERY	7,458		West Hove PCN
LINKS ROAD SURGERY	5,254		West Hove PCN
HOVE MEDICAL CENTRE	9,154		West Hove PCN
BRIGHTON STATION HEALTH CENTRE	9,948	9,948	Not allocated (1st April '23 D&C PCN)
CARDEN SURGERY	8,462	43,346	North and Central PCN
MONTPELIER SURGERY	5,941		North and Central PCN
SEVEN DIALS MEDICAL CENTRE	7,076		North and Central PCN
UNIVERSITY OF SUSSEX HEALTH CENTRE	21,867		North and Central PCN
WELLBN	24,805	78,346	Goldstone PCN

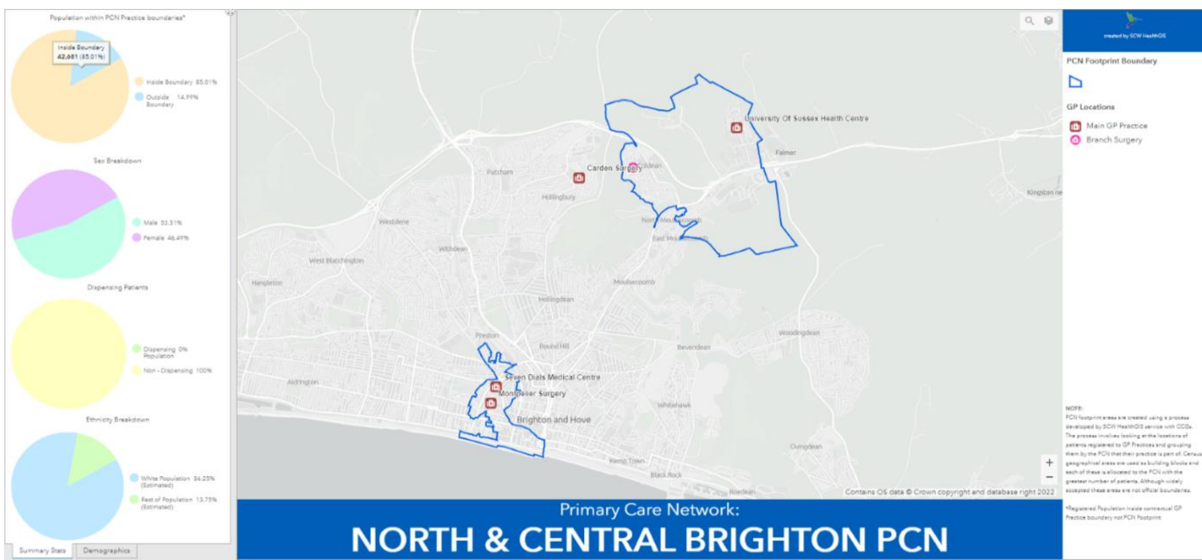
CHARTER MEDICAL CENTRE	29,820		Goldstone PCN
TRINITY MEDICAL CENTRE	23,721		Goldstone PCN

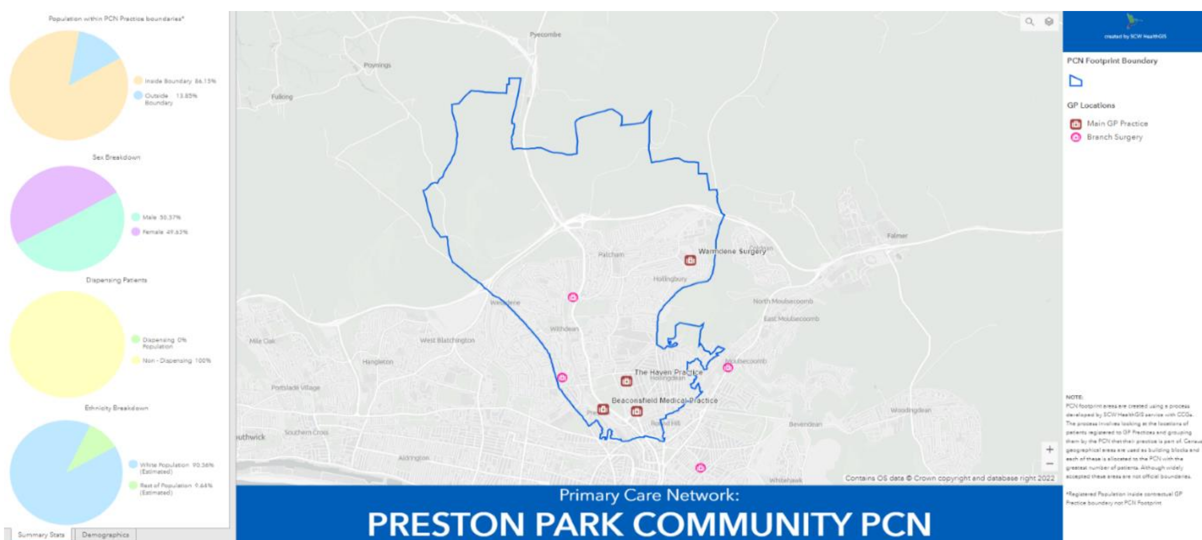
Annex B – PCN Maps

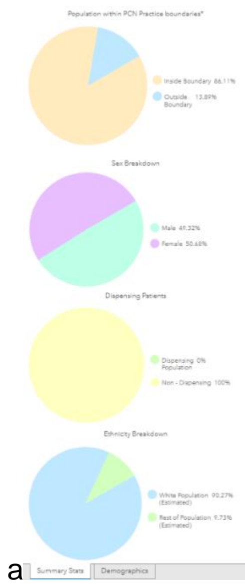




PCN Footprint Boundary
GP Locations
Main GP Practice
Branch Surgery
Trinity Medical Centre
Wellin Healthcare
Brighton and Hove
Primary Care Network:
GOLDSTONE PCN


PCN Footprint Boundary
GP Locations
Main GP Practice
Branch Surgery
University Of Sussex Health Centre
Carden Surgery
Seven Dials Medical Centre
Montpelier Surgery
Brighton and Hove
Primary Care Network:
NORTH & CENTRAL BRIGHTON PCN


PCN Footprint Boundary
GP Locations
Main GP Practice
Branch Surgery
Warmdene Surgery
The Haven Practice
Beaconsfield Medical Practice
Primary Care Network:
PRESTON PARK COMMUNITY PCN



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