

**BRIGHTON & HOVE CITY COUNCIL**  
**HEALTH OVERVIEW & SCRUTINY COMMITTEE**

**4.00pm 31 JANUARY 2024**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor Fowler (Chair)

**Also in attendance:** Councillor Baghoth (Deputy Chair), Asaduzzaman, Evans, Hill, Lyons, McLeay, Nann, Robins and Wilkinson

**Other Members present:** Geoffrey Bowden (Healthwatch Brighton & Hove), Theresa Mackey (Older People's Council), Nora Mzaoui (CVS representative), Youth Council representative

**PART ONE**

**19 PROCEDURAL BUSINESS**

19(a) Substitutes

19.1 There were no substitutes

19(b) Declarations of Interest

19.2 There were no declarations of interest

19(c) Exclusion of Press & Public

**19.3 RESOLVED** – that the press & public be not excluded from the meeting.

**20 MINUTES**

**20.1 RESOLVED** – that the minutes of the 18 October 2023 meeting be agreed as an accurate record.

**21 CHAIR'S COMMUNICATIONS**

21.1 The Chair gave the following communications:

Firstly, for a number of years, there has been a co-opted place on HOSC for a representative of the city Youth Council. This used to work really well, but changes to the Youth Council have meant that they weren't able to support a young person to

attend in recent years. I'm happy to say that we now have an arrangement where they can attend once more and I'm really pleased to welcome the Youth Council to the meeting today.

Secondly, you will hopefully have had the chance to read the Healthwatch Brighton & Hove papers on patient transport and on dentistry that were circulated by email to members last week. These aren't a formal part of today's committee papers, but I wanted you to see them in advance of the meeting as Healthwatch hears from normal people across the city and provides such a valuable insight on the issues that most concern our residents. Geoffrey Bowden, the Healthwatch Chair, is with us today and I'm sure he will be happy to answer any questions that members may have on these reports.

Finally, you will have noted that two of the items at today's meetings are presentations rather than reports and that slides have only been circulated today.

In terms of the University Hospitals Trust item, there was a CQC inspection of the Trust in August and we were hoping that the inspection report would be published ahead of the meeting and that Trust representatives could speak to this. The Trust has contacted the CQC on numerous occasions to ask them to confirm the publication date, but has had no definitive response. We had to wait until today just in case.

In terms of children's cancer, NHS England were similarly waiting for a report to be published – in this instance the independent report on their recent public consultation. This was only released this afternoon.

So in both instances, I'm sorry that we weren't able to share papers in advance, but this was because we had to wait for really important information.

## **22 PUBLIC INVOLVEMENT**

22.1 There were no public involvement items.

## **23 MEMBER INVOLVEMENT**

23.1 There were no member involvement items.

## **24 CHILDREN'S CANCER CHANGE PLANS - UPDATE FROM NHS ENGLAND**

24.1 This item was introduced by Ailsa Willens, Programme Director, Children's Cancer Principal Treatment Centre, NHS England (London); and Sabahat Hassan, Head of Partnerships & Engagement, NHS England (South East Commissioning Directorate). Also in attendance virtually were Dr Chris Tibbs, Medical Director, Specialised Commissioning, NHS England (South East); Catherine Croucher, Consultant in Public Health, NHS England (London); Fiona Gaylor, Transforming Partners for Healthcare; and Dr Dinesh Sinha, Chief Medical Officer, NHS Sussex.

24.2 Ms Willens and Ms Hassan outlined the approach taken to the public consultation on plans to reconfigure children's cancer care. Themes emerging from consultation

responses included: travel and access (particularly the availability and cost of parking in central London); accommodation for families; ICU capacity; the potential to have greater co-location of services at the chosen site; the impact on other services on a hospital losing children's cancer services; and concerns about a loss of continuity of care if current staff choose not to join a new provider. There was a really good level of response to the consultation, with many good ideas to improve services. All responses are being considered carefully, with a final decision about the preferred site likely in spring 2024.

