





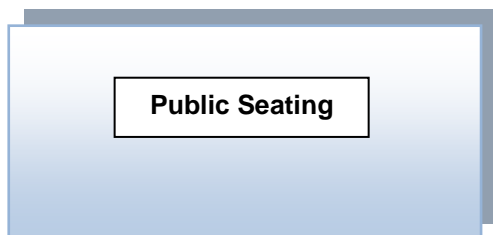
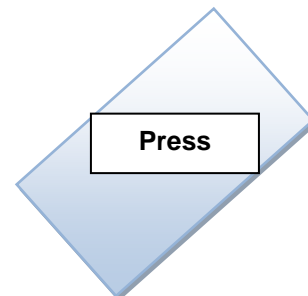
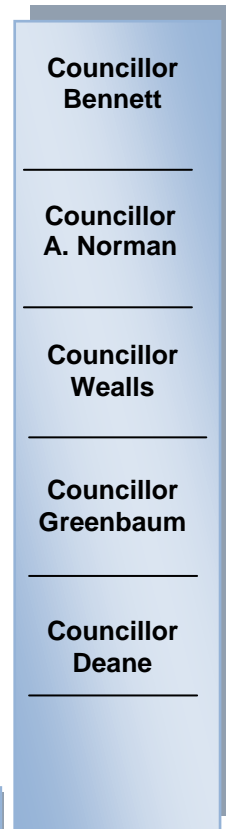
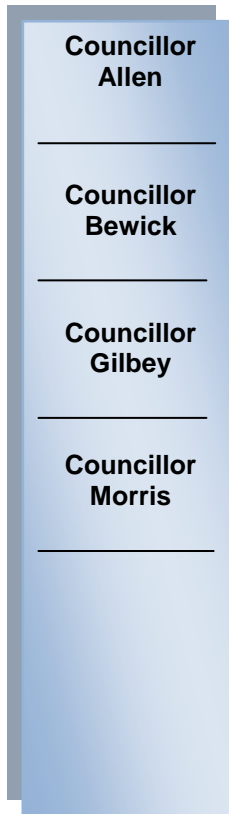
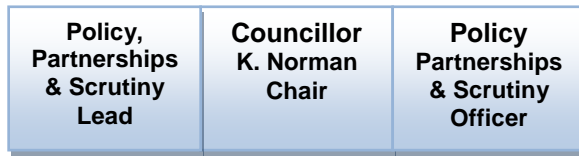
**Brighton & Hove
City Council**

Health Overview & Scrutiny Committee

Title:	Health Overview & Scrutiny Committee
Date:	28 June 2017
Time:	4.00pm
Venue	Council Chamber, Hove Town Hall
Members:	<p>Councillors: K Norman (Chair), Allen, Bennett, Bewick, Deane, Gilbey, Greenbaum, Morris, A Norman and Wealls</p> <p>Co-opted Members: Zac Capewell (Youth Council), Caroline Ridley (Community Sector Representative), Fran McCabe (Healthwatch), Colin Vincent (Older People's Council)</p>
Contact:	<p>Karen Amsden Senior Scrutiny Officer 01273 291084 karen.amsden@brighton-hove.gov.uk</p>

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Democratic Services: Health Overview & Scrutiny Committee



AGENDA

PART ONE

Page

1 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.

2 MINUTES

1 - 4

To consider the minutes of the previous Health Overview & Scrutiny Committee meeting held on the 1st February, 2017 (copy attached).

Contact Officer: Karen Amsden

Tel: 01273 291084

HEALTH OVERVIEW & SCRUTINY COMMITTEE

Ward Affected: All Wards

3 CHAIR'S COMMUNICATIONS

4 PUBLIC INVOLVEMENT

5 - 14

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

- (a) **Written Questions:** To receive any questions submitted by the due date of 12noon on the 21st June, 2017.
- (b) **Deputations:** To receive any deputations submitted by the due date of 12noon on the 21st June, 2017.
 - (i) **Is General Practice sustainable within the context of the Surrey and Sussex Sustainability and Transformation Plan (STP)? The GPs' view'?** Extract from the proceedings of the Health & Wellbeing Board meeting held on the 13th June, 2017 (copy attached).

5 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.

6 CARING TOGETHER - THE CITY'S RESPONSE TO THE SUSTAINABLE TRANSFORMATIONAL PARTNERSHIP (STP)

Verbal update from the CCG.

Contact Officer: Karen Amsden
Ward Affected: All Wards

Tel: 01273 291084

7 UPDATE ON MOBILISATION OF THE NEW SUSSEX PATIENT TRANSPORT SERVICE

15 - 20

Report of the Executive Lead Officer for Strategy, Governance & Law (copy attached).

Contact Officer: Karen Amsden
Ward Affected: All Wards

Tel: 01273 291084

8 MEET THE NEW SENIOR TEAM AT SOUTH EAST COAST AMBULANCE SERVICE (SECAMB)

21 - 38

Presentation from SECAMB (copy attached).

Contact Officer: Karen Amsden

Tel: 01273 291084

HEALTH OVERVIEW & SCRUTINY COMMITTEE

Ward Affected: All Wards

9 UPDATE ON THE HOSC STP WORKING GROUP

Verbal update from the Chair of the Working Group, Councillor Allen.

Contact Officer: Karen Amsden

Tel: 01273 291084

Ward Affected: All Wards

10 MEET THE NEW SENIOR TEAM AT BRIGHTON & SUSSEX UNIVERSITY HOSPITAL TRUST (BSUH)

Introduction from Marianne Griffiths, Chief Executive of BSUH.

Contact Officer: Karen Amsden

Tel: 01273 291084

Ward Affected: All Wards

11 CONSULTATION ON A PROPOSED HOSC WORK PROGRAMME FOR 2017/18 39 - 44

Report of the Executive Lead Officer for Strategy, Governance & Law (copy attached).

Contact Officer: Karen Amsden

Tel: 01273 291084

Ward Affected: All Wards

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Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

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For further details and general enquiries about this meeting contact Karen Amsden, (01273 291084, email karen.amsden@brighton-hove.gov.uk) or email

democratic.services@brighton-hove.gov.uk

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Date of Publication - Tuesday, 20 June 2017

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

Subject: Deputation - Is General Practice sustainable within the context of the Surrey and Sussex Sustainability and Transformation Plan (STP)? The GPs' view?: Extract from the proceedings of the Health & Wellbeing Board Meeting held on the 13 June 2017

Date of Meeting: 28 June 2017

Report of: Executive Lead for Strategy, Governance & Law

Contact Officer: Name: **Mark Wall** Tel: **29-1006**
E-mail: mark.wall@brighton-hove.gov.uk

Wards Affected: All

FOR GENERAL RELEASE

Action Required of HOSC

To receive the item referred from the Health & Wellbeing Board for information.

