

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 2 December 2021

PRESENT:

Councillors Colin Belsey (Chair), Councillors Abul Azad, Penny di Cara, Sorrell Marlow-Eastwood, Sarah Osborne, Christine Robinson and Alan Shuttleworth (all East Sussex County Council); Councillors Councillor Mary Barnes (Rother District Council), Councillor Christine Brett (Lewes District Council), Councillor Richard Hallett (Wealden District Council) and Councillor Mike Turner (Hastings Borough Council)

WITNESSES:

East Sussex CCG/Sussex Health and Care Partnership (SHCP)

Jessica Britton, Executive Managing Director
Tom Gurney, Executive Director of Communications and Public Involvement
Katy Jackson, Director of Systems Resilience

Kent CCG

Mark Atkinson - Director of Integrated Care Commissioning

East Sussex Healthcare NHS Trust (ESHT)

Joe Chadwick-Bell, Chief Executive
Richard Milner, Director of Strategy
Michael Farrer, Strategic Transformation Manager
Prof. Nik Patel, Cardiology Clinical Lead
Lesley Houston, General Manager Cardiovascular Services
Mr Kash Qureshi, Clinical Lead for Ophthalmology
Sharon Ball, Ophthalmology Service Manager

Maidstone and Tunbridge Wells NHS Trust (MTW)

Dr Peter Maskell – Medical Director
Dr Laurence Nunn – Consultant Cardiologist and Clinical lead for Cardiology
Jo Cutting – Programme Director for Cardiology

Sussex Partnership NHS Foundation Trust (SPFT)

Simone Button, Senior Responsible Officer
John Child, Chief Delivery Officer
Paula Kirkland, Programme Director
Richard Hunt, Communications and Involvement Lead

East Sussex County Council

Mark Stainton, Director of Adult Social Care
Darrell Gale, Director of Public Health

LEAD OFFICER: Harvey Winder, Scrutiny and Policy Officer

15. MINUTES OF THE MEETING HELD ON 23 SEPTEMBER 2021

15.1 The minutes of the meeting held on 23 September 2021 were agreed as a correct record.

16. APOLOGIES FOR ABSENCE

16.1 Apologies for absence were received from Cllr Amanda Morris, Geraldine Des Moulins, and Jennifer Twist.

17. DISCLOSURES OF INTERESTS

17.1 Cllr Richard Hallett declared a personal, non-prejudicial interest in item 8 as a member of Friends of Crowborough Hospital.

18. URGENT ITEMS

18.1 There were no urgent items.

19. RECONFIGURATION OF CARDIOLOGY SERVICES AT MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

19.1. The Committee considered a report providing an overview of the proposals to redesign cardiology services at Maidstone and Tunbridge Wells NHS Trust (MTW), which are used by some patients in East Sussex.

19.2. The Committee asked what South East Coast Ambulance NHS Foundation Trust's (SECamb) views were of the requirement under the proposals to transfer some patients from the Emergency Department (ED) on the 'cold' site to the Coronary Care Unit or cath lab on the 'hot' site.

19.3. Dr Laurence Nunn, Consultant Cardiologist and Clinical lead for Cardiology at MTW confirmed the Trust has designed the service to minimise the burden on SECamb. The ambulance trust is fully involved with the plans and MTW has been meeting with them to discuss, amongst other things, the impact of the single siting; agreement of protocols for admitting patients directly to the specialist site; and how to enable SECamb to contact the consultant cardiologists via telemedicine, which has been used successfully for stroke services and for tertiary cardiology centres like Ashford and Guys and St Thomas. He added the patients will receive emergency treatment at both sites and the ED on both sites will be able to use telemedicine to enable consultant cardiologists at the specialist site to determine whether the patient would need to be transferred to the Coronary Care Unit.

19.4. The Committee asked how the proposed changes will impact travel times of patients.

19.5. Jo Cutting, Programme Director for Cardiology at MTW, said the Trust had conducted robust analysis of the travel times both by car and public transport, and the time of day of the journey. This analysis showed that whichever option is chosen will result in extended travel for a small number of people, however, the clinical improvements, particularly the reduction in length of stay made possible by having expertise on site 24/7, will reduce the number of journeys families and friends have to make. The Trust will also look to mitigate the impact, for example, through hospital transport and dedicated car parking for whichever option is chosen.