- 24.3 In response to a question on continuity of care from Cllr Hill, Ms Willens told the committee that workforce continuity was a high priority. Commissioners are working to support staff in this period of uncertainty. Much more focused staff support will be delivered once the site decision has been made.
- 24.4 In response to a question on providing reassurance to people unhappy with the plans, Ms Willens replied that there have been direct conversations with many respondents. Both potential providers are committed to working with service users and their families to co-design the future service.
- 24.5 In reply to a question from Cllr Wilkinson on travel support, Ms Croucher told members that both providers already offer extensive support in terms of patient transport, and this will provide the foundation of future provision. Dedicated parking is a priority and it is also important to have good drop-off arrangements, so an adult carer has somewhere safe to leave their child whilst they are parking. Both providers have committed to setting up a dedicated traveller access group to work with families.
- 24.6 In response to a question from Cllr Wilkinson on family accommodation, Ms Croucher told the committee that both providers have family accommodation. Work will need to be done with the future provider to look at how to improve the existing accommodation and, where necessary, increase capacity.
- 24.7 In reply to a question from Cllr Nann on whether staff and family responses were similar, Ms Willens responded that there is a lot of commonality, and some differences. The full consultation report includes data on responses from a variety of groups.
- 24.8 In response to a question from Geoffrey Bowden (Healthwatch) on whether funding for these changes was secured, Ms Willens told the committee that ring-fenced funding has been set aside for the programme. Co-locating the specialist children's cancer centre with intensive care will bring a range of benefits to enhance services.
- 24.9 The Chair thanked NHS colleagues for their attendance, and asked that the committee be kept informed of future developments.

## **25 UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST: PRESENTATION ON PERFORMANCE**

- 25.1 This item was introduced by Professor Catherine Urch, Chief Medical Officer at University Hospitals Sussex NHS Foundation Trust.

25.2 Professor Urch outlines some of the challenges the Trust is facing:

- The local health and care system is under intense pressure, with too many patients waiting too long for treatment
- This winter has seen extreme pressures, following on from a very pressured year
- A&E performance is improving, but much more still needs to be done
- Elective waits are reducing
- Waits for cancer treatment are reducing and targets are currently being met
- There is a continued increase in the acuity of patients presenting for emergency care
- The Care Quality Commission (CQC) conducted an inspection of the Trust in August 2023, focusing on medicine and surgery
- The report has not yet been published, but the inspectors identified a number of positives, in terms of staff kindness and compassion, evidence of teams working well together, people being involved in decisions about their care, and promotion of healthy lifestyles
- There are negatives also, including pressures on access to services, not always getting the basics right, and the perceived visibility of senior managers
- A Quality & Safety Improvement Programme (QSIP) is being implemented
- The Trust cannot comment on the live police investigation, Operation Bramber, other than to state that benchmarking demonstrates that all services at the Royal Sussex County Hospital (RSCH) are safe
- There continues to be considerable investment in services, including phases 1 and 2 of 3Ts and the opening of new diagnostic centres
- In summary, there are green shoots, but there is still a long way still to go.

25.3 In response to a question from Cllr Azuraman on how difficult this winter has been so far, Professor Urch replied that there have been marked pressures. This has been mitigated by good planning and by the deployment of additional community beds and virtual wards, but it has been challenging nonetheless. There was a flurry of Covid and other infectious diseases, but nothing like the Covid levels of previous years. However, the RSCH is effectively operating at 100% plus capacity.

25.4 In reply to a question from Cllr Azuraman on safety culture, Professor Urch told members that this is central to the Trust's improvement. Services need to be transparent with patients, to learn from mistakes, and to foster a culture where every mistake or near miss is reported.

25.5 In response to comments from Cllr Robins regarding the value of the council opening additional leisure facilities, Professor Urch agreed that healthy lifestyles are key to physical and mental wellbeing, playing a vital role in preventing poor health.

25.6 In reply to a question from Cllr Hill about issues with the visibility of leaders, Professor Urch told the committee that the Trust has now fully recruited to its senior leadership team. All senior leaders spend time meeting staff and doing ward walk-arounds. In addition, the Trust has employed leaders for each hospital and has strengthened its divisional model. There has been good staff feedback to these moves.