Recommendations:

That the information contained in the deputation be considered by HOSC.

BRIGHTON & HOVE CITY COUNCIL**HEALTH & WELLBEING BOARD****4.00PM 13 JUNE 2017****COUNCIL CHAMBER, HOVE TOWN HALL****MINUTES**

Present: Councillors Yates (Chair), Barford, Taylor (Opposition Spokesperson), Page (Group Spokesperson), Barnett and Penn; Lola Dr. George Mack; Dr. Manas Sikdar, Dr. David Supple, Clinical Commissioning Group.

Other Members present: David Liley Health Watch, Mia Brown, Pinaki Ghoshal, Statutory Director of Children's Services Rob Persey, Statutory Director for Adult Care, Peter Wilkinson Acting Director of Public Health.

Apologies: Adam Doyle CCG, Geoff Raw Chief Executive BCC; Graham Bartlett, Pennie Ford NHS England.

Part One**5 FORMAL PUBLIC INVOLVEMENT****(C) DEPUTATION**

- 5.1 The Chair invited Ms. Aston to come forward and present the deputation.
- 5.2 Ms. Aston thanked the Chair and outlined the deputation that had been submitted in relation to the findings of a survey of GPs and their views on the proposals relating to the STP (see appendix 1).
- 5.3 The Chair thanked Ms. Aston and responded by stating that the Board was aware of the challenges currently being faced in General Practice. One of the key areas of Caring Together is to find ways to address these to help ensure we have general practice across the city that is sustainable, more resilient and works efficiently and effectively for the years ahead. This will include integrating services, with other clinical specialists like pharmacists better supporting GPs, and to have a model of care that sees GPs working more collaboratively and at a larger scale.

Our GPs recognise the need for change and they can identify the benefits of working in this way. We have been engaging with them to help us shape a new model of care that works best for them and local people and work is currently being done to develop how this will look like. Our GPs are already working within groups, or 'clusters', caring for

between 30,000-50,000 people and we already have some services that work across these clusters, such as pharmacists.

He also noted that a full response to the questions had been prepared and would be issued with the written response to the deputation and appended to the minutes for information (see appendix 2).

- 5.4 Councillor Page stated that he had found the information given in the deputation to be very informative and that it gave a clear message that GPs were concerned about the implications of the STP. He was also aware that the HOSC had a Working Group looking at the STP process and hoped their findings could be considered in the future.
- 5.5 Dr. Supple stated that to date the engagement process with GPs in regard to the STP had been minimal and noted that things had been changing rapidly over the last few months, which may well have prevented any meaningful engagement until now. However, now that it was becoming clearer he was hopeful that an engagement process would be taking place across the city.
- 5.6 Councillor Barford stated that there had been a lack of information around the STP, but she had been reassured with the intention to take the Caring Together consultation process forward. She also welcomed the opportunity for a bottom-up approach to developing the provision of services across the city and feeding into the STP on a regional level.
- 5.7 David Liley stated from Healthwatch's perspective it was important to have a meaningful engagement process and he was encouraged by the intention to have a 'Caring Conversation.' He noted that a recent survey that Healthwatch had put online had gained 90 responses within the first 48 hours, which showed the level of interest across the city and stated that he would share the results with the Board in due course.
- 5.8 The Chair noted the comments and proposed that the Board should note the petition and note the deputation and that the information provided by the deputation be shared with the HOSC.
- 5.9 **RESOLVED:**
- (1) That the petition be noted and a report detailing the changes to the service provided by SCFT in relation to breastfeeding and support to mothers be requested for the Board in the autumn;
 - (2) That the deputation be noted and referred to the HOSC for information.

Written Summary for Deputation of Brighton & Hove City Council Health and Wellbeing Board, Tuesday, 13 June 2017.

'Is General Practice sustainable within the context of the Surrey and Sussex Sustainability and Transformation Plan (STP)? The GPs' view'?

General Practice is in trouble. The workload is increasing, service demand is rising. GP numbers are falling, practices are closing and recruitment of partners and locums is becoming very difficult.

STPs plan to transfer more work from secondary care to GP and to reduce referrals and admissions.

At the same time a reorganisation is planned to more closely integrate social and health care. That last aim is admirable but it will require staff and time and money when STPs insist on repayments and savings.

It is difficult to see how General Practice can be sustained.

Indeed the chair of the RCGP has said that a number of STPs should be rejected for failing to address this sustainability.

We wondered what Brighton and Hove GPs thought about this footprint's STP and its effects.

We therefore sent out a survey for GPs to complete anonymously.

56 of 116 sent responded

Q1 How well informed do you feel about the implications of the Sustainability and Transformation Plans?			
Not at all 51.79%	Somewhat 35.71%	Considerably 8.93%	A great deal 3.57%
Q 2 How aware are you of the assumptions driving the financial model of the STP for your footprint? One example: GPs are being asked to reduce outpatient referral in order to save an estimated £47.4 million per year (taken from the Sussex and East Surry STP).			
Not at all 51.14%	Somewhat 32.14%	Considerably 5.36%	A great deal 5.36%
Q3 How do you think STPs will affect patient safety?			
Adversely 55.36%	Not affect at all 1.79%	Improve 3.57%	Don't know 39.29%
Q4 How do you imagine the STP will affect the service you will be able to offer patients?			
It will be improved 7.27%	It will be unchanged-5.45%	It will be worse-50.91%	Don't know-36.36%
Q5 What effect will the STP have on GPs ability to have their list?			
It will be improved-0.0%	It will be unchanged-5.45%	It will be worse-43.64%	Don't know-50.91%

Q6 How do you think the STP will affect the recruitment of GPs in the next 2-3 years?			
It will be improved- 7.14%	It will be unchanged- 10.71%	It will be worse-42.86%	Don't know-39.29%
Q7 There are plans to replace GP numbers with Physician Associates? What impact do you think this will have on your workload?			
It will be improved 12.50%	It will be unchanged 21.43%	It will be worse 33.93%	Don't know 32.14%

Signed by:

Jane Roderic-Evans

Stephen Garside

Felicity Beckett

Chris Tredgold

Elizabeth Williamson

6 June 2017

Attached: Summaries of GP comments to GP Survey Questions 8 and 9, June 2017

Deputation 5 (C) (i) – Supporting information:

Brighton and Hove GP Survey, June 2017 – Summary of answers to Q8.

Q 8. “If you were not guided or restricted by CCG advice based on NHS England’s priorities, what would be your suggestions for 3 actions which would help you continue providing adequate care in your practice?”

