HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 4 March 2021

++Please note that Members attended the meeting remotely++

PRESENT:

Councillors Colin Belsey (Chair), Councillors Bob Bowdler, Angharad Davies, Deirdre Earl-Williams, Sarah Osborne, Peter Pragnell and Alan Shuttleworth (all East Sussex County Council);Councillor Mary Barnes (Rother District Council), Councillor Stephen Gauntlett (Lewes District Council), Councillor Richard Hallett (Wealden District Council),
Councillor Amanda Morris (Eastbourne Borough Council), Councillor Mike Turner (Hastings Borough Council) and Geraldine Des Moulins (SpeakUp)

WITNESSES:

Jessica Britton, Executive Managing Director, East Sussex Clinical Commissioning Group
Joanne Chadwick-Bell, Chief Operating Officer, East Sussex Healthcare NHS Trust
Michael Farrer, Strategy, Innovation & Planning Team, East Sussex Healthcare NHS Trust
Simone Button, Sussex Partnership NHS Foundation Trust
Paula Kirkland, Programme Director, Sussex Partnership NHS Foundation Trust
Mark Eley, Associate Director of Operations – East, South East Coast Ambulance NHS Foundation Trust
Ray Savage, Strategic Partnerships Manager, South East Coast Ambulance Foundation NHS Trust
Simon Clarke, Head of Operations, Integrated Urgent Care, 999 & 111, South East Coast Ambulance NHS Foundation Trust
Darrell Gale, Director of Public Health, East Sussex County Council

LEAD OFFICER:

Harvey Winder, Democratic Services Officer

38. MINUTES OF THE MEETING HELD ON 10TH DECEMBER 2020

38.1. The minutes of the meeting held on 10th December 2020 were agreed as a correct record.

39. APOLOGIES FOR ABSENCE

39.1. Apologies for absence were received from Jennifer Twist.

40. DISCLOSURES OF INTERESTS

40.1. There were no disclosures of interest.

41. URGENT ITEMS

41.1. There were no urgent items.

42. REDESIGNING INPATIENT MENTAL HEALTH SERVICES IN EAST SUSSEX

42.1. The Committee considered a report on the redesign of Inpatient Mental Health Services in East Sussex, with a focus on the services provided at the Department of Psychiatry being moved on to a new site within the next three years.

42.2. **The Committee asked what the advantages were of having services on a single site compared to the current spread of services over three sites.**

42.3. Paula Kirkland, Programme Director, said that the CCG and Sussex Partnership NHS Foundation Trust (SPFT), together with other stakeholders, had identified that as a longer term vision there could be several advantages of co-locating all services on a single site operating as a centre of excellence. These were principally around better staff recruitment and retention, patient experience, safety and capacity and clinical excellence. This would be because:

- the site would appeal to staff as a place where they could get the best possible clinical experience from a variety of specialities and benefit from higher quality teaching;
- staff could be moved between wards to cover gaps in staffing rather than move around the county between the existing three sites;
- wards could be adapted over time to match changing demographics, such as turning working age into older peoples wards; and
- the service would meet the minimum recommended guidance for co-locating at least three-wards. Uckfield dementia ward is currently a single, isolated ward.

42.4. **The Committee asked for clarity as to whether there are plans to move all inpatient mental health services onto a single site**

42.5. Jessica Britton, Executive Director, East Sussex CCG, clarified that a potential longer term vision for a campus approach has emerged from engagement with stakeholders. This does not form part of the more immediate and concrete plans being developed for the future of the Department of Psychiatry (DoP) currently at the Eastbourne District General Hospital (EDGH) site. The current priority is to eradicate the dormitory wards at the DoP – both to meet the national requirement and to deliver significant improvements to local people – however, any replacement service for the DoP will be designed in such a way as to be able to accommodate any future plans that might include the services that are currently located at Beechwood unit at Uckfield and Woodlands Centre at Conquest Hospital.