25.7 In response to a question from Cllr Hill on virtual wards. Professor Urch explained that this is where patients are helped to stay at home, with support from community nurses

and technology to monitor health. Virtual wards are mainly used for patients who are recovering from being acutely ill, allowing patients to be discharged from hospital earlier than would normally be the case.

- 25.8 In reply to a question from Cllr Hill on speak-up champions, members were told that this services provides a confidential resource where staff can take problems they have encountered. The service is well-publicised and well-used and is proving to be a good way to resolve issues.
- 25.9 In response to a question from Cllr Hill on maternity, members were informed that this was not part of the most recent CQC inspection. The Trust is developing maternity services via its Maternity Improvement Programme.
- 25.10 In reply to a question from Geoffrey Bowden on whether reductions in waiting lists may be due to patients deciding to go private instead, members were told that there are likely to be some patients choosing to go private rather than wait. Patients may also have been offered treatment by another NHS provider. In neither instance would University Hospitals Sussex necessarily be aware of why a patient had come off the waiting list.
- 25.11 In response to a question from Mr Bowden on delayed discharge, the committee was informed that this remains a major problem, with more than 300 people across the Trust currently occupying an acute bed despite being medically fit for discharge. This is a national issue, but Sussex performs poorly and the situation is deteriorating.
- 25.12 In answer to a question from Cllr McLeay on staff time spent on 'patient first', members were told that providing a patient-focused service was at the core of the Trust's approach to care and would save time in the long run because it would lead to fewer incidents and to patients getting better more quickly.
- 25.13 In response to questions from Cllr Baghoth about culture at the RSCH, members were told that datix incident reporting had been very low, but there has been a big push to address this and reports are now near the national average. The push has included placing considerable emphasis on the culture being one of learning rather than blame where it is important that every incident or near miss is reported in order for staff to learn and improve. These improvements have been recognised by the CQC.
- 25.14 In response to a question from Cllr Baghoth on whether length of wait at A&E wasn't a more important target than the percentage of people waiting in excess of 4 hours, the committee was told that the 4 hour wait is a national metric. However, the key statistic is actually waiting times for the 30% or so of attendees who are really poorly. These are relatively good.
- 25.15 In reply to a question from Cllr Wilkinson on the pressures placed on Trust emergency department services by patients waiting for admission to an acute mental health bed, members were informed that there has been concerted work across the system to tackle this issue, and that recent weeks have seen a significant reduction in people waiting for a bed due to the better use of community crisis pathways; although there are still people waiting for assessment or for an acute mental health bed to become available.

- 25.16 In response to a question from Cllr Evans on the use of masks within the RSCH, members were told that the Trust requires its staff to adhere to national guidance on testing for Covid and mask wearing. Currently it is staff's choice whether they mask. Testing is undertaken on symptomatic patients.
- 25.17 In answer to a question from Cllr Evans on staff morale, the committee was told that there have been significant improvements at RSCH, particularly in terms of staffing levels, with the vacancy rate now around 7% – this is below the national average. There have been marked increases in the number of both Nurse Associates and Consultants being employed. Despite these improvements, the working environment remains exceptionally busy and junior doctor morale is low, not helped by the ongoing industrial action.
- 25.18 In response to a query from Cllr Evans on the use of datix reporting, members were informed that datix is a key tool for patient safety and all staff are actively encouraged to use it appropriately to record incidents and potentially unsafe working. Recent staff feedback on the system has been very positive.
- 25.19 The Chair thanked Professor Urch for her attendance. Members agreed that it was important that the committee continue to monitor improvement work at UHSx and that Trust representatives be invited to the next HOSC meeting to present on the latest CQC inspection report.