There were 140 suggestions.

19 ask for increased resources/adequate funding - for general practice and the NHS

19 ask for more recruitment of GPs - several for roving GPs to do home visits

14 ask for more recruitment of other health workers - pharmacists and nurses

14 ask for improvement in community social care services - with adequate funding and better collaborative working

14 ask for the maintenance of the partnership model by:

- resisting its break-up;
- making partnership more attractive financially (than locum payments)
- staying small and efficient – “that is what patients want”
- underwriting practice lease agreements
- keeping personal lists to maintain continuity

14 ask for less bureaucracy

- fewer meetings: fewer targets
- less micromanagement
- reduce/remove CQC; scrap QOF
- stop imposition of involvement in Extended Access.

10 ask for a better service from the hospital

- better communication; less dumping of problems
- more beds; shorter waits for appointments.

10 ask for better working

- longer appointments
- allow primary care to cap its activity with no financial penalty “there is a limit”; allow restrictions to list size.
- drop 7 day working – “concentrate on adequate resource for current opening hours”

7 ask for patients to be better educated/more self-reliant

3 ask for a change in the model of managing medical litigation

Then individual suggestions:

- Scrap EPIC; More EPIC shifts
- Raise public awareness – need for National debate about health care
- Tools to address psychosocial factors in patients’ presentations
- Debate role of GP – “can’t do everything”
- Stop fragmenting NHS and bringing in private providers
- Get rid of Conservative government
- Less moaning by a huge number of GPs (over 50) about how bad it is. It really puts off younger GPs. We run an excellent, growing business with increased profit each year ...that can be invested to improve efficiency.
- Sort out PCSE – practice managers leaving/going off with stress
- Fund Public Health
- Listen to GP



Brighton and Hove GP Survey, June 2017 – Summary of answers to Q9

Q 9 Any other comments?

There were 25.

4 are planning to retire as soon as they financially can do so

3 feel very under informed and consulted about STPs

2 feel the broad aims of the STP seem reasonable but that the projected efficiency savings completely unrealistic

2 feel that the NHS is being fragmented and privatized – there is a need to ‘be more public with our views to patients’

Individual comments:

- Our problem is not with CCG/NHS England, it with Jeremy Hunt and the Treasury
 - I would like District Nurses back in surgeries
 - In our local area, millions of pounds have been wasted on the ‘marketisation of the NHS’ with private companies running services (poorly).
 - Other HCPs struggle to manage the risk we carry and simply delegate cases back to the reduced number of GPs
 - Stop negative talk. Why would a dynamic 30yr old come into General practice, when the whole BMA/RCGP etc keep moaning about how bad it is?
 - Not a sufficient differential between what a Partner earns compared to a salaried doctor. If such a differential doesn’t exist we will soon be a salaried service as when the current partners retire the businesses will close and there won’t be a job for those new doctors unless a corporation takes over
 - We need to accept our working practices need to change
 - Stop trying to push us into meaningless clusters or random groups of practices
 - Let’s hope this survey helps prevent the destruction of family general practice.
 - Stop micromanaging the profession and trusting its integrity more.
 - All political parties appear to share the same ignorance.
 - Medical indemnity costs are rising – pressure should be put on the three companies to reduce their fees.
 - Primary Care is underrepresented in the development of the STP but that isn’t the major issue. Primary care is in trouble now with under funding and over regulation - the development of the STP is a continuum of the problem.
- All the questions insinuated in the survey as attributable to STPs have been happening for years – redirection of unfunded work from secondary care, need for different workforce in practices, loss of patient list. The STP formation is not going to stop – though it may change its name. We must fight the process and the political and media priorities over those of our patients.

CT/June 2017



Response

We are fully aware of the challenges currently being faced in General Practice. One of the key areas of Caring Together is to find ways to address these to help ensure we have general practice across the city that is sustainable, more resilient and works efficiently and effectively for the years ahead. This will include integrating services, with other clinical specialists like pharmacists better supporting GPs, and to have a model of care that sees GPs working more collaboratively and at a larger scale.

Our GPs recognise the need for change and they can identify the benefits of working in this way. We have been engaging with them to help us shape a new model of care that works best for them and local people and work is currently being done to develop how this will look like. Our GPs are already working within groups, or 'clusters', caring for between 30,000-50,000 people and we already have some services that work across these clusters, such as pharmacists

Q1 How well informed do you feel about the implications of the Sustainability and Transformation Plans?				Comments from CCG
Not at all 51.79%	Somewhat 35.71%	Considerably 8.93%	A great deal 3.57%	We recognise that we have not done enough to fully engage GPs in the STP and we are taking steps to address this. Our next city-wide meeting of our members will be dedicated to Caring Together and the wider STP and we will continue to inform, engage and involve them in the implications of the STP going forward.
Q 2 How aware are you of the assumptions driving the financial model of the STP for your footprint? One example: GPs are being asked to reduce outpatient referral in order to save an estimated £47.4 million per year (taken from the Sussex and East Surrey STP).				The current financial challenge within the NHS nationally and locally is well known and it is clear that doing nothing is not an option. We have to ensure we are getting value for every penny we spend, we have processes and systems in place that are efficient and effective and that patients are getting the best possible services for the money that is available. We know that we have systems and processes in place currently that are not as efficient as they could be and this is something we have to look at improving locally and across the STP footprint.
Not at all 51.14%	Somewhat 32.14%	Considerably 5.36%	A great deal 5.36%	

Deputation 5 (C) (i) – Supporting information:

Q3 How do you think STPs will affect patient safety?				As a clinically-led organisation, we always put patient safety at the heart of everything we do. This includes all the work we are doing as part of Caring Together and the wider STP. Caring Together as a programme focuses on six different areas that we want to improve and these are led by a clinical lead who will ensure that anything we do to transform and shape services is done with quality and patient safety at the forefront.
Adversely 55.36%	Not affect at all 1.79%	Improve 3.57%	Don't know 39.29%	
Q4 How do you imagine the STP will affect the service you will be able to offer patients?				One of the key areas of Caring Together is to find ways to address these to help ensure we have general practice across the city that is sustainable, more resilient and works efficiently and effectively for the years ahead. This will include integrating services, with clinical specialists like pharmacists better supporting GPs, and to have a model of care that sees GPs working more collaboratively and at a larger scale. The aim of working in this way is to help GPs better manage their workload, make it easier to recruit new staff, and share resources and expertise. The culmination of these will ultimately improve the service GPs will be able to provide to patients.
It will be improved 7.27%	It will be unchanged-5.45%	It will be worse- 50.91%	Don't know- 36.36%	
Q5 What effect will the STP have on GPs ability to have their list?				Continuity of care is very important and at the core of Caring Together
It will be improved- 0.0%	It will be unchanged-5.45%	It will be worse- 43.64%	Don't know- 50.91%	

