BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

4.00pm 4 FEBRUARY 2014

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Rufus (Chair)

Also in attendance: Councillor C Theobald (Deputy Chair), Buckley, Cox, Marsh, Robins, Sykes and Wealls

Healthwatch representative; Youth Council representative

PART ONE

105. PROCEDURAL BUSINESS

105.1 There were no substitutes. Apologies had been received from co-optees Amanda Mortenson and Marie Ryan.

Declarations of Interest – There were none.

Declaration of Party Whip – There was none

Exclusion of press and public was as per the agenda.

106. MINUTES OF PREVIOUS MEETING

106.1 These were approved without amendment.

107. CHAIR'S COMMUNICATIONS

107.1 The Chair welcomed the new Youth Council co-optee Reuben Brett.

107.2 The Chair updated members on the recent regional health scrutiny meeting; it covered a lot of issues that were common to us all including the 111 service, and the proposed reconfiguration of maternity and paediatric services in East Sussex. This is an issue that has been to the East Sussex HOSC before but it has now been determined that the proposals from their three CCGs are substantial variations. This means that there is an extended period of public consultation. East Sussex will keep Brighton & Hove's HWOSC updated with events and have asked if we want to submit a formal consultation statement. The information has been circulated to all members.

107.2 The Chair and Deputy Chair were also due to meet with regional colleagues to talk about mental health service capacity in Sussex. This came about following an article in the Argus late last year where the Chief Executive of Sussex Partnership Trust said that the service was at crisis point. The outcome of the meeting would be shared with HWOSC members in due course.

107.3 The Care Quality Commission was inspecting an out of hours service provider in Woodingdean as part of its standard inspection process. HWOSC members were asked to send any information that they had about the service to Scrutiny.

108. UPDATE ON A& E SERVICE CHANGES AND 3TS DEVELOPMENT

108.1 Agenda items 108 and 109 were heard together so that the Chief Executive of Brighton and Sussex University Hospital Trust, Matthew Kershaw, could contribute to both items.

108.2 Mr Kershaw first updated committee members on the 3T development plans, which was still awaiting confirmation of the capital funding. The hospital trust has weekly conversations with the Treasury; a response was expected by the end of February 2014. Mr Kershaw anticipated a positive response although this was not definite.

The Trust has already started the decant work, moving some of the administrative functions onto the St Mary's Hall site. If the 3T development was not approved for any reason, the Hospital Trust still needs to update buildings and facilities so the decant needs to take place in any circumstance.

108.3 Mr Kershaw then gave an update on the current Emergency Department situation. Members had already had briefings on the action plan, and this remained the action plan. The department was performing much better in comparison to this time last year although there were still days and weeks that were comparatively low-performing. December and January had been particularly pressured months.

108.4 The department's target was 95%; they were regularly hitting 94% so additional work needed to be done. The target figure refers to the four-hour target in emergency departments which was introduced by the Department of Health for National Health Service acute hospitals in England. The target is that at least 95% of patients attending an A&E department must be seen, treated, admitted or discharged in under four hours.

108.5 The Hospital Trust continued to work closely with the CCG and Ambulance Trust amongst other partners. Key issues are the medically fit for discharge patients, ambulance conveyance, time of day of discharge and also flow within the hospitals.

108.6 Positive news was that elderly patients had an average length of stay that was two days less than this time last year.

108.7 Mr Kershaw ended by saying that he visited the Emergency department either in Brighton or in Princess Royal Hospital almost every day, so that he could observe it firsthand.

108.8 The item moved on to the update on the Major Trauma Centre (MTC), presented by Dr Jonathan Andrews, Consultant Anaesthetist, Clinical Lead, Major Trauma Centre.

Dr Andrews gave a presentation on the centre, and explained the reasons that it had been developed. He and Mr Kershaw then answered questions from HWOSC members.

108.9 Members queried the comment in the presentation about 'challenges for rehab' and asked what this meant. Dr Andrews said that the MTC provided very specialist high-end care for patients needing intensive nursing, but that when they no longer needed such intensive care, it was better to move the patients to a more suitable setting. In the case of patients from East and West Sussex, this entailed moving them to the most appropriate local setting.

108.10 Members asked about the link between the MTC and the 3T development; was the trauma centre development dependent on the 3T funding being granted?

Mr Kershaw said that even assuming that the funding were to be granted, it is a major redevelopment; some parts of the build are not scheduled for five years. Some of the planned changes cannot wait that long or the hospital trust will not meet the necessary service specifications. The Trust has to make changes to services now to make them compliant, in advance of the 3Ts.

