

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 7 DECEMBER 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 Sykes

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

PART ONE

36 APOLOGIES AND DECLARATIONS OF INTEREST

(a) Declarations of Substitutes

36.1 Councillor Ollie Sykes was present in substitution for Councillor Knight.

(b) Declarations of Interest

36.2 Fran McCabe declared a personal interest in Item 45 as she is the chair of Brighton & Hove Healthwatch.

(c) Exclusion of Press and Public

36.3 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.

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

37 MINUTES

- 37.1 The minutes of the committee meetings of 19 October 2016 were agreed as an accurate record.

38 CHAIRS COMMUNICATIONS

- 38.1 The Chair gave the following communications:

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

I’m sure many of you will have seen that the local Sustainability & Transformation Plan (STP) has now been published. At the last HOSC meeting, members agreed to hold a special meeting to look at the STP. Instead of trying to find an additional date in December, I decided that we would use the first part of this meeting to hear about the STP.

You may also have seen news about a new working relationship between Brighton & Sussex University Hospitals Trust and Western Sussex NHS Foundation Trust. I’ve asked for a report on this to come to this meeting.

We’ve also got a presentation on progress on the 3Ts development of the Royal Sussex County Hospital; an update on performance of the residential detoxification service since it was moved to London a few months’ ago; and Brighton & Hove Healthwatch will be presenting its annual report.

Finally, I’d just like to remind everyone that this is a council committee meeting. Members of the public are always very welcome to come and observe, but this is not the place for a public debate about the STP or any other issue.

We also had the first meeting of the joint HOSC working group on BSUH quality improvement this week, which I was unfortunately unable to attend. Trust representatives came to this meeting to explain what they are doing in response to the CQC inspection report and what the impact has been to date. There has been some progress, but there are still some very severe performance challenges. We are planning further meetings in the new year.

Officers are in the process of setting up meetings with Sussex Partnership NHS Foundation Trust as their latest CQC inspection report will be published soon. We are also sorting out dates for the joint HOSC working group looking at SECamb’s quality improvement plans.

Finally, we were due to visit the Royal Sussex County Hospital today. Unfortunately, due in no small part to illness, there just weren’t enough members available to justify a visit. We do appreciate that hospital staff have been working hard to set this up and we will definitely find another date to do this.”

39 PUBLIC INVOLVEMENT

- 39.1 There was a deputation from Mr Ken Kirk and Ms Madeleine Dickens:

Summary of presentation for deputation to HOSC re STP

- Too many hospital beds are unavoidably occupied by frail elderly patients for whom there is no social care provision; our social care system of privatized care homes is close to collapse. Since 2010 funding of adult social care has been cut by 12%
- The 5YFV stated the UK needs “a radical upgrade in prevention and public health”; this requirement in Stevens’ document has been ignored; in fact public health expenditure has been drastically cut.
- The government ignores demands to improve social care provision, but acts on the 5YFV recommendation to produce ST Plans.
- The stated aim of STP is to integrate health and social care, motivated more by hope than any understanding of need; with no consultation of professions or public. From the extreme level of “savings” (ie cuts) outlined in both the STP and Place-Based Delivery plan we can only suspect that the real objective is to reduce budgets regardless of consequence.
- In illustration of this, the “do nothing” deficit by 2020/21 NHS England insists has to be cleared by the regional STP footprint (33) is a staggering £860 million.
- Two divergent figures are quoted for “savings” under “Provider Productivity” - £276 million and £340 million in “Productivity change”. Whichever figure is correct, it can only mean substantial staff redundancies; down-grading of bandings and posts; de-skilling; increased voluntarism; the erosion of AFC conditions and contracts; and mass contracting out.
- Other “savings” specified in the STP report - Social care - £112million; Place-based acute care - £171million; “Prevention”, a supposed cornerstone of STP - £29 million. The Place-based delivery Plan outlines specific “savings”: for eg- 40% reduction in emergency admissions of people over 75; 50% reduction in “excess (hospital bed) days for those over 75” in an alternative setting. These “savings” clearly assume all the displaced masses of patients will be “diverted” to the already grossly over-burdened, in crisis social care sector in the city. How can this be given any credence? Where is the massively-increased funding to avert collapse of the social care sector with all the unimaginable consequences?
- There are concerns to be discussed in more detail, about proposed new legal entities to deliver the STP, primarily US imports – for eg Coastal West Sussex Accountable Care Organisation which will become one of the main providers of healthcare in the region.
- STP would put the final nail in the coffin of a public, nationally provided NHS, give the private sector even freer rein and consolidate a two-tier insurance-based health system. It would have an irrevocably harmful impact on the quality of health and life of city residents.
- Local Authorities round England (including close neighbours) are opposing STP. At least one LA has initiated legal action. There is growing national recognition of the core fallacy that STP is anything other than the mass divesting of responsibility by the government for a crisis-ridden NHS, the inconceivable levels of debt which have been allowed to accrue and the resulting highly destructive and unpopular decisions to be made. As the 6th richest country in the world, we can and have to afford a nationally-funded NHS.
- HOSC with its role of overseeing and scrutinising our local health services has to act urgently. We urge you as our elected representatives:
 - *As there appears to be gathering opposition to STP in the council and in local party organisations, for HOSC to recommend that the HWB and full council as a matter of urgency make a formal decision to oppose the imposition of STP locally and nationally.*
 - *To convene urgently a review panel to call witnesses to account for all aspects of the STP and the Place-based delivery Plan.*
 - *HOSC seeks urgent legal advice re the procedure for B&H Council’s agreement to the STP to avoid the undeclared imposition of any NHS England decisions.*

