Agenda Item 2

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 20 MARCH 2019

THE RONUK HALL, PORTSLADE TOWN HALL - PORTSLADE TOWN HALL

MINUTES

Present: Councillor K Norman (Chair)

Also in attendance: Councillor Allen (Group Spokesperson), Deane, Greenbaum, Morris, Marsh and Janio

Other Members present: Fran McCabe (Healthwatch), Colin Vincent (Older People's Council)

PART ONE

33 APOLOGIES AND DECLARATIONS OF INTEREST

34.1 Apologies were received from Zac Capewell, Brighton & Hove Youth Council and from Caroline Ridley, CVS representative.

34.2 Cllr Janio attended as substitute for Cllr Carol Theobald.

34.3 There were no formal declarations of interest. Fran McCabe noted that there were two reports from Healthwatch Brighton & Hove on the agenda and she wanted to remind members that she is Chair of Healthwatch Brighton & Hove.

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

34 MINUTES

35.1 Cllr Morris told members that he had received additional information from the CCG regarding point 23.2 of the minutes (information on the Brighton Walk-In Centre). The Scrutiny Officer confirmed that this material had also been circulated to other committee members.

35.2 RESOLVED – that the draft minutes of the 23rd January 2019 HOSC meeting be accepted as an accurate record.

35 CHAIRS COMMUNICATIONS

35.1 Cllr Janio thanked Cllr Norman for all his work in chairing the committee. This thanks was echoed by other committee members.

35.2 Cllr Norman noted that he was standing down after 16 years as a Councillor. He thanked everyone he had worked with, in particularly officers in Adult Social Care for their help and support over the years.

36 PUBLIC INVOLVEMENT

36.1 There was a public question from Ms Janet Sang. Ms Sang asked:

"The CCG's Clinically Effective Commissioning Policies are prefaced with a statement about the responsibilities of the CCG in relation to Equality. What analysis has HOSC seen which considers the likely equality impact of the reduction of clinical procedures listed in the Policies, and what plans are there to monitor their impact?"

36.2 The Chair responded:

"NHS bodies are required to consult formally with local HOSCs when planning to make service changes that may constitute a Substantial Variation in Service (SViS). As part of this process, HOSCs would typically expect to consider relevant Equality Impact Analyses (EIAs) alongside other evidence.

In the opinion of the CCGs, none of the service changes that form tranches 0-2 of the Clinically Effective Commissioning (CEC) programme constitute a SViS, and CCGs have therefore not sought to consult formally with local HOSCs on these changes. CCGs have engaged informally around CEC, including providing briefings on the programme to individual HOSCs and holding regular discussions of CEC with Sussex HOSC Chairs.

This informal engagement has not included the formal sharing or discussion of EIAs. Commissioners have consistently told HOSC representatives that there are anticipated to be few if any negative impacts of CEC tranches 0-1 as the changes are designed to improve the clinical effectiveness of procedures, leading to better outcomes for service users with no significant detriment to any group.

The HOSC has requested more information on tranches 0-2 of CEC and is currently in dialogue with BHCCG about what information is required.

It is anticipated that tranche 3 of CEC may include changes which will constitute a Substantial Variation in Service ,and, if this is the case and the changes are to be implemented across Sussex, then these will be subject to formal consultation with Sussex HOSCs (via a Joint HOSC as required by law)."

36.3 Ms Stang then asked a supplementary question:

The Royal College of Surgeons has issued a statement challenging commissioner decisions to follow conservative treatment regimes in the first instance, rather than prioritising hip, knee or hernia surgery, where patients will experience significant pain

that could be alleviated by surgical intervention. What does the HOSC intend to do in response to this guidance?

36.4 The Chair told Ms Stang that he was unable to answer this question at the meeting, but would provide her with a written response to be included in the minute of the meeting.

The response was:

"Thank you for your supplementary question. I believe that you raise valid issues about some of the tranche 2 Clinically Effective Commissioning procedures; indeed some HOSC members have voiced similar concerns. We have local elections this May, and a new HOSC and HOSC Chair will be appointed following these elections. I cannot commit the future HOSC to follow any particular course of action, but I will write to the new Chair drawing their attention to these outstanding concerns relating to tranche 2 of CEC."