19.6. The Committee asked how the single site might achieve ‘centre of excellence’ status.

19.7. Dr Laurence Nunn said the primary reason for the reconfiguration is to provide a robust cardiology service 24/7 for all cardiology emergencies, however, there is no reason why the services could not be enhanced further. Whilst no decision has been made on the site yet, one of the advantages of locating it at Maidstone Hospital would be to allow co-adjacency with stroke services that may allow for thrombectomies (mechanical removal of blood clots during a stroke) to be performed at the cardiology cath labs. Dr Peter Maskell, Medical Director at MTW, added that single siting expertise should allow for more complex procedures to be performed locally rather than having to transfer patients to London.

19.8. The Committee asked how MTW was conducting its public engagement in East Sussex.

19.9. Jo Cutting explained that the engagement has been advertised very widely already across a number of different media platforms, including newspapers, press releases and online. The newspaper adverts include a telephone number and address for those people who want a physical copy of the proposals document and survey. The Trust has also set up pop up stalls in shopping centres and other places (with staff wearing masks), telephone surveys and online listening events. There are online listening events planned for the next two weeks and potentially more will take place if necessary. The Programme Director said she had also met with the Tunbridge Wells Older People’s Forum virtually and would be happy to meet with any other organisations to explain the proposals.

19.10. The Committee RESOLVED to:

- 1) agree that the proposals are not a substantial variation to services; and
- 2) agree to submit a formal written response to the public engagement being undertaken by MTW.

20. RECONFIGURATION OF CARDIOLOGY SERVICES AT EAST SUSSEX HEALTHCARE NHS TRUST

20.1. The Committee considered a report providing an overview of the proposals for reconfiguring cardiology services currently provided by East Sussex Healthcare NHS Trust (ESHT).

20.2. The Committee asked what the impact of the reconfiguration would be on the current pressures on ambulance services and the EDs.

20.3. Prof. Nik Patel, Cardiology Clinical Lead at ESHT, explained that SECamb, despite the pressures currently on it, is maintaining a very good service for patients having an acute heart attack. Prof. Patel agreed that the issue of bottlenecks at ED was exactly the area the reconfiguration aims to rectify through the creation of a cardiac response team within the ED. This will mean patients should be able to be seen in 30 minutes to an hour rather than more than four hours wait they currently experience, and this was demonstrated to work when the model was tested during the pandemic. The creation of hot clinics that allow imaging, mainly ultrasound, in ED will also mean decisions can be made more swiftly about what to do with a patient. Prof Patel added that the temporary reconfiguration of cath labs at times during the last 18 months have allowed the Trust to admit any patient arriving in cardiac arrest directly to a cath lab where cardiologists, nurses and anaesthetists are waiting on hand, rather than taking them to the ED and calling them all down to attend. SECamb has helped improve this pathway and prefers to admit patients directly to the cath labs.

20.4. The Committee asked whether the reconfiguration would increase capacity for imaging and diagnostics such as MRI scans.

20.5. Prof Patel said ultrasound is the most important test for diagnosing cardiac conditions and the hot clinics will enable swifter use of ultrasound. The Trust has excellent magnetic resonance imaging (MRI) scanners, but the use of MRI scans is not necessary to make a cardiac diagnosis. In addition, ESHT's computed tomography (CT) scanning times for acute stroke in 1 hour are one of the highest in the country and the Trust receives an A rating for it.

20.6. The Committee asked whether staff are being consulted on both proposed changes at ESHT.

20.7. Tom Gurney, Executive Director of Communications and Public Involvement, said there is a communications and engagement plan for staff separate to the public consultation. This engagement will focus on ESHT staff, but also to a lesser degree on all provider staff including those working for SECamb. Joe Chadwick-Bell, Chief Executive of ESHT, added that both cardiology and ophthalmology have been driven by clinical teams themselves and are not top-down reorganisations, meaning the main affected teams have been fully engaged throughout the process. Dr Patel has also engaged with other specialities' clinical teams across the Trust quite significantly over the last four years. The Chief Executive clarified that once a site is chosen by the CCG and Trust, there will need to be a further conversation with staff who will need to move site, however, this is a formal human resources-led consultation and cannot take place yet.