Deputation 5 (C) (i) – Supporting information:

Q6 How do you think the STP will affect the recruitment of GPs in the next 2-3 years?				<p>We are aware of the challenges we have around recruitment.</p> <p>One of the key areas of Caring Together is to find ways to address these to help ensure we have general practice across the city that is sustainable, more resilient and works efficiently and effectively for the years ahead. This will include integrating services, with clinical specialists like pharmacists better supporting GPs, and to have a model of care that sees GPs working more collaboratively and at a larger scale. The aim of working in this way is to help GPs better manage their workload, make it easier to recruit new staff, and share resources and expertise. The culmination of these will ultimately improve the service GPs will be able to provide to patients.</p>
It will be improved- 7.14%	It will be unchanged-10.71%	It will be worse- 42.86%	Don't know- 39.29%	
Q7 There are plans to replace GP numbers with Physician Associates? What impact do you think this will have on your workload?				<p>Given the challenges, the CCG has to look closely at all options, although it should be stressed that this is not part of our plans at the moment.</p>

Subject:	Update on Mobilisation of the new Sussex Patient Transport Service		
Date of Meeting:	28.06.17		
Report of:	Executive Lead Strategy, Governance & Law		
Contact Officer:	Name:	Karen Amsden	Tel: 01273 29-1084
	Email:	Karen.amsden@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 This report provides an update on the Sussex Patient Transport Service (PTS) following the recent transfer of the PTS contract from Coperforma to South Central Ambulance NHS Foundation Trust (SCAS).

2. RECOMMENDATIONS:

- 2.1 That HOSC members note the content of the update report and determine how they wish to monitor this issue going forward.

3 CONTEXT/ BACKGROUND INFORMATION

- 3.1 A new contract for Sussex Patient Transport Services (PTS) – non-emergency transport of eligible patients to and from hospital – was introduced in April 2016. From the beginning there were significant problems with this service which have previously been reported to the HOSC on a number of occasions, lastly on 1st February 2017.
- 3.2 Following a managed exit by Coperforma from the contract on economic grounds, SCAS agreed to deliver the service over the remainder of the contract term.
- 3.3 **Appendix 1** contains an update on the mobilisation of the new PTS from High Wealds Lewes Havens CCG.

4 ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 Not relevant to this update report.

5 COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 Not relevant to this update report.

6. CONCLUSION

6.1 Not relevant to this update report.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 There are no direct financial implications arising from this update report.
Finance Officer Consulted: James Hengeveld 19/06/17

Legal Implications:

7.2 None to this report for information.

Equalities Implications:

7.3 None to this report for information.

Sustainability Implications:

7.4 None to this report for information.

Any Other Significant Implications:

7.5 None to this report for information.

SUPPORTING DOCUMENTATION

Appendices:

1. Update report provided by High Wealds Lewes Haven CCG.

Documents in Members' Rooms

None

Background Documents

None

Appendix 1: Update on Mobilisation of the new Sussex Patient Transport Service PTS).

1.0 Overview

This report provides an update on the Sussex Patient Transport service following the recent transfer of the PTS contract from Coperforma to South Central Ambulance NHSFT. (SCAS)

Prior to the service transitioning from Coperforma to SCAS there was an intense period of negotiation to agree the detail of the service specification along with the key performance indicators and information reporting requirements for the service, as well as the financial model for year one of the contract.

Following this the contract for the service has been signed on behalf of Sussex CCGs by High Weald Lewes Havens as the lead commissioner and by SCAS as the provider.

In support of the transition SCAS undertook a considerable amount of training in advance with health care professionals regarding use of the online booking system, and awareness training regarding the operating hours and scope of the service on offer. This was supported by guides produced for both healthcare professionals and patients.

SCAS have now established contact centres and vehicle bases for their operations in East and West Sussex.

Staff who previously worked for the private transport company Dockland Medical Services (DMS), many of whom are ex-SECamb employees, transferred to SCAS under TUPE in advance of the transition to receive relevant training in support of their mobilisation as SCAS employees.

Similarly, the vast majority of Coperforma staff were transferred to SCAS under TUPE and are now working in their contract centres across the county.

Finally, SCAS have agreed flexible contracts with a range of fully vetted private providers to enable them to deliver the majority of activity for the service over the initial months of the contract. During the first year of the contract it is anticipated that SCAS will transfer the majority of activity over for delivery by their in-house crews.

Dedicated discharge vehicle, although not prescribed within the contract were initially continued to ensure the effective patient flow throughout Sussex.

2.0 Transition Plan

The transition of the Sussex PTS took place in 2 phases.

The first phase comprised the following activity (15% in total) and commenced on the 1st March 2017:

- transfers - from treatment centres in Sussex to any other treatment centres
- discharges - from treatment centres in Sussex to a residence in Sussex
- repatriations - of Sussex patients back into the county from out of area
- out of area placements – of non-Sussex patients back to their home

The second phase comprised the following activity (the remainder of the activity) and commenced on the 1st April 2017:

- outpatient appointments
- day cases including surgery
- renal and oncology treatment
- admissions for treatment

3.0 Phase 1

The first phase of the transition went well, receiving generally positive feedback from acute and community trusts.

In order to support this transition phase a number of dedicated vehicles were allocated in support of discharges and transfers from hospital sites across the county. These vehicles are now being withdrawn in a phased manner (5 remain operational out of an original 22), as SCAS gains a better understanding of activity and the resources required to meet demand. Also, SCAS have now fully mobilised ex-DMS staff that transferred to SCAS under TUPE in support of the service.

To support trusts the CCG collated their queries with regard to phase 1 activity and subsequently issued answers to these queries to guide trust staff in the future.

Finally, there were reports of very positive joint working between SCAS and trust staff to quickly resolve any issues that were identified.

4.0 Phase 2

Again, the second phase went generally very well, with largely positive feedback from trusts and minimal negative feedback from patients.

In support of this major transition phase data on transport bookings from the 1st April was transferred from Coperforma to SCAS in advance of this date to enable SCAS to arrange necessary transport journeys. To support this process SCAS opened up their service to accept post 1st April bookings from health care professionals in advance of this date.

The biggest issue facing the service is call centre volumes. The service is currently receiving on average over 500 calls day, when it would expect only 300 per day for a contract of this size. To address this issue SCAS and the CCG are working together

to increase the number of bookings made by health care professionals online. The CCG is sharing data with trusts where phone bookings are high and SCAS will be undertaking targeted training with these trusts to support their staff.

