BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 19 OCTOBER 2016

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 Mac Cafferty

Other Members present: Colin Vincent (Older People's Council), Fran McCabe (Healthwatch), Caroline Ridley (Community & Voluntary Sector)

PART ONE

27 APOLOGIES AND DECLARATIONS OF INTEREST

(a) Declarations of Substitutes

27.1 Councillor Mac Cafferty was present in substitution for Councillor Knight.

27.2 The Youth Council sent apologies.

(b) Declarations of Interest

27.3 There were no declarations of interest.

(c) Exclusion of Press and Public

27.4 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Committee considered whether the public should be excluded from the meeting during consideration of any item of business on the grounds that it is likely in view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

27.5 **RESOLVED** - That the public abe not excluded from any item of business on the agenda.

28 MINUTES

28.1 The minutes of the committee meetings of 20 July 2016 and 05 October 2016 were agreed as an accurate record.

29 CHAIRS COMMUNICATIONS

29.1 The Chair gave the following communication:

"I would like to welcome everyone to the HOSC meeting.

There are a number of members of the public here, which is good to see. Clearly there are issues on today's agenda which people feel passionate about. Please do note that you are here as observers, not as participants in the meeting. The council has a number of ways for people to ask questions or present petitions to committee meetings – and we have members of the public here today with a deputation. However, we cannot have the meeting disrupted by people shouting out from the public gallery, and I'm sure everyone here today will respect this.

Today we will be looking at the Sussex-wide review of stroke services, where it is proposed that services for the Brighton & Sussex University Hospitals Trust (BSUH) 'footprint' should be single-sited at the Royal Sussex County Hospital. We will also be looking at the recent CQC inspection report of South East Coast Ambulance NHS Foundation Trust (SECAmb); and at the latest developments in Sussex Patient Transport Services.

In terms of today's agenda, I'd like you to note that there is an addendum to the papers. This contains draft minutes for both the 20 July HOSC meeting and the special meeting on 05 October. It also contains the revised text of a deputation to HOSC on Sustainability & Transformation Plans.

In addition, I'm like to change the order of items a little and take Item 34 (PTS) before Item 33 (SECAmb). This is at the request of the SECAmb Acting Chief Executive, Geraint Davies, who is on his way from another meeting in Surrey.

Before we start the meeting, I'd also like to mention two other things. Firstly, you may have seen media coverage of the publication of the Sussex Partnership Trust (SPFT) Thematic Homicide Review. The review makes worrying reading and we plan to explore its implications with SPFT at the next meeting between their executive leadership team and Sussex HOSC Chairs. This issue may also be considered by the HOSC later in the year.

Secondly, you also may have seen that BSUH, our hospital trust, has been placed in Financial Special Measures by NHS Improvement – the trust was already in Special Measures for quality. We're in the process of setting up the joint HOSC working group to look at quality improvement plans, and we'll seek to include these financial issues in the scope of this work."

30 PUBLIC INVOLVEMENT

30.1 A deputation on Sustainability & Transformation Plans (STP) was presented by Mr Ken Kirk and Ms Madeleine Dickens. A similar deputation was presented to the July 2016

meeting of Full Council and was referred on to the HOSC. Given the time that had elapsed between the July Full Council meeting and the HOSC meeting, and given recent developments in the STP process, Mr Kirk and Ms Dickens were invited to revise their deputation and to re-present it.

30.2 The Chair responded to the deputation requests for action:

In view of emerging information about wholly new NHS governance structures Councillors communicate their disquiet about the proposed STP arrangements to the STP Board and request the attendance of the Board Chair at a specially convened HOSC meeting.

HOSCs' main statutory duty is to scrutinise NHS plans to make major changes or improvements to health services for local people, checking that they are not detrimental and that there is proper engagement and consultation with stakeholders and the public. The HOSC will certainly want to examine, at as early a date as possible, any STP plans to make substantial changes to local services. It is not possible to say precisely what the HOSC would do with these plans, since we do not yet know what they might contain, but should they involve large-scale service changes then the HOSC is likely to want to gather evidence about them and potentially to make recommendations to Full Council or to other bodies.

Our understanding is that the 'checkpoint update' submitted on June 30 did not include detailed plans for service change. It consisted, rather, of high-level diagnostics of the quality, care and resource gaps facing the STP footprint, and outline proposals for better regional co-working. As such, this submission is not strictly relevant to the HOSC; the HOSC's role is to respond to detailed proposals, not to engage with planning work in progress.