## **26 NON-EMERGENCY PATIENT TRANSPORT (PTS) CONTRACT FOR SUSSEX**

- 26.1 This item was introduced by Colin Simmons, Associate Director IUC Programme, NHS Sussex.
- 26.2 Mr Simmons outlined the new Non-Emergency Patient Transport (NEPTS) contract model, explaining that the contract will deliver:
- Improved signposting for people who are not eligible for NEPTS
  - A service that better meets the patients transport needs of hospitals
  - A system that takes full advantage of recent improvements in digital technology
  - A service that is more accessible and flexible for service users
  - An ambitious plan to reduce carbon emissions, with a clear route to an electric fleet.
  - The contract will be awarded in March 2024, and following a 12 month mobilisation period, will go live on 01 April 2025.
- 26.3 In response to a question from Cllr Asaduzzaman on how NEPTS will be publicised, Mr Simmons told the committee that the new contract will provide a single point of contact for public enquiries. Where people are not eligible for NEPTS, they will be signposted to other services.
- 26.4 In reply to a question from Cllr Hill on what has been learnt from the failure of the 2016 NEPTS contract, members were told that commissioners have learnt that the contract has to be the correct size, that communication with acute providers and with community

groups is vital, that there needs to be effective dialogue with the provider market, and that there needs to be proper scrutiny of all bidders. The tender has received multiple bids.

- 26.5 In response to a question from Cllr Nann on whether there is a 'plan B' in case of contact failure, the committee was told that the fact that there have been multiple credible bids means that there is a built-in plan B as there are alternative providers available.
- 26.6 Geoffrey Bowden commended the NEPTS commissioners for having accepted and acted on every recommendation from the Healthwatch report on the failure of the 2016 contract. This has meant that the tender for the new contract is a much more robust process.
- 26.7 Cllr Wilkinson expressed disappointment that the HOSC had not been involved at an early stage in the development of the new NEPTS model. Mr Simmons responded that he was unsure why this was, but would be very happy to come back to the next HOSC meeting to discuss mobilisation plans.
- 26.8 In response to a question from the Chair on how the new service would avoid unnecessarily lengthy patient journey times due to multiple drop-offs, members were told that the new provider will be required to plan routes carefully to minimise patient inconvenience. There are powerful digital tools available to support this.
- 26.9 In response to a query from the Chair on the use of digital technology, the committee was told that the new service would need to use digital technology intelligently, but also to provide an accessible service for those who are digitally excluded.
- 26.10 The Chair thanked Mr Simmons for his presentation and invited him to attend the next HOSC meeting to update the committee on the contract award and to discuss mobilisation plans.

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

## **27 NHS DENTAL SERVICES IN BRIGHTON & HOVE**

- 27.1 This item was presented by Charlotte Keeble, Pharmacy, Optometry and Dental Lead, NHS Sussex. Also present were Becky Woodiwiss, BHCC Public Health, and Nish Suchak, Chair of the East Sussex Brighton & Hove Local Dental Committee (LDC).
- 27.2 Ms Keeble told the committee that responsibility for dental commissioning had recently passed to NHS Sussex (previously it was the responsibility of NHS England area teams). NHS Sussex has done a deep dive on dental access. There has been underperformance against the contract since around 2016, with not all NHS activity being delivered. There has also been a rise in recent years of dental practices handing back NHS contracts; this is a particular issue in West Sussex, but there have been 3 practices to do this in Brighton & Hove. Recruitment and retention is a national problem, but the situation in Sussex is better than the national average in terms of dentist to patient ratio.