The CCG and SCAS are also supporting trusts to effectively manage the repatriation of non-Sussex patients back to the area they are registered in, through the provision of contact details for patient transport service providers in neighbouring areas such as Kent and Surrey Downs.

SCAS are working with Thames, one of their private providers, to address concerns raised in a recent CQC inspection report. Thames has produced a plan to address the concerns raised by the CQC, and SCAS are working with Thames to ensure the plan is implemented. SCAS have committed to keep the CCG fully informed of any issues that may arise as a result of this.

With regard to any outstanding issues for trusts SCAS are setting up regular communication channels with each trust, and the CCG will continue to facilitate a monthly Trust Group meeting with SCAS.

Finally, SCAS have reported that to date they are dealing with a relatively low number of formal complaints raised by patients. Given the scale of this countywide service and the number of formal complaints that were raised in the first few months of the contract with Coperforma in 2016, this number is low, but SCAS and the CCG are taking seriously each and every one raised.

5.0 Next Steps

The first month's contract data (April 2017) is due from SCAS on the 22nd May 2017.

This data will be reviewed by Sussex commissioners in advance of the first Contract Review Meeting with SCAS on the 14th June 2017.

At the end of quarter one the CCGs will undertake a review of activity and expenditure with SCAS to determine a forecast financial envelope for the remainder of the year and to agree any actions or amendments to the service that may be required to ensure the contract remains within that envelope.

The CCG will also be reviewing with SCAS and other partners a number of potential areas for service development, comprising:

- London Hospital Activity – there are a number of London hospitals that commission their own patient transport services and then re-charge Sussex CCGs for this activity – there may be opportunities to achieve cost savings by transferring this activity to the Sussex PTS contract, while also ensuring equity of service
- GP Urgent Referrals (See and Convey) – at the present time GP urgent referrals for transport to healthcare centres are undertaken by SECamb under their 999 contract – again there may be opportunities to transfer some of this activity to the PTS contract

- Sectioned Patients – this cohort of patients are excluded from the PTS contract but again there may be an opportunity to transfer transport activity for low risk patients to the PTS contract



21



Brighton & Hove City Council Health Overview & Scrutiny Committee

Jon Amos, Director of Strategy





The Leadership Team

Daren Mochrie - Chief Executive	Richard Foster - Chairman
David Hammond Director of Finance & Corporate Services	Graham Colbert Deputy Chair
Joe Garcia Director of Operations	Terry Parkin Independent Non-Executive Director
Steve Lennox Interim Chief Nurse/Director of Quality & Safety	Lucy Bloem Independent Non-Executive Director
Steve Graham Director of HR	Tim Howe Independent Non-Executive Director
Dr Fiona Moore Medical Director	Al Rymer Independent Non-Executive Director
Jon Amos Director of Strategy	Angela Smith Independent Non-Executive Director



CQC

- + 15th – 18th May
- + 30 inspectors
- + 40 staff interviews
- + Focus groups
- + Potential further unannounced visits

+ Immediate Actions:

- + Medicines
- + Patient Clinical Record (PCR)
- + Call Recording in the Emergency Operations Centre (EOC)

+ Positive Feedback:

- + Electronic Patient Clinical Record(ePCR)/iPads
- + Recognition of caring staff
- + Good staff engagement



Quality

- + Medicines Management
- + Infection Control
- + Key Skills
 - + Operational
 - + Non Operational
- + Datix
- + Safeguarding - level 3
- + Statutory & Mandatory Training – IG etc.



Recovery Plan

+ 5 Core

Programmes

- + Governance
- + Culture
- + Performance
- + Clinical Outcomes
- + Financial Stability

+ 4 Key Enablers

- + Operational Restructure
- + Electronic Patient Clinical Record (ePCR)
- + New HQ & Emergency Operations Centre relocation (EOC)
- + New Dispatch System