39.2 The Chair thanked Mr Kirk and Ms Dickens for their deputation and responded:

“Thank you for taking the time to come and present this deputation. It is clearly the case that there are widespread concerns about the STP process.

The HOSC will definitely want to engage with the STP, but the principle role of scrutiny committees is to examine definite plans for service change, not to be a partner in planning and development – and currently both the STP and the place-based plan are not at this detailed stage. Sussex HOSC Chairs are working together to monitor the development of the STP and we will want to be more actively involved once detailed plans for change emerge. However, we agree that it is currently too early for formal HOSC scrutiny.

The council’s decision-making bodies for health and care issues, the Health & Wellbeing Board and Policy, Resources & Growth Committee, are involved in planning for the STP and for health and social care integration, and this is where decisions about the STP will be made. I do agree that it is unclear how and when councils are to sign-off STP plans, and I have asked our lawyers to investigate this point further.”

39.3 The committee agreed to note the deputation.

40 MEMBER INVOLVEMENT

40.1 There were no issues referred by members.

41 SUSTAINABILITY & TRANSFORMATION PLAN (STP): SPECIAL ITEM

41.1 This item was introduced by Adam Doyle, Accountable Officer; and by John Child, Chief Operating Officer, Brighton & Hove CCG. Mr Doyle outlined the purpose of the STP; explained that the footprint is divided into three parts, with Brighton & Hove forming part of the Central Sussex & East Surrey Alliance (CSESA) locality; and pointing out that our local integration programme, Brighton & Hove Caring Together, feeds in to locality and footprint-wide planning.

41.2 Cllr Allen commented that integration is a worthy goal, but we need to be mindful that the context is one of being required to make huge cuts locally. Given this, the deliverability of the STP has to be in doubt. Cllr Allen also questioned the Multidisciplinary Community Provider (MCP) model, querying who would run MCPs: there was public concern that these would come to be run by the corporate sector. In addition, Cllr Allen noted that the STP submission was full of jargon and NHS acronyms, making it almost unreadable; and that STP communications to date had been appalling, although the decision to publish the submission was to be applauded.

41.3 In response to a question from Cllr Allen, Mr Doyle confirmed that the current financial position (i.e. the ‘do-nothing’ deficit for 2021) was £865M.

41.4 In answer to a question from Cllr Allen on GP support for the STP, Mr Doyle responded that the STP has been discussed locally with GPs, although more debate is required. Some other areas within the STP are more advanced in these discussions.