37 MEMBER INVOLVEMENT

37.1 Members considered a Notice of Motion referred from Full Council in January 2019.

37.2 Cllr Janio told the committee that there is land set aside for a secondary school on the Toad Hole Valley development could be used for medical facilities now that a school is no longer required. A small hospital could be built on the site which could provide screening services, a minor injuries unit and some mental health facilities etc. This would mean that people from Hove and Portslade would not have to travel all the way to the Royal Sussex for treatment.

37.3 Cllr Allen noted that Hove already has a polyclinic and mental health hospital offering this type of provision, and he saw no need for these services to be duplicated.

37.4 Cllr Marsh noted that she was hesitant to make a recommendation given that this was the last meeting of the electoral cycle.

37.5 Cllr Greenbaum stated that she was not personally convinced of the need for additional facilities in Hove, but supported the request to have a report come to the HOSC.

37.6 RESOLVED – that a report from the CCG on healthcare provision on Hove and Portslade be requested and presented to a future HOSC meeting.

38 BRIGHTON & SUSSEX UNIVERSITY HOSPITALS TRUST (BSUH): CARE QUALITY COMMISSION INSPECTION REPORT

38.1 The report was presented by Dr George Findlay, BSUH Medical Director. Dr Findlay told members that the recent CQC inspection report had seen the Trust's ratings improve in every area, with BSUH now rated *good* overall and *outstanding* for the caring domain. The Trust is now out of both quality and financial Special Measures. Most of the credit for this rapid turnaround should go to staff across BSUH.

38.2 Challenges remain however. BSUH needs to improve the responsiveness of its services. The Trust has also been rated as requires improvement for its use of resources; BSUH still has a significant annual deficit and struggles to meet national waiting times targets, but the CQC has recognised that the position has improved and that there is a positive trajectory.

38.3 Members congratulated the Trust and its staff on BSUH's improvement.

38.4 In response to a question from Cllr Marsh on the Royal Alex, Dr Findlay told the committee that the CQC had not included children's care in its most recent inspection. Services at the Royal Alex had been found good or outstanding in the 2016 inspection report.

38.5 In answer to a query from Mr Vincent about end of life care, Dr Findlay told members that end of life services did not form part of the recent inspection. However, there has been significant investment in end of life since 2016, providing more specialist nurse and consultant post and a better general understanding of end of life care across the Trust.

38.6 In response to a question from Cllr Greenbaum on how further improvements would be resourced, Dr Findlay agreed that there was limited prospect of additional funding. However, the Trust spends more than £500 million per year and can fund improvement by identifying and eliminating waste within this spend. BSUH's £30 million in-year savings programme is, in part, intended to identify savings in order to facilitate this type of investment.

38.7 In answer to a question from Cllr Janio on what the Trust does internally to drive improvement, Dr Findlay explained that the Patient First improvement programme that has proved highly effective in West Sussex hospitals had been introduced to BSUH. This uses data to drive improvement and forms a core component of management systems.

38.8 In response to a question from Cllr Janio on how the Trust hoped to access additional NHS funding (e.g. the £20.5 billion announced for the NHS in 2018), Dr Findlay informed the committee that partners are working together across the health economy to attract additional investment. A key part of this is being able to demonstrate that there is effective control over current budgets. To this end the Trust has agreed an aligned incentive contract with the CCG and is developing a medium term financial strategy with the active involvement of NHS England, NHS Improvement and the Treasury.

38.9 In response to a question from Ms McCabe on Western Sussex leadership at BSUH, Dr Findlay told the committee that the move had been successful because there had been a focus on leadership across BSUH, not just at executive level; a focus on internal governance; and a focus on culture change. The current contract with Western expires in April 2020 and negotiations with NHS Improvement about future arrangements are ongoing.

38.10 RESOLVED – that the report be noted.

39 BRIGHTON & SUSSEX UNIVERSITY HOSPITALS TRUST (BSUH): WAITING TIMES

39.1 The report was presented by Ben Stevens, BSUH Director of Operations. Mr Stevens gave an overview of the outpatient services system at the Royal Sussex County Hospital (BSUH).

39.2 In response to a question from Cllr Morris on weekend appointments, Mr Stevens told members that weekend appointments helped the Trust manage demand effectively across the week. It was also the case that they are more convenient for many people.