42.6. **The Committee asked for confirmation that any plans to replace the DoP or create a single mental health inpatient site would take into account the impact on travel times and on residents in more deprived areas such as Hastings.**

42.7. Simone Button, Chief Operating Officer, SPFT confirmed any benefits of a future single campus site would need to be weighed against travel arrangements for staff, patients, and their carers and families. Jessica Britton said further work will be done on understanding where people travel in the county to receive inpatient mental health care. Furthermore, any future plans for a single campus would look at the impact on patients and their families, including those from deprived areas.

42.8. **The Committee asked for confirmation that there were no dormitory wards at the other two inpatient units.**

42.9. Simone Button explained that the Woodlands Centre has had a fair amount of work done to it recently. This includes separating male and female wards; providing all patients with en suite rooms, rather than dormitories; and enlarging and renovating the place of safety for patients detained under Section 136 of the Mental Health Act. The Urgent care lounge in the Conquest's Emergency Department (ED), where people who present in the ED in crisis are diverted to for a comprehensive assessment, is also being improved.

42.10. **The Committee asked what the plan was for child and young people inpatient services**

42.11. Paula Kirkland said that the current work related to adults only and there are no plans to move children and young people's inpatient services to the site.

42.12. **The Committee asked whether the national funding to eradicate dormitories will be sufficient for the planned capital works.**

42.13. Jessica Britton said the CCG will continue to further refine its options as part of the development of a Pre-Consultation Business Case (PCBC), but it is expected that it will be eligible to receive national funding. Any longer term plans to create a single campus would require separate, further capital investment.

42.14. **The Committee asked for confirmation that the Trust will not be reducing the total number of beds when the DoP moves to the new site.**

42.15. Jessica Britton confirmed that the proposed reconfiguration enables the Trust to provide the same number of beds but in a better configuration and environment. Demand is increasing for mental health and this factors into long term planning for the CCG and SPFT, however, some of this demand will be offset by the increase in community-based services such as 24/7 crisis resolution and home treatment teams. Depending on the site chosen, there may also be an opportunity to increase the number of inpatient beds if demand increases.

42.16. Simone Button said the Trust is looking for a site that can accommodate at least three wards with scope to increase if it is decide to develop a single campus in future. Paula Kirkland added that this will amount to 54 beds, the same as at the DoP, but a single campus could accommodate between 130-140 beds. The Trust will need a new build, as renovating an existing building to the standards required for a mental health ward would be prohibitively expensive. Any single campus will also be designed in a way sympathetic to the needs of the patients and will not in any way resemble older mental health institutions.

42.17. **The Committee asked whether the Eastbourne District General Hospital (EDGH) could continue to be used as a site for the DoP**

42.18. Joe Chadwick Bell, Chief Executive, East Sussex Healthcare NHS Trust (ESHT), said that the Building For Our Future capital funding is only for acute services, so there are no plans to build mental health beds on the new site as part of this funded capital programme.

42.19. **The Committee asked what benefits en suite beds have over dormitories and whether en suite facilities require more staff.**

42.20. Simone Button explained that there are enormous benefits from en suite beds including greater privacy, respect and dignity for patients. They are also safer as there are strict design guidelines, for example, around them being ligature proof. They are also preferred by patients because they offer private areas as well as communal lounges and canteens to socialise. The Chief Operating Officer explained this meant staffing levels are about the same, as en suite wards are often a calmer environment because people can retreat to their own space if they are agitated.

42.21. **The Committee asked about how patients are currently admitted, for example, at the Woodlands Centre in Hastings.**

42.22. Simone Button explained that both Woodlands Centre and DoP offer inpatient and outpatient appointments. Pressure on bed stock, however, means beds across Sussex are in high demand. Therefore, whilst it is the ambition of SPFT to admit a patient as close as possible to their home, often if a Consultant sees person at the Woodlands Centre and thinks they need an admission to a bed, there may be none available on site and they will instead go to the closest alternative inpatient bed. This may be the DoP in Eastbourne, another bed managed by SPFT in Sussex, or further afield. East Sussex beds are managed well by SPFT and are probably the right amount for the population, which means relatively few patients are admitted outside the county, albeit not always to the nearest site within the county. The Chief Operating Officer explained that this is why it is so important to have comprehensive community services, including intensive care services for when a patient is in crisis, to avoid the need for an admission.

