

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 14 OCTOBER 2020

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Evans (Chair)

Also in attendance: Councillor Deane (Group Spokesperson), McNair (Group Spokesperson), Barnett, Grimshaw, Lewry, Osborne, West, Phillips and Williams

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

PART ONE

8 PROCEDURAL BUSINESS

8.1 There were no declarations of interest.

8.2 Cllr Alex Phillips attended as substitute for Cllr Steph Powell.

Cllr Gill Williams attended as substitute for Cllr Gary Wilkinson.

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

9 MINUTES

9.1 The draft minutes of the 15th July 2020 HOSC meeting were agreed.

10 CHAIR'S COMMUNICATIONS

10.1 The Chair gave the following communications:

Good afternoon everyone and welcome to this afternoon's meeting. Please bear with me if I make any mistakes today, since this is my first time as Chair of this committee. Technically I'm a new member of HOSC as well, since I left briefly at the end of the last municipal year – which meant I actually only missed the July meeting. We also have a couple of departing members from HOSC, namely Councillor Jacqui O'Quinn and Councillor Elaine Hills, and I'd like to send our thanks to them for their input in past meetings and overall service to this body.

To replace them, we welcome Councillor Pete West and Councillor Gary Wilkinson – or we would welcome Gary, if he hadn't been called away and needed a sub at short notice – so, a hearty welcome to Pete, to Gill Williams, subbing for Gary today, and to Alex Phillips, subbing for Steph Powell.

Obviously, the health picture both locally and nationally remains of grave and increasing concern, and I'd like to once again give heartfelt thanks to the professionals taking the time both to produce the reports we will be discussing today and to attend this meeting to present them to us.

I'd also like to give heartfelt thanks to everyone who works in either the NHS or in social care for their commitment and sacrifice – the unprecedented situation that has unfolded over the last seven or eight months can't have been easy. Our already overstretched NHS has been further stretched to the absolute limits of endurance. Many healthcare workers have been ill themselves, far too many have died, many have been left traumatised, and with numbers rising steeply again, it is becoming harder to see the light at the end of the tunnel.

That workers at all levels continue to give their all, going above and beyond in so many cases to give exceptional service despite their own exhaustion and understandable fear, is incredibly inspiring. They know that the NHS must try, within extremely squeezed resources, to cope not only with the second wave of Covid, but with reinstating the many services that were affected by the first wave, and trying to get back as close to normality as possible, with winter on its way. They deserve as much support and gratitude as we can give them.

B&H has been relatively lightly hit to date – although that relatively still includes far too many people falling ill and too many people dying. But we know numbers are rising locally - indeed, have doubled in the last week - and it looks like it's going to be a tough winter ahead. Even though we recognise that NHS and social care staff are busy and are going to be even busier, the HOSC has an important role to play in helping the public understand how the system is planning to fight Covid whilst maintaining crucial non-Covid services. And maybe that we will be particularly focused on what is being done to protect our most vulnerable communities through all of this – whether that's BAME Communities at greater risk from Covid; people with serious health conditions like cancer who desperately need timely access to treatments; or older people and people from our most deprived communities who may struggle to access services digitally.

11 PUBLIC INVOLVEMENT

11.1 Two public questions were received. One questioner, Christopher Tredgold asked for his question to be submitted as a written question. The other questioner, Valerie Mainstone, was unable to join the meeting call, so her question was also dealt with as a written question.

11.2(a) The following question was received from Ms Valerie Mainstone:

Dame Marianne Griffiths, CEO of West Sussex Hospitals Trust and of Brighton & Sussex Universities Hospital Trust, now wishes to merge them into a single entity. Meanwhile, Sir Simon Stevens, CEO of NHS England "hopes" that there will be only one CCG corresponding to each Integrated Care System by April 2020. Does the HOSC

share my concern that these proposed mergers will be the death knell of local decision-making, and result in a democratic deficit, whereby Brighton & Hove GPs currently serving on our CCG, and Brighton & Hove Councillors currently serving on our HWB and HOSC, will find it very hard to represent our local interests on enormous regional bodies?

