

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 1 FEBRUARY 2017

COUNCIL CHAMBER, HOVE TOWN HALL, NORTON ROAD, HOVE, BN3 3BQ

MINUTES

Present: Councillor Simson (Chair)

Also in attendance: Councillor Allen, Bennett, Cattell, Deane, Marsh, Peltzer Dunn, O'Quinn, Taylor and Sykes

Other Members present: Councillors

PART ONE

47 APOLOGIES AND DECLARATIONS OF INTEREST

- 47.1 Cllr Ollie Sykes substituted for Cllr Amanda Knight.
- 47.2 There were no declarations of interest.
- 47.3 Apologies were received from Caroline Ridley.
- 47.4 RESOLVED – that the press and public be not excluded from the meeting.

48 MINUTES

- 48.1 Members noted that some information promised by NHS colleagues was still outstanding (the to date project costs of the local Sustainability & Transformation Plan) and asked officers to circulate this when it was received from the CCG.
- 48.2 RESOLVED – that the minutes of the committee meeting of 07/12/16 be agreed as an accurate record.

49 CHAIRS COMMUNICATIONS

- 49.1 The Chair welcomed everyone to the HOSC meeting. He informed the committee that there has been a lot happening recently in terms of the leadership of local NHS organisations:
- 49.2 At Sussex Partnership NHS Foundation Trust, Sam Allen will be replacing Colm Donaghy as Chief Executive.

- 49.3 At Brighton & Sussex University Hospitals Trust, Dr Gillian Fairchild is stepping down as Chief Executive in February. An interim Chief Officer, Evelyn Barker, has been appointed until April, when Marianne Griffiths, Chief Executive of Western Sussex will take over.
- 49.4 South East Coast Ambulance Trust has appointed a new Chief Executive, Daren Mochrie. Geraint Davies, who was acting up as CE will return to his substantive role as Director of Strategy at the trust.
- 49.5 He informed the committee that we have a new council appointment also: Rob Persey is our new Executive Director for Adult Social Care & Health. Rob isn't able to make this meeting, but he will address the March HOSC meeting.

50 PUBLIC INVOLVEMENT

- 50.1 There were no public questions.

51 MEMBER INVOLVEMENT

- 51.1 There were no member questions.

52 HEALTHWATCH REPORT ON SERVICE USER PERSPECTIVES OF PATIENT TRANSPORT SERVICES (PTS)

- 52.1 Items 52 and 53 were taken jointly as they both concerned Sussex Patient Transport Services (PTS). Presenters were: David Liley (Chief Executive, Healthwatch Brighton & Hove), John Child (Chief Operating Officer, Brighton & Hove CCG), Alan Beasley (Chief Financial Officer, High Weald Lewes Havens CCG: HWLH), Maninder Dulku (PTS Programme Director, HWLH).
- 52.2 Mr Liley introduced the Healthwatch Brighton & Hove report on PTS to members. Mr Beasley outlined recent PTS activities. These included the appointment of a new transport provider, the employment of a programme manager and the implementation of all the recommendations included in the independent TIAA report on PTS. There are currently no significant programme risks to report.
- 52.3 Members asked questions on areas including:
- the ability of the new provider to deliver services
 - how increased staff turnover was being managed
 - why the previous contractor's decision to hand back the contract had been unforeseen
 - costs to the local health economy of the PTS failures
 - the role of the Care Quality Commission (CQC)
 - public and stakeholder engagement plans
 - lessons for other collaborative commissions (e.g. 111 or Out of Hours services)
 - details of the new PTS contract
- 52.4 **RESOLVED** – members agreed to note the report (and also the report for item 53) and to receive a progress update in approximately three months' time.

53 PATIENT TRANSPORT (PTS): UPDATE

53.1 This item was taken together with item 52 and was noted.

54 GP SUSTAINABILITY: UPDATE

54.1 This item was introduced by John Child and by Stephen Ingram (Primary Care Lead for NHS England (South East): Mr Ingram outlined the local primary care challenges, including: an ageing population; an ageing, and increasingly part-time workforce; problems in recruitment, particularly in interesting younger GPs to become practice partners; increasing numbers of practice closures, mergers and list closures; and issues with the physical infrastructure of primary care estates.

54.2 In Brighton & Hove, the exit of the Practice Group from its GP contracts has been effectively managed, including the successful re-procurement of an enhanced homeless service (to be run by Arch which is headed by Dr Tim Worsley who ran the Morley Street Homeless practice previously). The Willow House patient list has been transferred to Allied Medical Practice, and the Whitehawk patient list to Ardingly Court which has moved into the vacated clinical space at the Wellsbourne Clinic.

With regard to the recent sudden closure of the Lewes Rd practice, the GP concerned was struggling and unable to find a successor so as to allow the contract to continue to subsist. In the circumstances, it was agreed that it was best to allow the practitioner to retire and for this small practice to close but only once it had been established that there was alternative local capacity.

The New Larchwood surgery has also been established (as a branch surgery of the Carden Rd practice) under its permanent GMS contract which provides greater certainty and resilience to that service.

The Broadway practice has now been taken out of special measures by CQC.

54.3 A number of practices have been supported, in principal, to develop new GP practices premises. This includes Ardingly Court. More investment is planned, with the direction of travel being towards fewer, larger practices with primary care being delivered at-scale through multi-disciplinary teams. This should lead to improved outcomes and greater resilience.

54.4 Brighton & Hove CCG has submitted its plans for taking on the co-commissioning of GP services from April 2017. This will mean that the budget for GP services and decision making relating to the commissioning and contracting functions will sit with the CCG acting under delegated authority from NHS England.

54.5 Members asked questions on areas including:

- Future plans for capital spending to improve the accessibility of surgeries for people with disabilities
- Ensuring that NHS Choices information on city practices with open lists was kept up to date
- The opportunities presented by co-commissioning (including the federation of local GP practices)

- Making better use of pharmacies and nurse practitioners

54.6 RESOLVED – that the report be noted and a further update received in approximately six months' time.

55 MULTIPLE BIRTHS: UPDATE

55.1 This item was introduced by Kathy Felton (Commissioning Manager, Paediatrics & Maternity, Brighton & Hove CCG). Ms Felton told the committee that there has been a national rise in multiple births, in part due to increased use of fertility treatments and also to women having babies at a later age. Since there are higher risks associated with multiple births and with later pregnancies, this has led to a spike in mortality figures. Further analysis has shown that Brighton & Hove is not an outlier in terms of mortality, and there are no plans to conduct further reviews. However no one is being complacent locally and still-birth is a high priority area for the hospital trust.

55.2 RESOLVED – that the report be noted.

56 UPDATE ON HOSC WORKING GROUPS

56.1 Members discussed the progress of the HOSC working groups looking at: Brighton & Sussex University Hospitals Trust Quality Improvement; South East Coast Ambulance NHS Foundation Trust Quality Improvement; and the Sustainability & Transformation Plan.

57 OSC DRAFT WORK PLAN/SCRUTINY UPDATE

57.1 Members agreed to consider the HOSC work plan at a future meeting.

Signed

Chair

Dated this

day of