42.23. The Committee RESOLVED to:

1) note the proposals for redesigning inpatient mental health services in East Sussex; and

2) agree to consider a report at the 10th June meeting to determine whether the confirmed proposals constitute a 'substantial development or variation' to services requiring consultation with the committee under health scrutiny legislation.

43. CARDIOLOGY AND OPHTHALMOLOGY SERVICES

43.1. The Committee considered a report providing an update on the proposed development of Cardiology and Ophthalmology services at East Sussex Healthcare NHS Trust (ESHT).

43.2. **The Committee requested confirmation at its next meeting on the number of patients who would be affected by the proposals, particularly for cardiology; the location of these patients; the current number of cross-site transfers of patients; and whether the proposals will affect patient flows of cardiology services in East Sussex.**

43.3. Joe Chadwick-Bell confirmed that the impact on the population, changes in patient flows, including cross-site transfers, and impact on other NHS organisations is all considered during the options appraisal process and in the PCBC. These details will be made available to the HOSC at its 10th June meeting.

43.4. **The Committee asked why ESHT's cardiac cath labs do not carry out thrombectomies (mechanical removal of blood clots).**

43.5. Joe Chadwick-Bell clarified that clot busting procedures are available at ESHT but more complex tertiary procedures like cardiac surgery would not be provided on every NHS hospital site due to the low volumes and necessary high expertise of the surgeons who perform them. They would, however, be carried out at regional centres of excellence such as the Royal Sussex County Hospital (RSCH) in Brighton. The aim of the cardiology reconfiguration is not to ensure all cardiac procedures are provided at ESHT but that the services provided at its hospitals are best practice for a district general hospital.

43.6. Joe Chadwick-Bell said the options appraisal and PCBC will make clear what services are provided on the sites currently and what will be in future. This will also include background information on what services are provided in specialist tertiary sites.

43.7. **The Committee asked whether South East Coast Ambulance NHS Foundation Trust (SECAmb) has concerns about longer travel times for patients needing cardiology treatment, and what advantages there might be if they receive care at a centre of excellence.**

43.8. Joe Chadwick-Bell explained that the operating model of the current cardiology services involves both hospital sites providing a weekday service for acute cardiac services, but evening and weekend services are provided from a single site that alternates between the two. SECAmb is involved in transporting patients under this configuration and has indicated it has no impact on their resources.

43.9. Michael Farrer, Strategy, Innovation & Planning Team at ESHT, said that the PCBC will include modelling work on the impact of the proposals on patients, including travel time, but a full answer is not currently available on the potential impact. SECAmb will also be involved in the options appraisal process that precedes the PCBC to provide their opinion on the potential impact on their service for each option.

43.10. **The Committee asked how the CCG will have the capacity to run the inpatient mental health and cardiology/ophthalmology consultations at the same time.**

43.11. Jessica Britton said that the CCG, which is the responsible organisation for both consultations, will resource them jointly with the two trusts that are affected – ESHT and SPFT. The CCG is confident there is sufficient resource to deliver both.

43.12. **The Committee asked how the recent engagement with stakeholders was carried out during COVID-19.**

43.13. Jessica Britton said the CCG has been undertaking the engagement using Microsoft Teams or the phone to speak with people; social media to advertise the engagement; and its website to host the surveys people are asked to fill out. The cardiology and ophthalmology engagement work has involved one to one interviews with patients who have experienced either

service. Michael Farrer said the CCG has had very good response to its pre-engagement work with over 200 written responses and 39 in-depth interviews with patients, the public and key stakeholders about what does and does not work well with the two services. This data will feed into the options development process. The Executive Director said the CCG has had a better response than for some engagement work done pre-COVID-19.

43.14. **The Committee asked whether the CCG will use the Consultation Institute to help develop the public consultation plan.**

43.15. Jessica Britton confirmed the CCG will always use an external organisation to evaluate its consultation plans. This will be the case for the public consultation on both Cardiology and Ophthalmology and Inpatient Mental Health.

43.16. **The Committee asked whether the Cardiology and Ophthalmology consultations will be for all patients in East Sussex, or just those who are in the catchment area for ESHT.**

43.17. Jessica Britton confirmed that should proposals be subject to public consultation, any communications and feedback methods, together with supporting events, will be held as widely as possible for all residents of East Sussex and not just those using the service.