11.2(b) The Chair responded:

The short answer to your question is that yes, I do share your concern, particularly at the proposal from NHSE to end up with only one CCG per Integrated Care System, which in our case would be the whole of Sussex, as opposed to the three the region has currently.

The more nuanced answer is I do accept that there can sometimes be good arguments for NHS bodies merging, whether this is to ensure the very best leadership; to save on management costs; or to realise the benefits of working at scale in terms of sharing workforce, procurement and so on. However, there is a real risk that large regional NHS organisations, whether they are commissioners or service providers, will lose focus on the issues affecting local areas.

This is a particular concern for Brighton & Hove as we are a compact urban area surrounded by large suburban and rural areas. The city faces distinct 'urban' problems, in terms of deprivation, a high prevalence of mental health issues, high substance abuse rates and many other factors, and I am worried that an NHS operating on an increasingly regional basis could lose sight of these problems – and also some of our unique local strengths such as our really significant community and voluntary sector resources.

As a HOSC, we can't stop NHS organisations merging even if we want to, but we can challenge them, seeking assurance that they have robust processes in place to ensure that their local focus is not diluted. I'm happy to commit the HOSC to doing this."

11.3(a) The following question was received from Dr Christopher Tredgold:

'Care Home residents have been the most severely affected by Covid-19 - accounting for over 40% of England's high death rate.

Age and undiagnosed infected patients discharged from hospital have been causes of this - but so have a lack of testing and adequate PPE.

Testing is at last planned - weekly for the staff, monthly for the residents. Homes and Local authorities need the results quickly.

How will the HOSC ensure that all staff and residents in Care Homes receive clear test results and that all staff have access to adequate PPE?'

11.3(b) The Chair responded:

"There is regular testing in city care homes, and overall in recent weeks the system has improved but there are still issues. Over recent months, complaints from care homes

about aspects of the testing system have reduced. This is echoed by dialogue that the Council has had directly with care providers – e.g. through the Care Homes Forum.

However, whilst many aspects of the system have seen improvements, there are still concerns about how quickly tests are being processed. We are currently seeing some tests results reported in around 4-5 days with some providers reporting of a small number of results not being returned at all. This is well above the Government's promised turnaround time of 48 hours. We remain concerned that timeliness of test results isn't sufficient and are concerned how this might impact detection of particularly asymptomatic cases.

12 MEMBER INVOLVEMENT

12.1 There were no member questions.

13 COVID: LOCAL HEALTH & CARE SYSTEM RESPONSES AND PLANNING

13.1 This item was introduced by Lola Bankoko, CCG Managing Director. Grace Hanley, BHCC Assistant Director, Health & Adult Social Care, was also present to answer questions.

13.2 Members were told that there were a number of learning points from the first wave of Covid 19. These included:

- Systems were used to responding to localised, short-term incidents rather than sustained, global ones.
- There was sometimes an overload of information and guidance from Government.
- Having different digital platforms hampered co-working.
- There were significant issues with PPE supply.

This learning has been incorporated into system planning for service restoration & recovery and into planning for winter 20/21. Particular points include:

- The need to support staff at risk of burnout.
- Actions to address health inequalities.
- Recovery of services is complicated by the need to maintain social distancing and infection control requirements. This means that many services will be running at lower than normal productivity levels.
- Workforce shielding and self-isolation will also impact productivity.
- Primary care is resuming more face to face consultations.
- Elective procedures have resumed.
- Dementia services have resumed.
- Urgent and cancer care were never paused. However, there has been reduced demand in these areas, with people reluctant to present for treatment. Work is under way

(including projects with Healthwatch) to encourage people to present for treatment if they need to.

- Mental health demand has increased, and additional capacity has been added for psychological therapies, the crisis café etc.
- Communities with worse Covid outcomes will be targeted. These include BAME communities, people with disabilities and men.