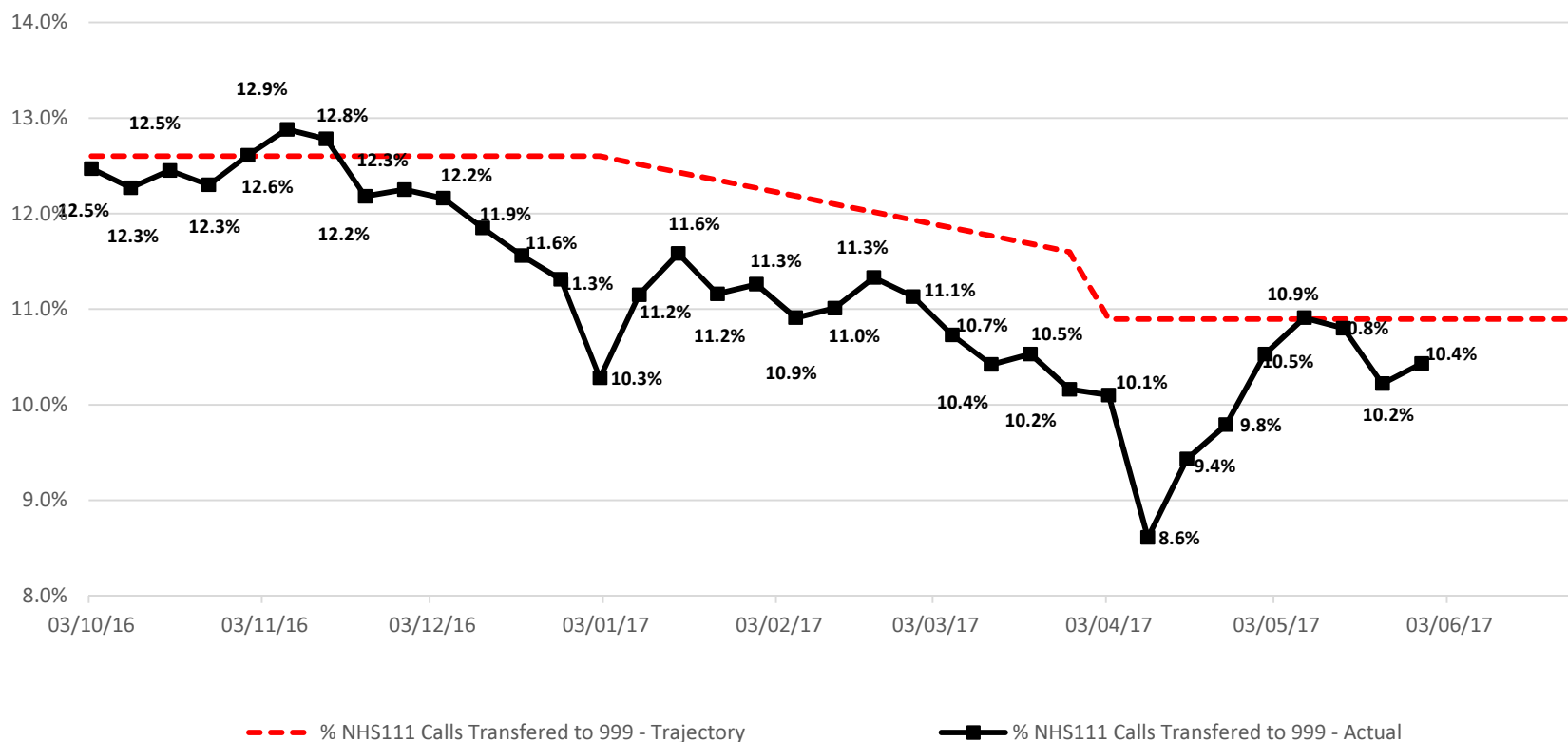
Unified Recovery Plan - Performance

- + In Sep' 16 SECAMB completed a review of the projects in the 999-URP to enable a revised performance trajectory to be agreed.
- + The Trajectory was based on:
 - + A consistent Unit Hours Utilisation (UHU) rate of 0.377 for remainder of the year, giving the baseline expected performance.
 - + The expected performance improvements from the 999-URP projects – giving the 'uplift'.
- + Trajectory was achieved for May'17 for all three KPIs.
 - + Red 1, Red 2 & Red 19



Improved NHS 111 - 999 Interface

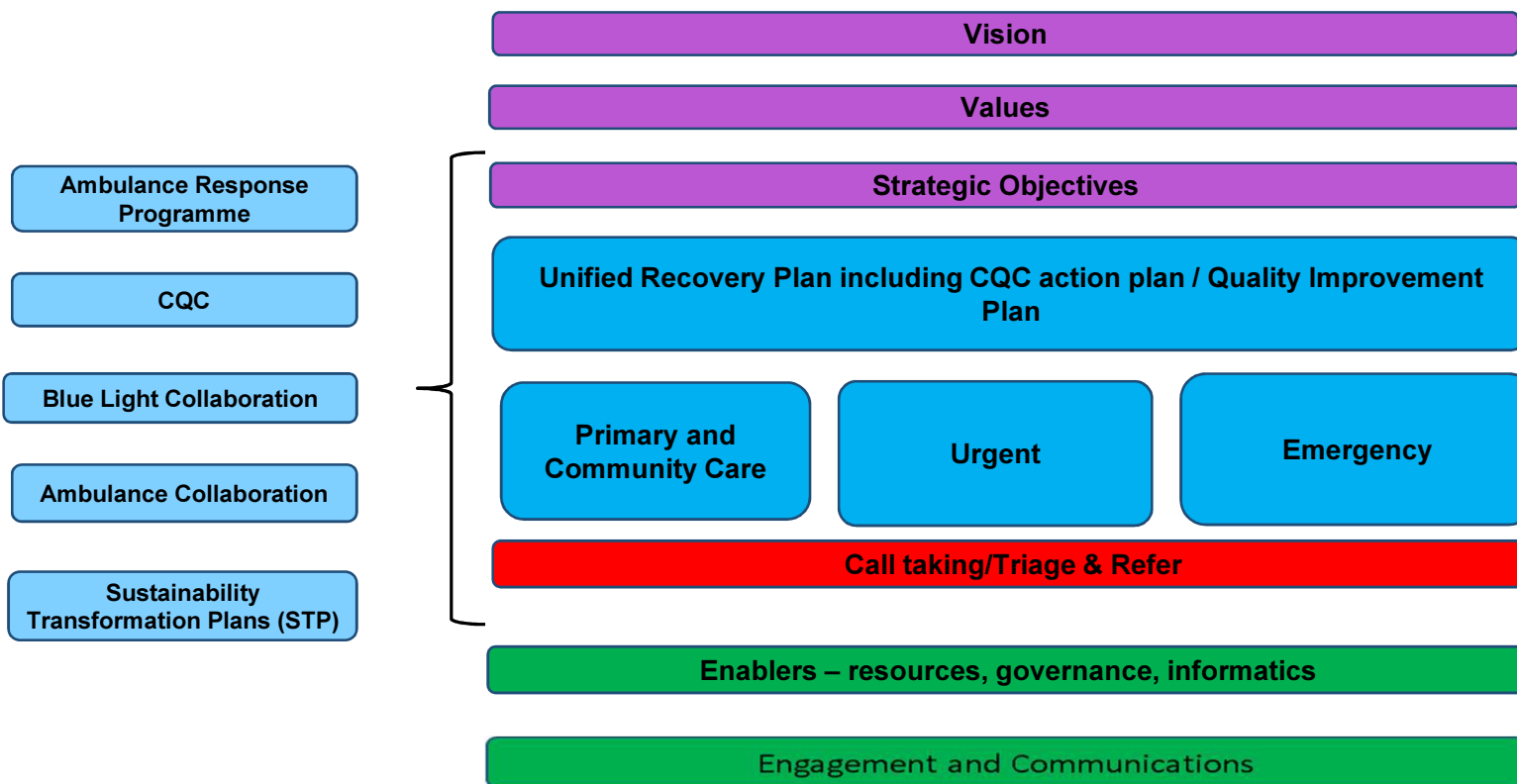
(% of calls taken by 111 transferred to 999)





Continuous Improvement

28





Continuous Improvement

Year 1

- Unified Recovery Plan
- Quality Improvement
- Getting fit for purpose
- Two-year Operating plan
- System wide solutions with partners

Year 2

- Consolidation
- Continued improvement

Year 3- 5

- Innovation
- Diversify
- Growth
- Expansion



Bullying and Harassment

- + Professor Duncan Lewes – University of Plymouth/Director of Longbow Associates Ltd
 - + Staff Survey
 - + 1,900 people participated in the survey
 - + Focus Groups
 - + 150 hours of telephone interviews



Finance

- + 16/17 – deficit £7.1m
- + 17/18 – target deficit £1m
- + Cost Improvement Programme (CIP) - £15.1m
 - + Operational efficiencies
 - + Trust efficiencies
- + Capital Expenditure
 - + Fleet programme
 - + Change in ratio of Ambulance vs Car's



Performance

- + Brighton & Hove: Best performing CCG in Sussex in 1718 and across KMSS in 1617.