20.8. The Committee asked whether the weekend availability of cardiologists would improve under the new proposals.

20.9. Prof Nik Patel said nationally there is a move towards 24/7 consultant-led care in cardiology and this redesign will help move ESHT towards that model. The current arrangement has cardiologists on site doing ward rounds, out of hour remote access to cardiologists via telemedicine, and attendance of cardiologists in the event of a heart attack when it happens out of hours. There is also a multi- disciplinary team, including allied health professionals and specialist nurses, who help deliver the service out of hours.

20.10. The Committee asked whether the new cardiac response team is an improvement on what is currently available at EDs.

20.11. Prof. Nik Patel said currently patients in ED are seen by junior staff, then an ED consultant, and then referred to specialists within the cardiology service. The cardiac response team will be able to provide this specialist input at a much earlier stage in the process. The Trust has had the opportunity to test this model during the pandemic and there is confidence that it works well and provides a better patient experience and clinical expertise at the ED. Prof. Patel reminded the HOSC that the cardiac response teams will be at both EDs, and it is only the 2% of cardiac patients who need specialist intervention at the cath labs who will be affected by the proposals.

20.12. The Committee RESOLVED to:

- 1) agree that the proposals are a substantial variation to services;
- 2) agree to undertake a detailed review of the proposals in order to prepare a report and recommendations; and
- 3) agree to establish a Review Board to conduct the review comprising Cllrs Belsey, Robinson, Turner, di Cara, and Marlow-Eastwood.

21. RECONFIGURATION OF OPHTHALMOLOGY SERVICES AT EAST SUSSEX HEALTHCARE NHS TRUST

21.1. The Committee considered a report providing an overview of the proposals for reconfiguring ophthalmology services currently provided by ESHT.

21.2. The Committee asked what the Trust was doing to attract more specialist nurses and consultants given the growing demand for ophthalmology.

21.3. Mr Kash Qureshi, Clinical Lead for Ophthalmology at ESHT, said the Trust has been quite successful recruiting consultants because it offers an attractive job specification that allows consultants to focus on operating and seeing patients. The change in model will also provide optometrists, orthoptics and nursing staff with expanded roles that enable them to deliver clinical treatments and eye clinics themselves, which does not usually happen at other trusts and will make the roles more attractive. Mr Qureshi added that all three roles between them already provide the majority of injections for patients with macular degeneration, which patients prefer as it provides continuity of care. The ophthalmology service is also providing opportunities for community optometrists to learn new skills in the hospitals, such as training them to do laser interventions. Very few trusts offer this service and it benefits patients by increasing the skill set of community optometrists.

21.4. The Committee asked whether the new one stop clinics established at Bexhill Hospital and Eastbourne District General Hospital (EDGH) will be open seven days per week.

21.5. Mr Kash Quershi said there is seven-day access for emergency and urgent eye care problems and waiting list activity is currently being carried out seven days per week due to the backlog, however, there are no plans to carry out routine care via a seven day service. The Trust is, however, planning to provide three sessions per day with the addition of an evening slot from 5-8pm, which will provide more capacity for adult clinics.

21.6. The Committee asked whether the proposals will involve purchasing new equipment and whether this will be funded by additional capital investment.

21.7. Mr Kash Quershi said rationalising services from three sites to two will mean the service will need less equipment and can use what it has more efficiently. Joe Chadwick-Bell added that the capital funding is nationally allocated to Integrated Care Systems (ICS), which then allocate it to individual providers based on need. Each provider trust determines its capital needs through an annual process of prioritising investment for digital, medical equipment, and building works. Any replacement of ophthalmology equipment will be considered within this process. The Chief Executive added that charitable organisations also often provide equipment to the Trust, which the Trust is very grateful for.

21.8. The Committee asked whether Bexhill Hospital will be able to accommodate the additional parking demands of staff from Conquest Hospital.

21.9. Michael Farrer, Strategic Transformation Manager at ESHT, said a lot of the patients who attend Bexhill are driven there by family or friends, as many will not be able to travel home afterwards. Parking is an issue that will be picked up during the consultation process and possible solutions will be developed with stakeholders as the consultation progresses.