- 41.5 In response to a query from Cllr Allen on the lack of local representation at a senior level in STP governance structures, Mr Doyle acknowledged that this is an issue and that he is working to ensure that the city is properly represented.
- 41.6 Cllr Sykes commented that it is clear that the STP is driven by the requirement to make savings, and it is unfortunate that this is not properly acknowledged in the Plan. The STP's commitment to prevention and to social care is laudable, but is hard to square with recent Government cuts to public health and adult social care funding. Mr Doyle acknowledged these concerns, and the scale of the challenge locally, but noted that we have to use the resources we have in the most effective way, for example by reducing unnecessary hospital activity.
- 41.7 In response to Cllr Sykes criticising the language in the STP as very obscure, Mr Child told the committee that this problem was acknowledged and work was underway to produce more accessible material.
- 41.8 In response to a question from Cllr Sykes on the cost of the STP project, Mr Doyle responded that he did not have the figures to hand, but would circulate them after the meeting.
- 41.9 Cllr Marsh commented that this felt like groundhog day in terms of grand NHS plans. This is clearly a financially-driven initiative and the lack of transparency to date is worrying. Cllr Marsh also questioned whether GPs were truly 'on board' with the STP.
- 41.10 Cllr O'Quinn queried why the system had not done much more to prepare for the challenges of an ageing population that we are now facing. Cllr O'Quinn was also worried by the scale of the proposed changes, and questioned whether they were actually achievable.
- 41.11 Cllr Peltzer Dunn noted that the STP sounded similar to previous plans for NHS reorganisation which had not proved successful. Whilst front-line NHS staff are generally excellent, NHS systems are not.
- 41.12 In response to a question from Cllr Peltzer Dunn on how demand for beds can be reduced when the population is both ageing and increasing, Mr Doyle told members that demand for acute hospital services can be reduced by eliminating unnecessary hospital admissions and by moving some services (such as outpatient appointments) from an acute to a community setting.
- 41.13 In reply to a query from Cllr Peltzer Dunn on whether it wasn't rather late in the day for winter planning, Mr Doyle assured members that planning has been in place for some time for this winter, and there is a good deal of work going on to plan over the longer term to better manage predictable seasonal pressures.
- 41.14 In response to a question from Cllr Cattell on how local estates planning fitted in with the STP, Mr Doyle responded that this would be picked up in the ongoing One Public Estate work. The '3T' renovations of the Royal Sussex County Hospital are designed to be future-proofed, so will accord with any likely STP plans.

- 41.15 In reply to a question from Cllr Cattell on GP sustainability, Mr Doyle told members that there was a national shortage of GPs. Part of the solution to this was to look at how best to provide the required skill-mix in general practice: this may mean employing healthcare professionals other than GPs to take on some tasks traditionally undertaken by GPs.
- 41.16 In answer to a query from Cllr Deane as to how confident he was in the success of the STP, Mr Doyle told the committee that he was very confident that local elements of the STP plans would be delivered and would prove effective. Mr Child added that it was important to bear in mind that the local plans were not new – they have been some time in development and are tailor-made to deal with Brighton & Hove issues.
- 41.17 In response to a question from Colin Vincent asking to which bodies the STP was submitted, Mr Doyle confirmed that the submission was made to both NHS England and NHS Improvement. However, the submission will evolve into far more detailed implementation plans.
- 41.18 In answer to a question from Mr Vincent on public involvement in the STP, Mr Doyle acknowledged that there had been limited engagement on the STP itself to date, although there has been engagement on local plans. However, there will be much more engagement going forward.
- 41.19 In response to a question from Fran McCabe on whether the Central Sussex & East Surrey Alliance area is coherent and sustainable, Mr Doyle told members that the locality makes sense in terms of patient flows and also in terms of similar clinical approaches to the challenges we face.
- 41.20 In answer to a question from Zac Capewell on whether more could be done to provide emergency services in community/General Practice settings, Mr Doyle told the committee that it was important that as many people as possible received treatment in community settings. However, very sick people would still need to attend A&E in order to access specialist care.
- 41.20 Cllr Allen proposed an amendment to the report recommendation: that an additional recommendation be added: “That members agree to set up a working group to examine the implications of the STP for the residents of Brighton & Hove.” This was seconded by Cllr Marsh and agreed by committee members.
- 41.21 RESOLVED** – that members:
- (1) Agree to note the information in the report; and
 - (2) agree to set up a working group to examine the implications of the STP for the residents of Brighton & Hove.

**42 BSUH: NEW WORKING ARRANGEMENTS WITH WESTERN SUSSEX HOSPITALS
NHS FOUNDATION TRUST**

- 42.1 This report was introduced by the Senior Scrutiny Officer. Dominic Ford, Company Secretary, attended on behalf of Brighton & Sussex University Hospitals Trust (BSUH).
- 42.2 In response to a question from Cllr Taylor on future trust governance arrangements, Mr Ford told members that the Chair and Chief Executive of Western would also assume these responsibilities at BSUH from 01 April 2017. It seems likely that the rest of the Western executive team will also assume joint responsibilities. The composition of the rest of the BSUH board is not yet clear, particularly in terms of the roles of Non-Executive Directors (NEDs). This arrangement is for three years. The two trusts will remain as separate organisations, although the possibility of a future merger has not been ruled out.
- 42.3 Cllr Allen commented that it was important to state that, despite the shortcomings identified in the recent CQC report, BSUH does a great deal of tremendous work. It also needs to be recognised that the pressures at the Royal Sussex are not the same as those at Worthing or Chichester – for example the hospital's 98% occupancy rate. Mr Ford agreed that the new arrangements presented significant risks for both organisations. However, Western does have an excellent track record, particularly in terms of staff engagement.
- 42.4 **RESOLVED** - That members note the information in this report; and agree that the HOSC Chair should write to BSUH, Western Sussex Hospitals and NHS Improvement (NHSi) to seek assurances that the new working arrangements will ensure that BSUH continues to be focused on the needs of Brighton & Hove residents, both as a provider of district general hospital and specialist services, and to the delivery of the 3Ts programme and that these arrangements are reflected in the governance arrangements established, including the composition of the BSUH Board after 1st April 2017.