108.11 One member said that he was concerned about the dilution of capacity in neuro-surgery at the PRH site, as it seems to be splitting expert teams. Mr Andrews said that it is true that some services will no longer be at Hurstwood Park, but that the split was a logical one. There are plans for a more coherent pathway for spinal patients. It will also allow for improvements in critical care facilities at Hurstwood Park, which are long overdue.

Mr Andrews said that he wanted to pay tribute to the staff at Hurstwood Park who have been involved in the redevelopment plans for all of their support in the work to date.

108.12 A member said that she had heard several reports about problems with the patient transport service. Mr Kershaw said that the Trust has regular meetings regarding the patient transport service and these would continue to happen.

Mr Kershaw said that the 'medically fit for discharge' list was managed with input from the CCG and social care. This generally worked well but when the list of patients grew, this increased pressure throughout the system; more work needed to be done to address the impact.

108.13 Members asked about the air ambulance, could it be used at PRH? They heard that it was harder to access the site than it had been in the past, due to a new housing development on the edge of the PRH site. In Brighton, the air ambulance currently landed in East Brighton Park, which worked well.

108.14 The report was noted and agreed, with further updates requested when available.

109. BSUH MAJOR TRAUMA CENTRE & HOSPITAL SITE RECONFIGURATION

109.1 Please see 108 above.

110. UPDATE ON 111 SERVICE IN BRIGHTON AND HOVE

110.1 The 111 service went live in March 2013, answering all telephone calls that used to go either to NHS Direct or to out of hours telephone lines. It is for non emergency calls but can also dispatch ambulances if needed. The 111 service can provide a clinical assessment over the telephone and provide appropriate advice.

110.2 They have two main performance indicators; (a) calls answered within 60 seconds and (b) abandoned phone calls. For (a), the target is to answer 95% within 60 seconds; locally the service is exceeding this by answering 98-99% calls within 60 seconds. For (b) the target is for an abandonment rate no higher than 5%; locally only 0.6-0.7% calls are abandoned so the service performs well within the targets.

110.3 The CCG has done some local marketing through a campaign called 'We Could be Heroes' in the local media. NHS England has put a wider campaign on hold until all services are live across the country, which should be in two to three months.

110.4 Ms Hoban said that the launch of the 111 service had not performed as well as it had been hoped, due to a high demand for the service. Unfortunately this had led to negative experiences for some people and they still held negative views of the service. It was important to address those memories and help to show people that the service had moved on.

110.5 The Healthwatch representative said that they had worked with the CCG to involve communities of interest who might not have known as much about the 111 service. Healthwatch had also surveyed young men, only one third of them were aware of the 111 service. Healthwatch agreed that it would be useful to do some more targeted work.

110.6 The Chair said that the issue of local publicity had been raised at the recent regional HOSC meeting, it had been recognised that a national campaign might not be appropriate at present but regional scrutiny colleagues had felt that it would be useful to have a local promotion.

The comments were noted.

111. DIABETIC PROVISION CONSULTATION UPDATE

111.1 Geraldine Hoban, Chief Operating Officer, Brighton and Hove CCG and Nicky Daborn, Clinical Lead, Brighton and Hove CCG presented a report to HWOSC explaining why the CCG was recommending a new model of diabetes care.

The CCG said that there was an increasing number of people presenting with poorly controlled diabetes; only 42% of patients were having the recommended nine checks.

There had been a very extensive consultation exercise, and the suggested model had been agreed by the CCG's clinical reference group.

111.2 The Youth Council representative queried how stakeholders had been involved; with 10,000 diabetes patients in the city, the stakeholder involvement seemed fairly low to him. Ms Daborn said that they sent a lot of publicity to GP practices across the city.

The Youth Council representative said that in his experience, people with Type 1 diabetes did not often need to attend a GP practice. The CCG could be failing to reach a significant percentage of the diabetes population if they were purely focussing consultation publicity on GP practices. Ms Daborn confirmed that she would take this feedback into account when planning further events.

111.3 Members asked about the impact of healthy eating on diabetes management. Ms Daborn confirmed that healthy eating was a key area in preventing diabetes from arising and escalating. The CCG uses the nutritional guidance provided by Diabetes UK, including following a balanced diet. Pre-diabetes work includes exercise targets which can be effective.

111.4 Members asked about work with BME communities. Ms Daborn said that they worked with a number of gateway organisations across the city to improve access to harder to reach groups. This could be more targeted however.