39.3 In answer to a query from Ms McCabe on the impact of cancellations on the 18 week Referral To Treatment (RTT) target, Mr Stevens told the committee that the clock for this target starts as soon as a GP referral is made and is not halted or re-set by cancellations.

39.4 In response to a question from Cllr Marsh as to whether over-booking appointment slots had been considered, Mr Stevens informed members that this is an option discussed with clinics. However, the best way to improve efficiency is to reduce the number of appointments that patients do not attend (DNA). A detailed interrogation of DNA reasons will form a key part of the Trust's outpatient improvement programme.

39.5 Cllr Morris commended BSUH for signing the transgender and non-binary protocol and asked how the Trust was communicating this to the local LGBT community. Mr Stevens agreed to provide a written response to this question following the meeting (this is in process, but BSUH have not yet finalised the response. It will be included in the minute to this meeting when it is received).

39.6 In response to a question from Cllr Morris on how patients with dementia or mental health problems are supported to navigate the outpatient system, Mr Stevens agreed to provide a written answer:

Each OPD area supports a person centred approach which is responsive to the individual needs of the patient.
Staff recognise the need to make reasonable adjustments & aim to make sure they are met to ensure the patients feel safe and secure within the hospital environment.

On referral the GP would initiate what would need to happen – by either ensuring a carer comes with the patient or making staff aware of any concerns in their initial letter. If any concerns come to through to the bookers they would inform the individual areas and the department would plan the process with the patient &/or their carer.

Some examples I can give of this type of care are:

- Being contacted by a carer whose son was autistic and found waiting areas difficult, arrangements were made to have the first appointment & take the patient straight through to the consultation room so they did not have to wait in a big space
- Being contacted by a nursing home who said they were unable to send any staff with a patient who lacked capacity, changing the appointment so they were able to send a member of the team who knew the patients background

However, often at the point of arrival to outpatients it becomes apparent that different types of care are needed. Staff will still need to be responsive to these & work with the patient &/or carer to get the best possible outcome for the patient that can be difficult to quantify

Some examples of this type of care are

- A patient with mental health concerns had run out of phone battery and liked to listen to music whilst waiting as a distraction, was given a quiet room and able to charge their phone and staff placed a radio in the room
- The wife of a patient with dementia informed staff that they were exhausted as is been difficult to get to the department. A nurse then made a cup of tea for the wife and sat with the patient whilst she had time out (we try to look after our carers too!)

To ensure staff have the right skills they receive training in Safeguarding, mental capacity & deprivation of liberty.

To ensure the right environment both the PLACE & Healthwatch audits now incorporate dementia. Dark coloured toilet seats have been installed as well as grey flooring which is dementia friendly. Signage is being looked at by Terece Walters to ensure it is suitable. Any concerns are reported via DATIX

Katy Mundy, the dementia lead, is in the process of releasing a new Dementia Strategy that includes Outpatients. She is also coming to talk at the Outpatient Nurse Manager Forum about what these areas could do & encourage dementia champions.

Andy Nuttall, the mental health lead, is in the process of working with the head of nursing education to set up training needs analysis around mental health education which will be a sustained programme.

Terece Walters, from Facilities and Estates, is aware of signage, toilets & flooring that are Dementia friendly and is responsible for the PLACE & Healthwatch plans.

39.7 In answer to a query from Ms McCabe on the role of Optum, Mr Stevens agreed to provide a written answer:

The trust has commenced a programme of work focused on delivering operational productivity improvements for outpatients. This includes a review of the referral and Triage process that includes Optum.

39.8 Ms McCabe noted that she found the volume of calls handled by the outpatient department worrying. Lots of people report to Healthwatch that they have been unable to contact outpatients because calls are not answered or the line goes dead. This must feed into the high percentage of DNAs.

39.9 In response to a question from Ms McCabe on the impact of the Clinically Effective Commissioning (CEC) programme on RTT targets (e.g. in instances where a treatment pathway has been amended so a period of conservative treatment must precede a

referral for surgery), Mr Stevens told the committee that the impact on BSUH would be minimal as the RTT clock starts only on referral to acute services rather than when conservative treatment under the supervision of primary services begins.

39.10 Mr Stevens told members that he was happy to engage with Healthwatch Brighton & Hove to get patient perspectives on plans to re-design outpatient services.