43 3TS UPDATE

- 43.1 This item was introduced by Duane Passman, 3T Programme Director.
- 43.2 Cllr Marsh congratulated Mr Passman and his team on the success of the programme to date, but wondered whether STP plans and changes to the trust's senior management might jeopardise progress. Mr Passman responded by saying that 3Ts is at the heart of STP planning. Changes in management should have no adverse impact on 3Ts as all local NHS leaders, including Marianne Griffiths, are fully signed-up to the programme.
- 43.3 Cllr Cattell added her congratulations, stating that the team's passion for the programme was evident to see and that she was in awe at the scale of the project. Mr Passman thanked Cllr Cattell, noting that such positive comments were really meaningful to the team.
- 43.4 In response to a question from Caroline Ridley on the impact of 3Ts on trust recruitment, Mr Passman told members that evidence from other trusts that had undertaken similar projects was that there was a significant improvement both to recruitment and to staff morale.
- 43.5 In reply to a question from Cllr Deane, Mr Passman confirmed that the 3Ts plans did not include on-site bulk catering facilities. The trust does try and buy locally where it can, and there are opportunities for local providers to be involved in the on-site cafes, but

with a limited amount of space to develop it was decided to prioritise clinical capacity over on-site catering.

- 43.6 Fran McCabe noted that Healthwatch has identified some remaining issues with signage and will meet with the trust to address these. Ms McCabe also asked how the 3Ts plans supported the development of outpatients (OPD) and Emergency Department (ED) facilities. Mr Passman responded that the intention is to provide more OPD services in the community in coming years, reducing the current reliance on the buildings at the Royal Sussex. Whilst the 3T programme does not include the ED department as such, it does cover several linked services on the 'emergency department' floor, delivering significantly increased capacity in these areas which will relieve some of the stress on the ED. Some of this improvement has been delivered already, with the remainder expected by 2020. The incoming trust Chief Executive brings considerable experience of running a best practice ED and will lead on future direct improvements to the ED environment at the Royal Sussex.
- 43.7 In response to a question from Colin Vincent on the RACOP (Rapid Access Clinic for Older People), Mr Passman confirmed that this will be retained in the redevelopment, although it will be moved from the Barry Building when this is demolished.

43.8 RESOLVED – that the report be noted.

44 TIER 4 RESIDENTIAL DETOX: UPDATE

- 44.1 This item was introduced by Peter Wilkinson, Acting Director of Public Health. Mr Wilkinson told the committee that commissioners were generally happy with the performance of the service since the change of provider. Good preparatory work has meant that any potential negative impacts of the move of services to London have been effectively mitigated.
- 44.2 In response to a question from Cllr Sykes as to why the new service has been so successful, Mr Wilkinson told members that key to this has been identifying suitable referrals.
- 44.3 In answer to a query from Cllr Deane on travel costs, Mr Wilkinson confirmed that assistance was available for these costs, both for service users and for their families and carers.
- 44.4 In response to a question from Cllr Taylor on data linking outcomes to spend, Mr Wilkinson explained to members that services commissioned by Public Health are benchmarked against similar services, and performance information is also available on the national Public Health Outcomes Framework.

44.5 RESOLVED – That the report be noted.

45 BRIGHTON & HOVE HEALTHWATCH ANNUAL REPORT 2016/17

- 45.1 This item was introduced by Fran McCabe, Chair of Healthwatch Brighton & Hove. Ms McCabe told members that highlights of the past year included: a successful 'enter & view' programme; effective use of volunteers in the work of Healthwatch; the

development of the 'Pulse' on-line portal; and commendations for work on Trans advocacy and on regional joint working with the Care Quality Commission.

45.2 The Chair expressed the committee's thanks to Healthwatch for all their input over the past year. The Chair also noted that information on recent Healthwatch work at the Royal Sussex County Hospital should have been included in the papers to this meeting. This had been mistakenly omitted, but would be circulated to members outside the meeting.

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

46 HOSC DRAFT WORK PLAN/SCRUTINY UPDATE

46.1 The committee workplan was noted.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of