We acknowledge that there is public concern about the STP process. The council is involved in STP planning: HWB Chairs from across the STP footprint are part of the Central Sussex & East Surrey Alliance Programme Board, and council officers sit on various STP sub-groups. The Health & Wellbeing Board has already received a presentation from the Chair of the STP Board, and an STP update is a standing item on HWB agendas. At a regional level, HOSC Chairs are beginning to work together with the STP Board to plan the scrutiny of the detailed STP proposals when these become available.

We believe that these actions are appropriate at the current time, although we will continue to review this as the STP process evolves.

> **The full council recommended that the HWB call public consultation meetings on STP at the earliest opportunity. It has since become clear that councillors and officers will participate in the proposed new STP governance structures. The lack of any public consultation or engagement in decisions of this magnitude flies in the face of democratic and legal (see Gunning) principle. Urgent action should be taken to redress this.**

The city council and the CCG are committed to engaging with local people. We are still some way from being in a position to *consult* with residents about the STP, because consultation requires there to be concrete proposals to consult on.

It is important to recognise that there has been a commitment to date to ensure the STP plan will incorporate existing local initiatives. The local initiative for better integration of local health and social care services, Brighton & Hove Caring Together, will provide the foundation for local STP planning and in many ways is formalising how we already work together and intend to develop our provision over the next 4-5 years. The council and the CCG have already begun engaging on B&H Caring Together, with more events planned in the next few weeks.

A recommendation be made back to full council to propose a delay in acceptance of the STPlan pending much fuller objective consideration of its consequences.

We do not currently know what the detailed contents of the local STP will be. We do know that the city faces serious problems with health and care services which urgently need addressing. We also know that solutions for many of these problems will not solely be found in Brighton & Hove: for example, a significant proportion of patient-flow into the Royal Sussex County Hospital comes from outside the city. In addition many residents already use services outside the city. We are also committed to the continuing integration of local health and social care services.

The STP offers opportunities to step up our work on integration and to develop the kind of regional co-working relationships which are key to improving services at our hospital trust and elsewhere. It is not recommended that members seek to delay these developments when we don't yet know what the full implications of the STP are.

The most effective means of soliciting the opinion of city residents on the tendering out of local NHS services should be identified along the lines of the University of Brighton Citizens' Health services survey examining attitudes to privatisation.

It is clearly the case that a number of local people are unhappy with the prospect of services currently provided by NHS organisations being delivered by independent sector organisations following the re-tender of contracts. However, it is important to understand that NHS and local authority commissioners have to act in ways which accord with procurement law and best practice.

30.3 Cllr Mac Cafferty proposed an amendment to the recommendation: that, in addition to noting the deputation, the HOSC should agree to hold a special committee meeting to scrutinise STP plans to date. This amendment was seconded by Cllr Allen and agreed by the committee. The Chair confirmed to Mr Kirk that the special meeting will be held in public.

31 MEMBER INVOLVEMENT

31.1 There were no issues referred by members.

32 REGIONAL REVIEW OF STROKE SERVICES: UPDATE

32.1 This item was introduced by Caroline Huff (CF), Clinical Programme Director, Central Sussex & East Surrey Alliance; and by Dr Nicky Gainsborough (NG), Consultant in Stroke, Brighton & Sussex University Hospitals Trust.

32.2 In response to a question from Cllr O'Quinn about the risk of longer blue-light journey times for Mid Sussex residents should stroke services be single-sited at the Royal Sussex County Hospital (RSCH), NG told members that the advantages of single-siting outweigh any disadvantages of increased journey times. In response to a query from Cllr Deane, NG confirmed that this is likely to be true even if road works or congestion lead to longer than anticipated journeys to RSCH.

32.3 In reply to a question from Fran McCabe (Healthwatch representative) on whether current quality could be maintained with a single-site service, NG told the committee that there has been a divert to RSCH in place since February this year, so effectively stroke treatment has been single-sited for a number of months, and has been offering a superb service, despite all the estates challenges at RSCH. As a consequence of the divert, 10-14 beds have been freed at the Princess Royal Hospital (PRH). Patient satisfaction with the service remains very high (consistently at 98% for the NHS Friends & Family survey), even amongst those who have to travel further, because patients recognise that quality of service is more important than travel times. Although travel is an issue, there are good transport links to RSCH from Mid-Sussex, including the 40x bus service linking PRH and RSCH.