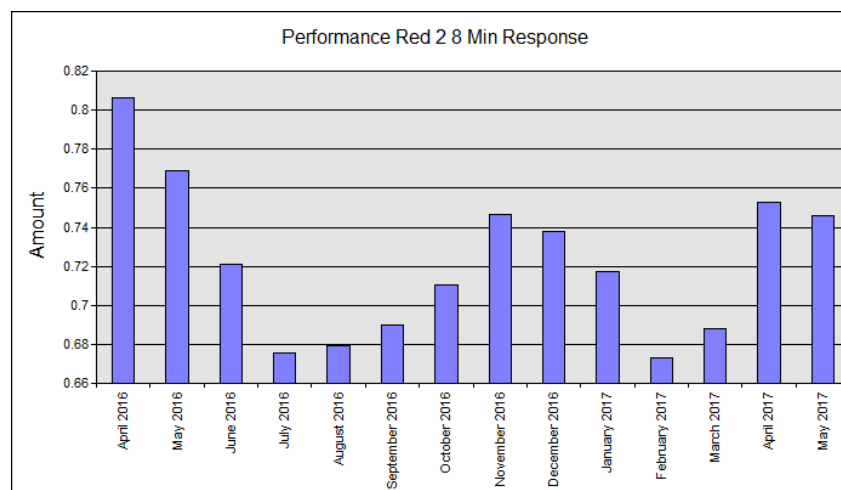
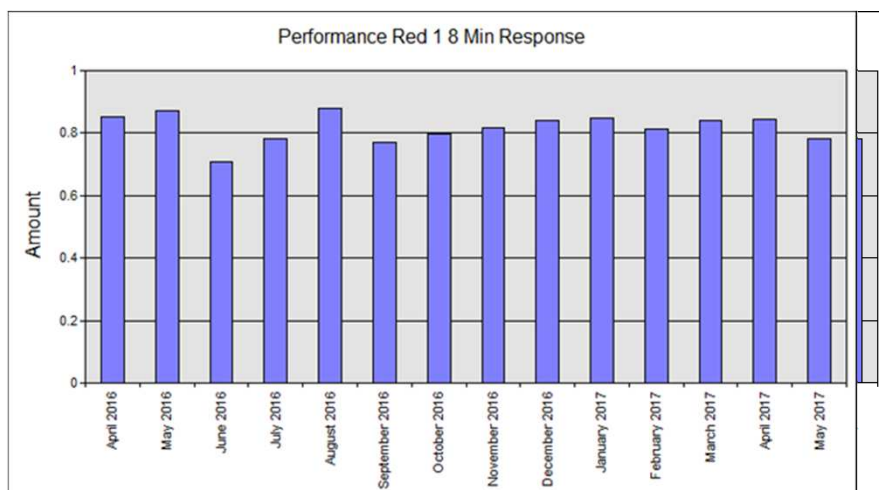
April 2017 - June 2017 @2017-06-07	CCG	Red1 <8min perf	Red2 <8min perf	R <19min Perf
NHS Brighton & Hove CCG	Sussex	82.3%	74.7%	98.0%
NHS Coastal West Sussex CCG	Sussex	68.7%	53.8%	90.8%
NHS Crawley CCG	Sussex	81.6%	75.5%	92.3%
NHS Eastbourne, Hailsham and Seaford CCG	Sussex	76.3%	58.7%	92.8%
NHS Hastings & Rother CCG	Sussex	68.0%	55.6%	88.2%
NHS High Weald Lewes Havens CCG	Sussex	43.3%	25.7%	75.4%
NHS Horsham and Mid Sussex CCG	Sussex	52.3%	42.1%	85.6%
Totals		69.2%	54.0%	90.3%