39.11 In response to a question from Cllr Janio as to whether the Trust uses behavioural insight tools (e.g. writing to DNA patients to inform them how much a missed appointment has cost the NHS), Mr Stevens confirmed that the Trust does contact patients who have not attended appointments, and where appropriate may refer them back to their GP for further treatment. However, BSUH does not currently communicate the cost of missed appointments.

39.12 In answer to a question from Cllr Greenbaum on assessing the suitability of GP referrals, Mr Stevens noted that this was principally a commissioner role. However, the Trust does look at referral patterns from GP practices.

39.13 RESOLVED – that the report be noted.

40 CANCER: UPDATE ON LOCAL PERFORMANCE

40.1 The report was presented by Lola Banjoko (CCG Deputy Managing Director South), Dr Alex Mancey-Barratt (CCG Clinical Lead for Cancer) and Ben Stevens (BSUH Director of Operations). Ms Banjoko and Dr Mancey-Barratt outlined some of the innovative local practice on cancer, including outreach work with Albion in the Community to encourage people to attend screening, reductions in the threshold for referrals, ensuring that lessons are learnt from cases where late diagnosis led to poor outcomes, and the development of early diagnosis pathways through the Sussex Cancer Alliance.

40.2 Mr Stevens added that cancer represents a challenge for acute services both nationally and locally. Locally, there are good pathways from diagnosis to treatment in place, but more work needs doing on pathways to diagnosis and on interpreting diagnostic results.

40.3 In response to a question from Cllr Deane as to why screening rates in the city are lower than the national average, Dr Mancey-Barratt told the committee that screening uptake was typically lower in more deprived communities and in those with poorer access to screening facilities. Mobile screening can partly address these issues, but the mobile breast screening unit was no longer used because technological improvements in screening require centralisation in a single location (the premises at Preston Park). Albion in the Community does focus on East Brighton. Members noted that there were access problems with Preston Park: there is very limited parking available and the premises are not easily accessible by bus from all parts of the city.

40.4 In reply to a question from Cllr Greenbaum on the role that workforce shortages play in local performance, Mr Stevens agreed that this is an issue, but there has been recent successful recruitment of specialist breast radiologists.

40.5 In response to a query from Cllr Morris on how the age range for screening programmes is set, Dr Mancey-Barratt explained that this is nationally determined based on a cost/benefit analysis.

40.6 Fran McCabe commented that there was a long-standing problem with both screening and treatment for cancer in Brighton & Hove, with little apparent improvement over time. Dr Mancey-Barratt responded that the screening figures are now quite old, and it is likely that there has been improvement in recent months, particularly since there has been a focus on following up on those residents who do not respond to screening invites.

40.7 Cllr Marsh stated that there would always be problems in getting people from the periphery of the city to attend for breast screening in Preston Park because of access issues. Cllr Morris agreed that improving take-up amongst those at the edges of the city should be a priority: the system cannot simply accept that take-up from these communities will inevitably be low.

40.8 RESOLVED – that the report be noted.

41 HEALTHWATCH ANNUAL REPORT

41.1 The report was presented by David Liley, Chief Executive of Healthwatch Brighton & Hove.

41.2 Members thanked Mr Liley for all the work done by Healthwatch Brighton & Hove in the past year.

41.3 RESOLVED – that the report be noted.

42 HEALTHWATCH REPORT ON OLDER PATIENTS' EXPERIENCE OF HOSPITAL DISCHARGE

42.1 The report was presented by David Liley, Chief Executive of Healthwatch Brighton & Hove.

42.2 There was discussion of the hospital discharge support services run by The Red Cross and by Possability People. Mr Liley stated that Possability People are still uncertain that their service will be re-commissioned even though it is only a matter of weeks before the contract ends, and that this is an unacceptable situation.

42.3 In answer to a query by Cllr Janio about discharge information being shared with GPs, Mr Liley stated that discharge information should be shared with GPs, but that this did not always happen properly particularly in terms of communicating details of care plans.

42.4 RESOLVED – that:
(i) the report be noted; and
(ii) that the HOSC agrees to monitor the implementation of the multi-partner action plan developed in response to the Healthwatch report recommendations.

The meeting concluded at 6:30pm

Signed Chair

Dated this day of