32.4 In response to a question from Cllr Taylor on performance as measured in terms of patient outcomes, NG told members that outcomes have improved recently. It should also be noted that outcomes are identical across the catchment: patients who have to travel longer to access services at RSCH are not disadvantaged by this. Further improvements in outcomes are expected when the team is fully staffed and able to offer a full seven day service.

32.5 In answer to a question from Colin Vincent (Older People's Council representative) on whether Mid Sussex patients could initially be seen and assessed at PRH, with those needing more specialist treatment then being referred on to RSCH, NG told the committee that this had been considered, but that it was quicker to process all patients at RSCH.

32.6 In response to a question from Cllr Mac Cafferty on the impact on stroke services of initiatives like 3Ts and of system pressures, NG told members that her team are ferocious in protecting their patients' interests and generally manage to do so successfully. However, delays in getting timely social care assessments and placements do represent a challenge.

32.7 RESOLVED - That the evidence provided detailing the benefits and risks of the Central Sussex Stroke Programme Board's recommendation to centralise Hyper Acute Stroke

services and Acute Stroke services at the Royal Sussex County Hospital (RSCH), Brighton (**Appendix 1**) be noted; and

That members agree that the HOSC should continue to receive updates on the progress of the stroke review, but that no further formal consultation with the HOSC is required.

33 SOUTH EAST COAST AMBULANCE NHS FOUNDATION TRUST: CQC INSPECTION REPORT

33.1 This item was introduced by Geraint Davies (GD), Acting Chief Executive, South East Coast Ambulance NHS Foundation Trust (SECAmb).

33.2 In response to a question from Caroline Ridley (Community Sector representative) on the CQC's finding that some SECAmb staff did not fully understand their job roles, GD told members that SECAmb acknowledged this problem. The trust is taking a number of steps to address this: for example, by ensuring that managers are no longer required to crew ambulances at times of very high demand – allowing them to concentrate on their managerial role. The trust is also introducing a better escalation process for staff concerns; has introduced a new system of appraisal that focuses on quality; and regular 'temperature check' meetings with front-line staff.

33.3 In answer to a query from Cllr Marsh on when permanent board appointments would be made, GD told the committee that a substantive Chief Executive was currently being recruited. Once in place, the Chief Executive would lead the process of recruiting a Chair.

33.4 In response to a question from Cllr Taylor on whether trust leaders had been aware how serious some of the problems facing the trust were, GD told members that although it was known that the trust was facing significant challenges, the full extent of these was not necessarily known as there was significant staff under-reporting of issues. The trust had not been fully aware of governance shortcomings until the Deloitte report on the Red 3 scheme was released earlier in 2016.

33.5 In response to a question from Cllr Allen about safeguarding, GD informed the committee that SECAmb took the CQC's findings on safeguarding very seriously, and had already instituted changes – for example in how the trust Board deals with safeguarding alerts. However, some of the poor safeguarding performance identified by the CQC was not in fact due to under-reporting of safeguarding concerns, but the use of terminology in staff reporting that the CQC did not recognise as relating to safeguarding.

33.6 In answer to a question from Cllr Allen about how much ambulance capacity was being lost due to handover delays at hospital, GD told members that delays amounted to 3% of total ambulance capacity. This is unacceptable, but is a system problem not just a problem for hospital trusts.

33.7 In response to a question from Cllr O'Quinn on ambulance crew mix, GD told members that the trust endeavours to buddy new staff with experienced people. However, it is important to understand that all the paramedics employed by SECAmb are fully trained graduates, many of whom will have done their training with SECAmb.

33.8 GD told the committee that the trust is experiencing significant problems with staff retention. Part of the problem is that ambulance paramedics are being actively recruited into primary and secondary healthcare, often at much better pay than the ambulance service can offer.

33.9 Cllr Peltzer Dunn thanked GD for attending the meeting, noting that it was refreshing to get such a candid and open response to service failure.

33.10 The Chair suggested that the HOSC should see the SECAmb action plan in response to the CQC's finding as soon as it became available. This was agreed by members.

33.10 Cllr Peltzer Dunn proposed an amendment to the report recommendations: to insert at point 2.3 the following: "that there be regular reports back to the HOSC for information and/or decision. No formal powers shall be delegated to the working group." The amendment was seconded by Cllr Bennett and agreed by HOSC members.