21.10. The Committee asked whether the whole county will be consulted on both sets of proposals.

21.11. Jessica Britton confirmed that both consultations will be county wide. The Equality and Health Inequalities Impact Assessment (EHIA) will be used to identify who will be most impacted and the CCG will look to employ tried and tested mechanisms to reach out to these people. Tom Gurney added that the CCG has built up networks of contacts following recent public consultations, although the CCG will continue to work with voluntary and community groups to identify additional marginalised people.

21.12. The Committee RESOLVED to:

- 1) agree that the proposals are a substantial variation to services;
- 2) agree to undertake a detailed review of the proposals in order to prepare a report and recommendations; and
- 3) agree to establish a Review Board to conduct the review comprising Cllrs Belsey, Robinson, Azad, and Brett, and one additional member of the Committee to be confirmed.

22. EAST SUSSEX WINTER PLAN 2021/22

22.1. The Committee considered a report providing an overview of the East Sussex Winter Plan for 2021/22.

22.2. The Committee asked how the NHS would deliver the new vaccine programme following the Omicron outbreak.

22.3. Darrell Gale, Director of Public Health, said his view of the new variant was one of caution but not deep concern, as a lot of work is already being done to reduce the delta variant's impact. He said the announcement to increase the booster programme in response to the Omicron variant has caused some confusion amongst residents, as it is not the case that people can just turn up at a vaccine site to receive the booster; people need to wait to be contacted by the NHS. This is because not everyone is eligible yet and the vaccine programme cannot just double its capacity of vaccines, slots and staff overnight. Jessica Britton, Executive Director of East Sussex CCG, added that all residents will be eligible for the booster by the end of January and that to date 70% of those in Sussex over the age of 40 who are eligible have already had the booster. The Executive Director said the additional demand across the whole of Sussex for all patients who will eventually be eligible for a booster is 625,000 additional vaccines between now and the end of January. Currently 80-90,000 are delivered per week, meaning operations would need to be scaled up to deliver 120,000 per week to meet the target and plans are being developed to achieve this.

22.4. The Committee asked about the progress of vaccines for patients in their own homes who are clinically vulnerable.

22.5. Jessica Britton said the NHS is continuing with the Housebound programme and is on target to ensure all people who were part of the initial programme receive their booster by the end of December using additional resources provided to the Primary Care Networks (PCNs). Darrell Gale confirmed the Greater Wealden PCN will have completed all of its Housebound boosters by the weekend.

22.6. The Committee asked what the NHS can do to improve the resilience of the care home sector and how overseas recruitment will get round the cap on visas.

22.7. Mark Stainton, Director of Adult Social Care, said that the biggest issue facing the home care and care home sector is workforce. East Sussex County Council (ESCC) is providing information and support to providers individually and as a sector during the winter period. This includes using central government funding to provide both home care and care home providers with financial aid to support their resilience over the winter period that is designed to help them retain the workforce they already have. ESCC also has joint recruitment initiatives with the care sector providers including a Department for Work and Pensions pilot, the Armed Forces Network, and oversees recruitment all designed to tap into parts of the employment market not yet utilised to the fullest. The overseas recruitment is in areas with an established health but not care market to try and get qualified nurses and includes Albania, Romania and the Far East. The potential employees seem willing to work sufficient number of hours per week to enable them to exceed the government threshold for obtaining a visa. The Council has also commissioned a bus to tour East Sussex advertising care roles.

22.8. Joe Chadwick-Bell added that the NHS is supporting social care by working closely together as a system and ensuring end-to-end care is in place. Specific activities by the NHS

include the Enhanced Care in Care Homes regional funding, which funds registered nurses to support care homes; additional funding to expand the 2-hour Crisis Response Service to avoid patients attending ED or being admitted; and funding for Same Day Emergency Care that means people avoid the need for a hospital admission and subsequent requirement to find them a long-term social care placement.

22.9. The Committee asked whether the number of school children with COVID-19 is increasing and what guidance is available locally to mitigate levels of infections.