- 27.3 Ms Keeble outlined actions being taken to address problems in dentistry. These include:
- Working closely with the Local Dental Committee (LDC) – this is inevitably a provider-led environment
  - Contacting all dental practices doing NHS work to see if they want to do more
  - Contacting dental practices to see if they are willing to outperform their NHS contracts
  - A focus on the geographical areas with the highest levels of need – this is typically West Sussex, which has the highest dentist to patient ratio
  - Opening a new dental service in Brighton (however the preferred provider has encountered problems)
  - Putting pressure on dental practices to keep their websites up to date, including details of whether they are taking new NHS patients (there are currently 5 practices in Brighton & Hove open to new NHS patients)
  - Working in improving access to dentistry for children in care
  - Focusing on providing services to care homes
- 27.4 Mr Suchak spoke to the committee about his experiences as a dentist in East Sussex and Chair of the LDC. Mr Suchak told members that:
- He had started practicing dentistry in East Sussex in 1988, and is now treating his third generation of patients
  - He is a foundation trainer, and the training of new dentists is key
  - The transfer of commissioning to NHS Sussex has been a positive move – they actually consult dentists
  - Historically, dentists got paid for everything they did for NHS patients. However, the dental contract was revised in 2006, and subsequently, under the Units of Dental Activity (UDA) scheme, dentists have often been paid for only a proportion of the NHS work they actually perform. This makes undertaking NHS work a much less attractive and much less profitable proposition
  - The NHS issues breach notices to dental practices that don't deliver at least 96% of their contracted NHS activity; but practices are not permitted to exceed their contracted activity by more than 2% and don't get paid for additional work they do deliver. This is unworkable
  - Since 2006, dentists' NHS pay has risen by much less than their costs. Dentists have had to use private income to subsidise their NHS work
  - This is not a sustainable situation and it has become very difficult to recruit staff for NHS work – Mr Suchak has been unsuccessfully advertising for an associate dentist for 3 years
  - In consequence, 50% of dentists have scaled back NHS work and 75% plan to make further reductions
  - NHS spend on dentistry has reduced by 25% in real terms since 2010
  - The Health Select Committee has called for a new NHS dental contract, with a patient-centred focus
  - There will be no additional dental training places until 2028/29, meaning that there will be no additional qualified dentists until 2034/35.
- 27.5 Mr Suchak suggested some solutions to the current problems. One option would be to ring-fence NHS resources to provide care for all vulnerable groups, using NHS-employed dentists. All other dentistry would be market based. It is also essential that the failed UDA system is ditched and that dentists are paid for the work they deliver.



- 27.6 In response to a question from Cllr Asaduzzaman on how to make it clear to local people that they are not registered on a formal dental practice list, Ms Keeble told the committee that there is more that can be done in terms of working with communities, particularly in terms of co-designing a new dental plan. Improvements have already been made to the NHS Sussex dentistry web pages.
- 27.7 In reply to a question from Cllr Asaduzzaman on what can be done to encourage private dentists to take on NHS work, Mr Suchak told members that this is difficult as all practices have a large backlog of activity arising from Covid. These backlogs will need to be cleared before most practices are in a position to consider taking on new patients. More thought needs to be given to managing dental demand – for example by paying dentists to undertake preventative work. Thought also needs to be given to positioning dentists as part of a holistic health system – for example, dentists could check patient blood pressure as part of routine appointments.
- 27.8 Cllr Wilkinson welcomed the report, noting that tooth decay is now one of the major causes of hospital admissions for young people. Does the decline in NHS dental services mean that there is no longer universal care in the city? Ms Keeble replied that there may be some flex to do more preventative work on tooth decay, but the national targets are around delivering UDAs not around prevention. Mr Suchak added that there has been a pilot scheme targeting those most in need. This works, but it is expensive and would require national funding to be extended.
- 27.9 In response to a question from Cllr Baghoth on work in schools, Ms Woodiwiss told members that the Sussex Community NHS Foundation Trust has a health promotion team that works with schools and with other groups (people with a learning disability, older people etc.). There is limited capacity within the service, but it does great work, focusing on the most deprived areas where needs are highest.
- 27.10 Cllr Baghoth has a query about an individual constituent which Ms Keeble agreed to take up outside the meeting.
- 27.11 Nora Mzaoui noted that preventative work is important, but sometimes it is a challenge to engage with parents who don't understand how to promote oral health to their children. Ms Woodiwiss agreed that this is an issue, and needs to be addressed as part of a holistic approach to supporting families, e.g. via Family Hubs. Ms Keeble offered to come to a later meeting to talk about prevention work. Members welcomed this offer.
- 27.12 The Chair thanked the presenters for their time.
- 27.13 RESOLVED – that the report be noted.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of