33.11 **RESOLVED -** That the report be noted; that HOSC members agree that scrutiny of the implementation of SECAMb quality improvement measures in response to the CQC report findings be undertaken by an informal joint working group representing all the interested HOSCs in the SECAmb 'region'; and that there be regular reports back to the HOSC for information and/or decision. No formal powers shall be delegated to the working group.

34 PATIENT TRANSPORT SERVICES (PTS): UPDATE

34.1 This item was introduced by John Child (JC), Chief Operating Officer, Brighton & Hove CCG; Alan Beasley (AB), Chief Finance Officer, High Weald Lewes Havens CCG; and Ian Thomson (IT), Business Unit Manager (Sussex), Coperforma.

34.2 In response to a question from Cllr Allen on TIAA being unable to interview all the staff they wished to in preparing their independent report on Patient Transport Services (PTS) contract mobilisation, AB told members that at the time of TIAA's investigation some staff were unavailable because they were no longer employed by Coperforma. IT added that he had been in place in May; TIAA had not attempted to contact the previous incumbent.

34.3 In answer to a query from Cllr Allen on why CCGs had paid for external legal advice on this issue, AB told the committee that CCGs did not have the requisite specialist legal expertise in-house.

34.4 In response to Cllr Taylor's request to see performance data broken down to locality level, AB told members that the contract was not established with this granularity of data in mind. However, data by locality has now been requested and should be imminently available. IT added that he has taken personal charge of the Brighton & Hove locality. He meets regularly with staff at the royal Sussex County Hospital (RSCH), particularly with renal department nurses, to ensure that all PTS journeys are booked correctly. IT is developing contingency plans for when the 3Ts building work impacts on parking at RSCH.

34.5 In answer to a question from Cllr O'Quinn on the employment by CCGs of a PTS expert, AB confirmed that someone has been in post since August 30. IT added that this arrangement is working well for Coperforma: the new staff member has an in-depth practical knowledge of PTS and provides an effective means of liaison between Coperforma and commissioners.

34.6 In response to a query from Cllr Mac Cafferty on how the learning from the TIAA mobilisation report can be entrenched into future CCG procurement, AB told members that the learning from the TIAA report has been shared amongst all Sussex CCGs and also with specialist procurement support organisations. Procurement of the PRS contract was not supported by the regional Commissioning Support Unit (CSU), although it is unlikely that CSU involvement would have resulted in a different outcome. The TIAA report has been shared with the CSU.

34.7 Fran McCabe told members that HW has been surveying patients since the beginning of the current PTS contract. User satisfaction has gradually improved, but is still nowhere near the 80% quoted by the CCGs. Patients remain very worried about the future of the service. Users would also like to see some continuity of care – i.e. being regularly assigned the same driver. Whilst some aspects of the PTS service are doubtless complex because it is hard to estimate how long appointments may take, treatment times for other services (e.g. renal dialysis) are much more predictable, and it should be relatively straightforward to run a decent PTS for these patients.

34.8 Cllr Cattell commented that she was sceptical of the user satisfaction being claimed by the CCGs and would like to see the survey proforma being used. To be trusted it may be necessary that the wording of any survey be agreed with an independent body such as Healthwatch. It is shocking that TIAA was unable to access all the information it required to undertake its independent investigation.

34.9 Cllr Peltzer Dunn proposed an amendment to the report recommendation, suggesting that an additional resolution be inserted at 2.2: "that bi-annual updates, to include comparative patient satisfaction data, be brought to the HOSC." The amendment was seconded by Cllr Allen and agreed by members.

34.10 RESOLVED – that the report be noted; and that bi-annual updates, to include comparative patient satisfaction data, be brought to the HOSC.

35 HOSC DRAFT WORK PLAN/SCRUTINY UPDATE

35.1 Items to be added to the work plan following this meeting are:

- a Patient Transport Services update in six months' time
- the SECAmb action plan in response to CQC inspection recommendations
- a special meeting to discuss Sustainability & Transformation Plans (STP).

35.2 Fran McCabe (Healthwatch representative) suggested that NHS Referral to Treatment times be added to the HOSC work programme.

25.3 Cllr Taylor suggested that cancer indicators (cancer mortality, waiting times for treatment and waiting times for/take-up of screening programmes be added to the HOSC work programme.

25.4 Cllr Allen suggested, and members agreed, that the incoming Executive Director of Health & Care should be invited to the next HOSC meeting to introduce himself and to answer questions about ASC performance.

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of