111.5 Members asked about the link between higher rates of diabetes and health inequalities. Ms Hoban said that the CCG planned to introduce a more consistent service across the city. More outreach was needed.

111.6 Members asked why the numbers had escalated to such a level. Ms Daborn said that this was due to a combination of factors including increased obesity, and the fact that there had been under-diagnosis previously.

111.7 Ms Daborn concluded by advising members that the new diabetes provision would go live from April 2015, and plans had come to HWOSC before they had been signed off by the CCG's own board. There were still areas to be improved, before plans were finally agreed. The CCG could bring finalised plans to HWOSC in due course.

111.8 Members welcomed this and agreed the report.

112. END OF LIFE PATHWAYS

112.1 Geraldine Hoban and Nicky Daborn from the CCG presented on the four workstreams for end of life/ palliative care. These included Sussex End of Life Care and Dementia Project; the Palliative Care Partnership; Primary Care, and the Liverpool Care Pathway (LCP).

112.2 Paul Somerville spoke on behalf of Sussex Community Trust who provide palliative care services in conjunction with Martlets. The service helps avoid unnecessary hospital admissions, and saves many thousands of pounds in doing so, as well as ensuring that 80% of patients had their preferred places of death adhered to. SCT and Martlets had produced literature to help patients and families think about their End of Life care.

112.3 There was a discussion over the merits of the Liverpool Care Pathway; some felt that there were many positive factors but that the lack of communication meant that these

had been overlooked. There were concerns about the impact of the backlash on patients who were currently at the end of their lives.

Ms Daborn said that the communication problems meant that people lost confidence in the LCP. The CCG had ensured that all providers followed the principles of good palliative care and emphasised good communication within that. They were waiting for national guidance on what should replace LCP. Ms Hoban commented that there had been positive elements to the LCP and this should not be lost or overlooked.

112.4 Members asked how metrics were measured. Ms Daborn said that Martlets surveyed relatives six weeks after a death had occurred. There was a Gold Standard Framework for the post-death review. Ms Daborn suggested that they could put the results of the publicly available information on the CCG website; this was welcomed.

112.5 The Chair asked the CCG to keep HWOSC members updated with progress as it was known. This was agreed.

113. UPDATES ON SCRUTINY PANELS

113.1 Councillor Lizzie Deane presented the scrutiny panel report on alcohol to HWOSC and summarised the findings and recommendations that the panel had made. Councillor Deane had been Chair of the panel, along with Councillors Mo Marsh and Dee Simson.

113.2 Members queried how much sway scrutiny panels could have over altering licensing definitions. Councillor Deane said that the panel had made their recommendations as they felt that it was an important issue but that they would take guidance from the Licensing Team.

113.3 Members agreed and endorsed the scrutiny panel report without amendments. Councillor Deane thanked everyone who had taken part in the panel.

113.4 Councillor Andrew Wealls then presented the scrutiny panel report on homelessness to HWOSC, summarising the findings and recommendations that were made. Councillor Wealls had been Chair of the panel, along with Councillors Alan Robins and Ollie Sykes.

113.5 Councillor Wealls apologised for the time taken to complete the panel but said that members had wanted to talk to everyone who was involved rather than rushing the process. He paid particular tribute to the homeless service users who had contributed to the panel meetings, as well as the voluntary sector and the council staff.

There was a lot of excellent work taking place in Brighton and Hove regarding homelessness. It was hard to judge whether this made Brighton a more attractive place to be if you were homeless.

113.6 Councillor Robins said that he had found the panel process a very poignant one. He had had personal experiences which had led him close to becoming homelessness in the past; it was just a matter of luck. Councillor Sykes said that he too had gained a lot from the panel.

113.7 Councillor Wealls said that he would be interested to see the administration's response to the report and recommendations.

113.8 Members agreed and endorsed the scrutiny panel report without amendments. Panel members thanked everyone who had taken part in the panel.

114. LETTER RE PROPOSED RE-LOCATION OF SPECIAL CARE DENTAL CLINIC

114.1 Paul Somerville updated HWOSC members on the proposed re-location of specialist dental services provided by SCT. He was seeking comments from HWOSC members; there would also be consultation process with service users and the proposals had been discussed with Healthwatch.

114.2 The Chair asked how many patients used the service currently. SCT said that there had been 56 patients over a twelve month period. Those service users who could not access the proposed new site would also be eligible for home visits.

114.3 HWOSC members agreed to the proposed changes.

The meeting concluded at 6.30pm

Signed Chair

Dated this day of