- 13.3 Grace Hanley added that services have learnt a lot during the pandemic, particularly around partnership working and the challenges and opportunities offered by remote working. It is important that organisations adapt quickly to remote working as staff require different types of support.
- 13.4 In response to a question from Cllr Williams on engaging with digitally excluded people, Ms Banjoko told members that face to face consultations will always be offered where clinically appropriate, although this may involve longer waiting times. The switch to digital was much more rapid than had been planned for and the system is still learning the best ways to operate digitally. For example, using call-back means that callers do not have to wait for long periods for their call to be answered is an area to be explored where this is not in place .
- 13.5 Fran McCabe commented that the move to digital had changed the relationship between service users and providers. The recent Healthwatch survey of experiences with digital found that younger people were generally comfortable with digital contact, but that older people were less so. Face to face appointments are better for many people and it is important that services do not over-rely on digital. Ms Banjoko noted that ‘digital by default’ was really just an interim position to deal with an urgent situation and that future services would include a mix of digital and face to face.

14 SUSSEX HEALTH & CARE PARTNERSHIP (SHCP) WINTER PLAN

- 14.1 This item was introduced by Katy Jackson, BSUH Deputy Chief Operating Officer. Lola Banjoko (CCG Managing Director) and Grace Hanley (BHCC Assistant Director, HASC) also answer member queries.
- 14.2 In response to a question from Cllr McNair on the flu jab, Ms Jackson told the committee that the uptake this year is currently high. The jab is also being offered to all people aged 50 and above. The system has worked hard to encourage take-up, particularly from staff, and on removing any barriers to take-up – e.g. the historic competition between GPs and pharmacies.
- 14.3 Caroline Ridley asked whether thought had been given to the use of community venues for administering the flu jab, particularly for the most clinically vulnerable people, if GP surgeries were not available. Lola Banjoko agreed to consider this idea.
- 14.4 Cllr West noted that there have been issues with flu vaccine supply to pharmacies. Significant problems can arise when supplies arrive late. Cllr West also noted that the Winter Plan contains little explicit mention of pharmacy services, even though these are key to the health & care system. Recognition also needs to be given to the additional signposting work pharmacies have had to take on during the Covid emergency. Ms

Jackson responded that she would look into the prominence given to pharmacies in the Winter Plan. However, there is definitely more mention of them in the full Plan (the version shared with HOSC is abridged for ease of reading). Pharmacies do indeed play a key role in the system.

- 14.5 Cllr West queried the degree to which older people (who are amongst the most likely to be digitally excluded) have been represented in online surveys such as the Healthwatch survey of customer satisfaction with digital health services. Fran McCabe agreed that the issue of under-representation of the digitally excluded was an issue in online surveys. Healthwatch are working to find alternative methods of reaching this group. It should be noted that the Healthwatch survey found significantly lower levels of satisfaction with digital services from older respondents, so it is likely that the real level of dissatisfaction is even higher.
- 14.6 In response to a question from Cllr Phillips about the accuracy of assessments of homeless people's health needs, Grace Hanley agreed to follow-up on this issue outside the meeting.
- 14.7 Cllr Grimshaw raised an issue she had encountered whilst trying to support someone with digital access issues to register with a GP. This would have been relatively easy to address face-to-face, but was really complicated when this was not permitted due to Covid. Lola Banjoko agreed to take this point up outside the meeting.
- 14.8 In response to a question from Cllr McNair on training for digital consultations, Ms Banjoko agreed that it was important to recognise that digital interactions require a specific set of skills. The rapid move to digital is a learning process for all concerned and it is becoming clear that digital has disadvantages and is unlikely to become the default mode for some areas of health care such as surgical assessment and diagnostics.
- 14.9 Fran McCabe asked what the public could do to support the health and care system over what is likely to be a difficult winter period. Ms Banjoko responded that everyone needs to adhere to the core public health infection prevention messages. In addition it is important that people with long-term conditions continue to take their medications as they should. It is also crucial that people seek help when they need it.
- 14.10 Grace Hanley told members that there has been some additional Government funding for residential care, and that GPs, Sussex Community NHS Foundation Trust and Public Health are all also providing additional support. There will be a focus on getting discharge from hospital right (especially for Covid positive patients); on communication with care providers; and on workforce (the current position is good). She was optimistic that the system will manage well over the winter, building on the excellent partnership working to deal with the first wave of Covid.
- 14.11 The Chair raised an issue concerning a vulnerable person she had been supporting who was struggling to access services and who had subsequently died. Ms Banjoko expressed her sadness to hear this and agreed to take this up outside the meeting.
- 14.12 In response to a question from Cllr Osborne on the scale of service backlogs and how long it will take to recover, Ms Banjoko told members that this is a fluid situation as further infection prevention measures have reduced the capacity of services.