43.18. The Committee RESOLVED to:

1) consider and note the report; and

2) agree to consider a further report at its 10th June meeting.

44. SOUTH EAST COAST AMBULANCE NHS FOUNDATION TRUST (SECAMB) UPDATE

44.1. The Committee considered a report providing an update from SECAmb on a number of areas, including performance against national response times and the new NHS 111 service.

44.2. Ray Savage, Strategy and Partnership Manager at SECAmb, clarified that there was an error in one of the tables in appendix A (p. 53). In the table 'Sussex CCG performance 2020', The East Sussex CCG entry for Category 1 said 00:18:18 but it should have read 00:08:18.

44.3. **The Committee asked whether there were sufficient resources to meet the category response targets consistently in the future in East Sussex.**

44.4. Mark Eley, Associate Director of Operations – East at SECAmb, said the Category 1 and 2 targets are challenging to achieve in East Sussex compared to other areas in its patch, such as Brighton & Hove, due to the rurality of the county. The low population density and country roads make it very challenging to reach a patient in the 7 minutes required for a Category 1 response. Staff sickness due COVID-19 and the winter weather has made it harder in the last few months to respond as quickly. He clarified that the 7-minute performance of SECAmb is taken as an average. Therefore, to balance out the slower response in rural areas, ambulance crews in urban areas such as Brighton & Hove are expected to respond in less time. He added that SECAmb aims to arrive as soon as possible, not just at the mandated response time.

44.5. Mark Eley said the Trust continues to look at all opportunities to improve its performance, including reviewing local standby points to make sure they are in the best place relative to population centres and that the appropriate number of ambulances are located closest to those areas that require them most often, for example, those with higher health inequalities.

44.6. **The Committee asked how many clinical staff are working for the Clinical Assessment Service (CAS) and whether they were working in a call centre or remotely.**

44.7. Simon Clarke, Head of Operations, Integrated Urgent Care, 999 & 111, said the CAS has approximately 130 whole time equivalent (WTE) clinicians, which is made up of many more individuals due to not all of them doing it full time. This workforce includes General Practitioners (GPs), Advanced Nurse Practitioners, midwives, dental nurses, pharmacists, mental health nurses, and urgent care practitioners. The majority are working remotely, in part due to COVID-19 restrictions, but a certain number are required in the Emergency Operations Centres to be able to give direct advice to call handlers in the call centres when immediate advice is needed for a challenging call.

44.8. **The Committee asked about the performance of Think NHS 111 First.**

44.9. Simon Clarke said that it launched officially in December, although there had been an earlier soft launch. The aim of Think NHS 111 First is to reduce ED attendance by providing anyone who calls 111 with a disposition that may require them to go to an ED with a call back from a clinician within 30 minutes. If a call back is not made in 30 minutes, they are advised to go to ED. Since December 2020, across the whole of the NHS 111 patch of Kent, Medway and Sussex there have been more than 10,000 people have been put on the Think 111 First pathway. Of those, 9,200 (89%) received a clinical assessment within 30 minutes. 3,900 (42%) of these were advised to go to ED predominantly at a specified time; 2,000 were given an urgent care appointment either at a minor injuries unit, walk-in centre, Urgent Treatment Centre (UTC) or GP appointment; 2,000 were advised to self-care; and 500 (5%) cases were upgraded to an ambulance call out.

44.10. Simon Clarke added that over the course of 2020, bookings from 111 to another part of the health service in Kent, Surrey and Sussex have increased from 300 per month in January to 16,000 in December. He said this shows it is becoming a one stop service for healthcare that provides patients with either over the phone care or a booked appointment to the most suitable part of the NHS for the patient.

44.11. **The Committee asked for more details of how the ED bookings work.**

44.12. Simon Clarke clarified that the ED 'appointment' is not a direct appointment to see a clinician, but a given time slot that the patient should attend the ED. This helps to stagger arrivals at the ED and prevents people having to wait for hours at the ED. Joe Chadwick-Bell added that this is a fantastic way forward for managing patients' use of EDs and the system has much more potential still to be exploited. The Chief Executive of ESHT said that the Trust does not yet have details of whether patients asked to attend for a certain time frame were seen within that time frame, but this can be provided in the future. Anecdotally patients are seen quickly, but this may be due to the current lower usage of EDs due to COVID-19. Patients may also get told to go to ED by 111 but are still triaged on arrival and sent to the UTC if they are able to be seen by a GP rather than an emergency medicine consultant.