999 Performance – The City

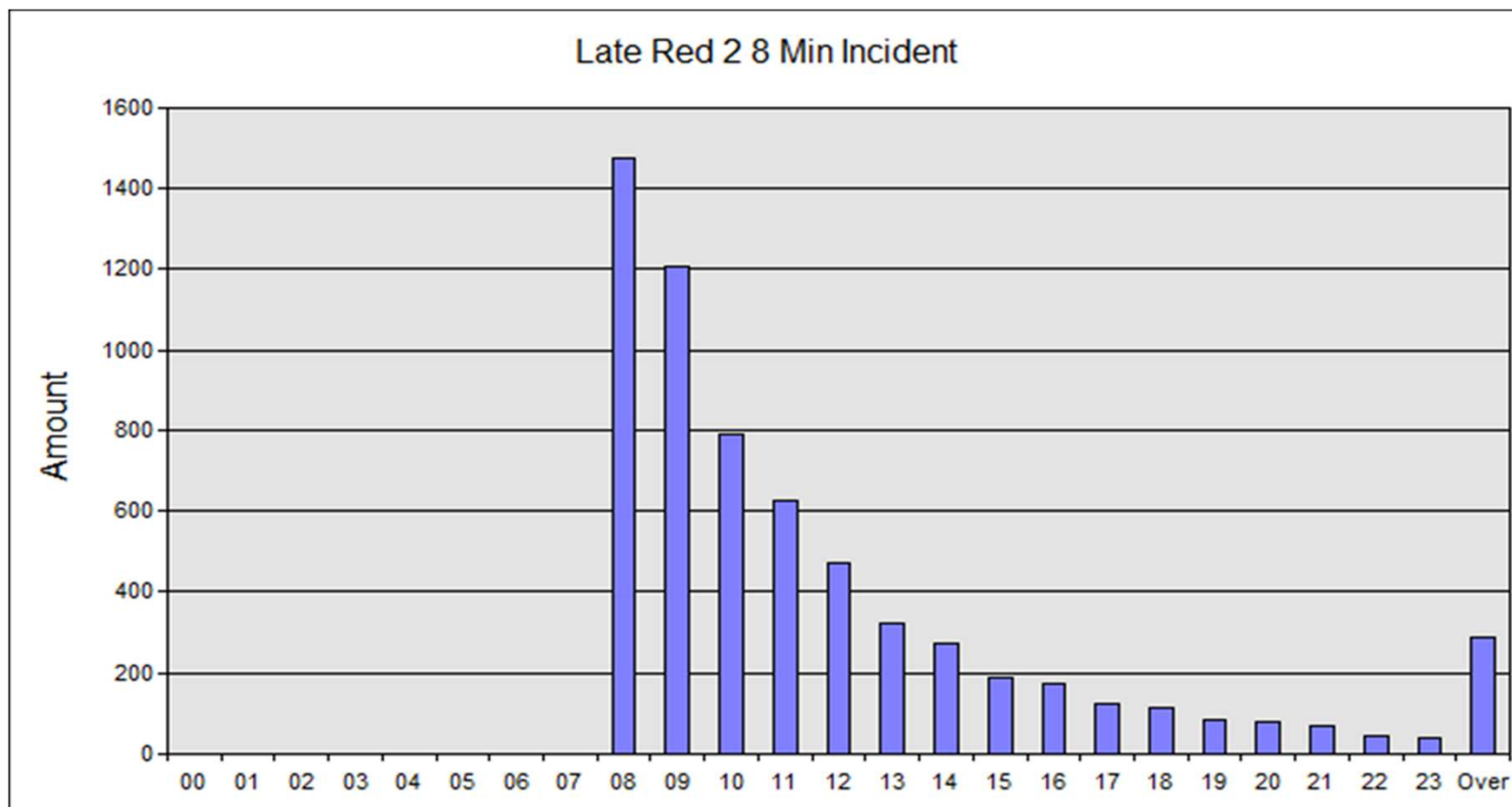
RED 1 Performance

RED 2 Performance





Fractile Response RED 2 tail



Your service,
your call



Partnership Work - Handovers

- + Handovers
 - + New Standard Operating Procedure at RSCH in Apr'17 and turnaround delays > 30 minutes have reduced.
 - + Almost elimination of Nursing/Cohorting by ambulance staff in ED, previously a daily occurrence
 - + Escalation procedures where LHE works together positively for patients
- + Streaming
- + Community Pathways



SECAmb in the City

- + We have instigated a new Cardiac Arrest Survival Partnership to co-ordinate activities to save lives in NHS, Blue Light Services, Voluntary Groups, Charities, Community Groups and businesses
- + The Argus Newspaper Save-a-Life campaign to install more Public Access Defibrillators continues and a life was saved a fortnight ago. Over 125 new PAD sites
- + Preparations for PRIDE are at an advanced stage and we have instigated an NHS PRIDE Planning Group



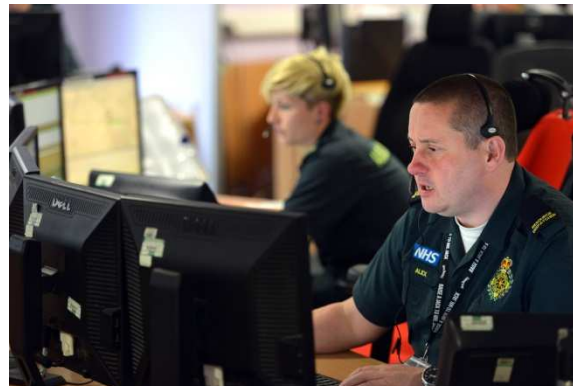
Look ahead to Winter

- ✚ Activity Forecasting
 - ✚ SECAMB activity predictors recognised by partners
 - ✚ Demand Led Rotas
- ✚ Successful Christmas & Easter Planning
- ✚ Early review of plans for Winter 17/18
- ✚ Ongoing review of community pathways to support community pathways.



South East Coast Ambulance Service

NHS Foundation Trust



Subject:	Consulting on a work programme for HOSC - 2017/18		
Date of Meeting:	28/06/17 Committee Meeting		
Report of:	Executive Lead Strategy, Governance & Law		
Contact Officer:	Name:	Karen Amsden	Tel: 01273 29-1084
	Email:	Karen.amsden@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The purpose of this report is to seek HOSC members input in developing a work programme for the HOSC for 2017/18, which can be agreed by the committee.

2. RECOMMENDATIONS:

- 2.1 That members agree a HOSC work programme for 2017/18, which incorporates their suggestions for items to consider.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 Key issues facing the city relating to health and social care have been identified to form an outline for this work programme. This was based on outstanding issues from the 2016/17 work programme and key issues which may emerge in this year. The input of HOSC members is now needed to develop a work programme which takes due account of their priorities as well as remains flexible to the local and national agenda.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The appendix contains a possible outline of a work programme for the HOSC in 2017/18. Members are encouraged to suggest any other priority items for the committee to consider.
- 4.2 Members will be able to amend this work programme throughout the year, through the Chair or by other means, in response to issues which arise in relation to possible significant changes to healthcare in the city. It is suggested that a standard item at the end of each meeting is confirming the agenda for the next meeting.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 Members of HOSC, in particular the community focussed co-optees, will be encouraged to identify issues of concern to the community for inclusion in the work programme.

6. CONCLUSION

- 6.1 The agreement of a work programme for 2017/18 will enable the committee to operate at its most effectively this year.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 There are no financial implications directly arising from this report.

Finance Officer : James Hengeveld 19/06/17

Legal Implications:

- 7.2 There are no legal implications directly arising from this report.

Equalities Implications:

- 7.3 There are no equalities implications directly arising from this report.

Sustainability Implications:

- 7.4 There are no sustainability implications directly arising from this report

SUPPORTING DOCUMENTATION

Appendices:

1. An outline work programme for HOSC 2017/18

Appendix 1 - Suggested HOSC 2017/2018 Work Programme

HOSC Working Groups – Updates have to be given at each meeting (if relevant):

BSUH Quality Improvement (joint with East Sussex HOSC and West Sussex HASC)

SECamb Quality Improvement (joint with East Sussex, West Sussex, Surrey, Kent and Medway HOSCs).

B&H Caring Together STP

Joint STP (not yet established)

28th June 2017 4pm HTH

Item and title	To invite
Chairs communications	Include brief updates on: BSUHT about Joint quality performance working group– highlight agenda item SECamb – quality improvement working group highlight agenda item
BSUHT: Meet the new senior team Get update on quality improvement	Invite: BSUHT
SECamb Meet the new senior team Get update on quality improvement	Invite: SECamb
Patient Transport Service – update report	Invite HWLHCCG, SCS
Caring Together – the city’s reponse to the Sustainable Transformation Partnership	CCG
STP working group	Update from Chair of the STP working Group

Report on the work programme for 17/18	
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6th September 2017

Item and title	To invite
Chairs communications	Include brief updates on: BSUH about Joint quality performance working group– highlight agenda item SECAmB – quality improvement working group highlight agenda item
Update on dementia services: i) Planned move back into single sex dementia beds for the acute in-patient service ii) Strategic approach, diagnosis & memory assessment	SPFT, ASC, CCG
Update on progress with the 3ts project: the Brighton & Sussex University hospitals redevelopment	BSUH

6th December 2017

Item and title	To invite
Chairs communications	
SPFT – meet the new team	SPFT
MH pathways from diagnosis through treatment	TBC

Mental Health and delayed discharge	Invite: SPFT & CCG
Functional mental health and Older People	TBC

February 2018

Item and title	To invite
Chairs communications	
Update on GP Sustainability	CCG
Outpatients (if not a major part of CQC inspection report)	BSUH & CCG
Access to information about city health and care services	CCG and ASC