Also, the need to provide a Covid secure environment has meant that some services (e.g. endoscopy) are functioning with reduced productivity. The system is assessing need and prioritising patients in the most urgent clinical need of services including those with long waits.

15 FOUNDATIONS FOR OUR FUTURE – THE FINAL REPORT FROM THE SUSSEX WIDE CHILDREN & YOUNG PERSON’S EMOTIONAL HEALTH & WELLBEING SERVICE REVIEW

- 15.1 This item was introduced by Steve Appleton, independent Chair of the review. Deb Austin, BHCC Interim Executive Director, Families, Children & Schools, also responded to members’ questions; as did Ashley Scarff, Deputy Managing Director, Brighton & Hove CCG.
- 15.2 In response to a question from Cllr Osborne on young people’s input into service design, members were told that this was an important issue, and a flaw in current services. Agreed review recommendations include the creation of a pan-Sussex Programme Director post reporting to a group including the three Sussex Directors of Children’s Services, CCGs and Sussex Partnership NHS Foundation Trust (SPFT). The intention is to also have young person/parent carer representation on this group.
- 15.3 In answer to a question from Cllr Deane about the impact of Covid on mental health and wellbeing, Mr Appleton told the committee that the majority of the work of the review was completed well before the Covid emergency. However, it is clear that Covid has exacerbated many problems. Issues include uncertainty about exams, social isolation and financial insecurity in families. This is likely to increase anxiety amongst teenagers, who are already suffering from high levels of anxiety, particularly around climate change.
- Covid does offer an opportunity to rethink services, particularly in terms of how to work better with faith and community sector groups. It is, however, disappointing that the group overseeing the implementation of review recommendations has not yet met and the Programme Director post not yet appointed to.
- 15.4 In response to a question from Cllr Grimshaw about what he hoped to see in terms of concrete changes in the near future, Mr Appleton told members that he hoped to see a reduction in waiting times for services; a widening of the range of support services offered; a more outcomes-focused approach to commissioning; and a broader focus on emotional health rather than just a focus on mental health.
- 15.5 In response to a question from Cllr McNair about the need to embrace a more holistic wellbeing model for services, Mr Appleton agreed that this is key. The need for a more preventative and less medicalised approach is accepted across the system, but there is very little funding available to make changes, and any positive change will require consistent buy-in from medical professionals. The concordat which accompanies the review report is intended to break down some of the professional barriers that work against a holistic approach.
- 15.6 Caroline Ridley noted that CVS organisations had seen more demand for some services during lockdown, but also a reduction in demand from young people who were

struggling with the school environment and found learning remotely less stressful. However, lots of young people are now struggling with the post-lockdown school environment. Online counselling was widely in place before the lockdown and this definitely helped make the transition from face-to-face support easier.

- 15.7 Ashley Scarff told the committee that Covid had impacted on plans to implement the review recommendations. However, the appointment of a Programme Director and the establishment of an Oversight Group are both immanent. The review will have been through the governance systems of all relevant organisations by the end of October also.
- 15.8 Fran McCabe noted that she was glad to see so much young person and family input into the review. However, she worried about how urgently implementation would take place. Whilst understanding that Covid was an issue, there is an urgent need to establish a single point of access, and in particular to address the really worrying increase in self-harm. Mr Appleton agreed that urgency is key and it is important that commissioners and providers set out their timetables for implementing the required improvements. Mr Scarff responded that the Oversight Group, co-chaired by the CE of SPFT and the East Sussex County Council Director of Children's Services, would be established imminently and will be responsible for setting implementation timetables. Deb Austin added that a single point of access is being actively considered.
- 15.9 The Chair thanked Mr Appleton for all his work on the review.
- 15.10 - Resolved:** that the report be noted.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of