44.13. **The Committee asked how NHS 111 deals with people calling up with complex health issues.**

44.14. Simon Clarke said that the initial 111 call is taken by a call handler who will go through NHS Pathways to triage the patient. They are not clinicians so do not have access to full care records, but there should be a special patient notice on the system if they have a medical condition that may affect the outcome of the triage on NHS Pathways. In addition, there will always be a clinician in the room who the call handler can receive advice from in complex calls. The patient can also be put in a call back queue with a clinician if needs be. These clinicians will have access to the full patient record through GP Connect.

44.15. Simon Clarke said that NHS 111 CAS is new and has been under immediate, unprecedented pressure due to COVID-19 and therefore some patients may not have received a call back within the specified timeframe. Where this has happened, there is a complaints process that people can use. NHS 111 CAS has continued to improve and is now able provide 50% of callers with a clinical call back, which amounts to 42,000 calls a month across Kent, Medway and Sussex.

44.16. **The Committee asked for confirmation what the procedure is for a patient who cannot be stabilised by a paramedic.**

44.17. Mark Eley said he understood that if a patient deteriorates in the care of a paramedic they will make the clinical decision to either take the patient to a specialist hospital or to the nearest ED. If it is the latter, they will let the hospital know they are coming.

44.18. Joe Chadwick-Bell added that the most important consideration was reaching a place that can provide definitive care, such as a Hyper Acute Stroke Unit (HASU) for a stroke patient, but if a patient is not stable enough to reach definitive care the ambulance crew will make a decision whether a local hospital is more appropriate. SECAmb also work hard to ensure that they can deliver definitive care on site or on the journey themselves so that they do not need to make this choice.

44.19. Ray Savage said SECAmb conducted a small pilot in East Kent working with the local hospital trust to use telemedicine for stroke patients. This involved ambulance crews contacting a stroke consultant via an iPad when on the scene of a suspected stroke patient, which enables the consultant to assist with the triage of the patient.

44.20. **The Committee asked what the guidance was regarding hospital handover times for stroke patients.**

44.21. Joe Chadwick-Bell explained that a critically ill patient that walks in or arrives via ambulance will be immediately triaged and handed over to the care of the hospital. If the patient is suffering a suspected stroke, they will go straight to the resuscitation ward and a stroke nurse will be called to attend as soon as possible. The target is to assess the patient and provide them with a medical intervention within an hour of arrival.

44.22. **The Committee asked how often the air ambulance is used**

44.23. Mark Eley said an air ambulance report is sent to SECAmb each morning showing their availability and criteria for use. They are a significant asset with a highly trained crew so are used as much as possible, where clinically appropriate to do so.

44.24. **The Committee asked why so many more hours were lost in December to handover times in East Sussex compared to West Sussex and whether this was due to the westerly spread of the Kent variant of COVID-19 at the time.**

44.25. Ray Savage said the figures for December were a snapshot. SECAmb has worked closely with acute Trusts in Sussex through the Joint Commissioning of Ambulance Pathway programme to develop alternative pathways and handover process in EDs. The January and February figures for both hospital sites in East Sussex show a significant improvement in handover times, which is the result in part of SECAmb closely working with ESHT's ED teams to improve the handover process. He said he is confident that improvement should be sustained and that future updates will reflect the improvement that has taken place.

44.26. **The Committee asked if the national 15 minute hospital handover time is realistic given the low compliance rate with the figure.**

44.27. Mark Eley said it was a hard target to achieve but is still achieved quite regularly. He also believed it is important that the Trust is challenged and that the target should be hard to reach. There have been challenges during COVID-19, particularly staff being off sick at both SECAmb and the EDs at the hospital sites, which has resulted in challenges with handover times.

44.28. Joe Chadwick-Bell added that from the perspective of ESHT, the 15-minute target is reasonable most of the time. The issue in achieving it has largely been due to the process of how a handover is undertaken and the capacity of the hospital to accept patients. The handover process has now been changed so that handovers take place much more swiftly in purpose-built booths at the hospital sites. Capacity remains an issue, however, as whilst patients who are 'fit to sit' in the ED waiting areas can be handed over, those who need to be placed in a cubicle cannot be if all cubicles are full. Likewise, if several ambulances arrive at once, the capacity of the handover teams can be stretched, leading to delays. The Chief Executive confirmed that there are escalation plans in place to help free up space in the ED when it becomes full.

44.29. Ray Savage added that technology is also helping with the process of handover, as ambulance crews can remotely update the electronic patient record of patients inbound so that when they arrive the handover nurses already have an understanding of the condition of the patient. He said he has experienced this working well first hand when he completes shifts as a ambulance crew.

44.30. **The Committee asked whether the loss of jobs at Gatwick will help with recruitment to the Crawley Emergency Operations Centre (EOC).**

44.31. Simon Clarke said that the disruption to the aviation industry due to COVID-19 has made Crawley a good recruitment area. The EOC is now above the staffing requirement for its NHS 111 contract with 50 111 and 30 EOC 999 staff in place.

44.32. The Committee RESOLVED to:

1) Consider and comment on the update from SECAmb;

2) request a further report in September on NHS 111, including details of the impact on emergency departments from Think NHS 111 First;

3) request a visit to the new ambulance station at Falmer, Brighton; and

4) request that the recommended standards for acute stroke services is provided via email.

45. NHS RESPONSE TO COVID-19 IN EAST SUSSEX

45.1. The Committee considered a report on the NHS response to COVID-19 in East Sussex and its ongoing impact on NHS services for East Sussex residents. The Committee also considered a presentation by Darrell Gale, Director of Public Health, on the current number of infections in East Sussex.

45.2. **The Committee asked whether there were any issues with capacity for the vaccine programme as people's second jabs begin.**

45.3. Jessica Britton said that the local vaccine programme is on target to meet and in some cases exceed the national targets. The Executive Director said she is confident the current logistical set up will enable both first jabs and second jabs to take place in the coming weeks.

45.4. **The Committee asked whether the big difference in the death rate of the two waves may be in part due to less observation of the lockdown in the second wave.**

45.5. Darrell Gale said there had certainly been different behaviours between the lockdowns. The first lockdown was almost universally observed by people and people had been reluctant to travel to the coast, in part due to the early closure of activities by the local authorities. People, however, were far more reticent to go in to or observe the November lockdown. In addition, many employers had to stop trading in March but by the time of the second lockdown in November, a lot more businesses were open and requiring staff to go in.

45.6. Darrell Gale added that the virology of the second variant was so different to the first that it was almost like a new pandemic with a much higher transmission rate and higher mortality rate. Consequently, whilst the second lockdown did slow down the increase in cases from the original variant of the virus, the third lockdown over Christmas was in response to the new Kent variant but came too late to stop it. The third lockdown is also the predominant cause of the decline in infections currently being observed. This is because the vaccine is having an impact on hospitals and deaths nationally, but the numbers are too small to be able to see a definitive local trend.

45.7. The Director of Public Health said he had been hearing anecdotally about a large numbers of visitors to the coast in the recent warmer weather. He reminded everyone that the country is still in lockdown, so people are required to stay at home and only travel locally for essential supplies and exercise.

45.8. **The Committee asked what the figures for uptake of the vaccine are in the Black, Asian and Minority Ethnic (BAME) community and how authorities planned to improve uptake amongst BAME residents.**

45.9. Darrell Gale said the figures nationally showed a poorer uptake in certain communities, particularly amongst the Black African community. The data shows who has had the vaccine, but it takes a while to work out who has not and this task is more difficult where a population is small. The BAME population in East Sussex is quite small and spread out, so it is currently difficult to determine the vaccine uptake rates.

45.10. Darrell Gale explained that the Public Health Team will continue the work of the BAME disparities programme that was established to identify and understand why there was a greater impact from the disease on BAME communities. This programme involved identifying and speaking with BAME community leaders to understand the questions and queries they have relating to the disease, testing and uptake of testing. This will be expanded to include reassurance about the vaccine.

45.11. **The Committee asked whether there were any groups other than BAME communities who have had a general reluctance to receive the vaccine**

45.12. Darrell Gale said non-BAME communities who may show reluctance are likely to be educational or religious groups. There has been a good overall uptake in East Sussex, although a lower uptake in Brighton & Hove, where alternative belief systems are more prevalent. The Public Health Team will still try to work with them to encourage uptake of the vaccination. He added it was equally important to ensure there was no inequality in the uptake of the vaccine being caused by the difficulties some groups may have in accessing vaccine sites.

45.13. **The Committee asked whether anything will be done to improve the experience of those with learning disabilities or autism who are being vaccinated.**

45.14. Jessica Britton said the CCG was working with vaccine champions, carers, and voluntary and community organisations in Sussex to help make it easier for those who are hesitant or who find it more difficult to attend vaccine centres to receive the vaccine, which includes those with learning disabilities or autism. Further details can be provided at a future meeting of the HOSC.

45.15. **The Committee asked whether teachers should receive vaccine as a higher priority group.**

45.16. Darrel Gale agreed that teachers are frontline staff, but a vaccination order was agreed by the Government, under the advice of the Joint Council for Vaccines and Immunisation (JCVI), that prioritises the old and clinically vulnerable. Given the pace of the vaccine roll out to date, and with greater supplies expected shortly, those in frontline occupations can expect to be vaccinated in the coming weeks.

45.17. He reminded the Committee that schools returning is a priority for the Government, due to the considerable effect on long term inequality from missing out on education. Whilst many children will have gained considerable resilience and self-discipline from the experience, many will have missed out on an adequate education. It is known the return will lead to an increase in COVID-19 nationally, with some modelling on the R rate showing it could reach 1. Public Health and the Children's Services Department have been working together over the last few weeks to put in place even more protection and testing in schools and testing kits for parents to help identify asymptomatic cases. This should drive down infections, or at least keep any peaks local. Darrell Gale said this is building on experience of schools that have remained open with

significant numbers of children of key workers, those with special needs, and those with no access to equipment at home, where outbreaks have been managed incredibly well.

45.18. **The Committee asked about how concerned people should be about the Brazilian variant of COVID-19.**

45.19. Darrell Gale said that the Brazilian variant is a "variant of concern" and the local Public Health team will be alerted of any local cases and asked to help arrange surge testing in the affected area. The recent contact tracing of those with the suspected variant did not show any cases in East Sussex. He explained the UK's genomics industry is first rate and has been able to identify 100s of variants of COVID-19, but not all are variants of concern.

45.20. **The Committee asked about what additional services would be rolled out to assist people with mental health as a result of COVID-19**

45.21. Jessica Britton said there have been a number of mental health services delivered in a different way or rolled out in response to COVID-19. The CCG is also working to understand the impact of COVID-19 on the demand for mental health services in the long term. Financial planning for next year will aim to understand how best to meet these future needs; will evaluate which of the additional services created during COVID-19 should continue; and will evaluate which services that have changed how they operate in response to COVID-19 can return to a more traditional face to face model.

45.22. The Committee RESOLVED to:

1) Thank the NHS, GPs, pharmacists and Public Health staff for their work during the COVID-19 pandemic;

2) note the report; and

3) request a further report in June with a focus on the restoration and recovery of Cancer services, and how the NHS is helping more vulnerable groups receive the vaccine.

46. HOSC FUTURE WORK PROGRAMME

46.1. The Committee considered its work programme.

46.2. The Committee RESOLVED to agree its work programme subject to the following changes:

- add reports on Cardiology and Ophthalmology and Inpatient Mental Health to 10th June;
- combine the cancer services update report with a COVID-19 update on 10th June;
- move transition services and Sussex-wide review of emotional health and wellbeing support for children and young people reports to a later meeting;
- provide an update on NHS 111 on 23rd September; and

- move the Primary Care Led Hub report to the 23rd September meeting.

The meeting ended at 1.08 pm.

Councillor Colin Belsey
Chair