22.10. Darrell Gale explained there is a weekly monitoring of all COVID-19 outbreaks in schools and the majority of COVID-19 infections in East Sussex are within young age groups with the largest the 10-14 age group, many of whom are not eligible for vaccines yet. The Director of Public Health explained there are no national requirements yet on mask wearing or for Christmas events at school so, prior to the Omicron variant emerging, he and the Director of Children's Services wrote a joint letter to all headteachers, and then all parents and guardians, setting out:

- an expectation that schools issue advice to their pupils on face coverings in all communal areas and decide whether or not to proceed with Christmas events;
- a message to parents that if they missed a vaccine for their 12-15 year old that they get it re-booked;
- a message to schools that they accommodate vaccines as smooth as possible as it can disrupt teaching; and
- a reminder that parents and children take lateral flow tests, and a PCR test if necessary, and log all results, including negative results.

22.11. The Committee raised two specific issues around COVID-19 booster vaccines. The first was whether booster vaccine clinics were definitely taking place locally in Seaford and that patients who were eligible were being informed; the second was whether it was appropriate to invite people to the Hastings vaccination centre for a booster at a time prior to the centre opening, resulting in people queuing outside in the cold.

22.12. Jessica Britton said she would check with the CCG's Vaccination Team about both of these issues.

22.13. The Committee asked how NHS 111 might be used to meet the healthcare demands over the winter period.

22.14. Katy Jackson, Director of Systems Resilience, said that there is a large media campaign nationally to encourage people to use NHS 111 and pharmacists rather than attending an ED or GP appointment where this is appropriate. Pharmacists are open over the weekend, can issue emergency prescriptions, and provide treatment for minor ailments. Joe Chadwick-Bell added the digital healthcare provider, Livi, has been commissioned to provide a further step in the process of a patient calling 111 and being advised to go to ED. Where the NHS 111 Clinical Assessment Service (CAS) has given a patient a disposition that involves attending the Urgent Treatment Centres (UTCs) at the hospital EDs, a GP working for Livi can call them and in the majority of cases should be able to resolve the issue over the phone, whether it is providing advice and guidance, a prescription, or booking a non-urgent GP appointment. This should help to reduce the number of patients attending EDs and will be online before Christmas.

22.15. The Committee asked how the Winter Plan could be delivered given the current pressure on ED, and lack of bed capacity.

22.16. Joe Chadwick-Bell agreed winter will be a busy and difficult time and said the main priority over the winter period for ESHT is to keep patients and staff safe. This will be achieved by reducing demand on the EDs, for example, through enhanced care in care homes; pathways to allow ambulances to request that the 2-hour Crisis Response Teams respond to a call rather than attending and conveying the patient to hospital; additional digital capacity from Livi; and additional workforce recruited to the UTC. The Chief Executive added that the ED has more staff than ever and that the main issue is bed space for patients who need admitting. To counter this, the Trust is increasing Same Day Emergency Care as much as possible and where clinically safe to do so to avoid the need to admit patients; and introducing a range of initiatives to improve the flow of patients through the hospital using national best practice and lots of support from senior management, including the Board of Directors.

22.17. The Committee asked how the system could achieve 30-minute ambulance handover times given the current pressures on the service.

22.18. Joe Chadwick-Bell said the figure of 30 minutes is a very ambitious goal but is based on national targets. There is a national expectation of there being strictly no delays over 60 minutes and of trusts aiming to avoid any over 30 minutes. The figure of 30 minutes is to allow crews to handover patients to the hospital trust in 15 minutes and then spend 15 minutes doing paperwork and cleaning the ambulance. ESHT is committed to assisting SECamb achieve this goal and is planning to introduce "Fit to Sit", which is a pathway that allows ambulance crews to drop off patients in the ED waiting area rather than on a trolley if it is clinically safe to do so. Jessica Britton added that the CCG monitors how trusts are improving hospital handovers and confirmed learning is shared across the county.

22.19. Katy Jackson further added that SECamb is working to improve handover times by having a member of staff present in the EDs to support the handover process; avoiding unnecessary conveyances by increasing the number of patients treated in the community either via 'Hear and Treat' and 'See and Treat'; and analysing calls to see how the Trust can better communicate when to call 111 rather than 999.

22.20. The Committee asked whether the reasons given for the temporary closure of Crowborough Minor Injuries Unit (MIU) were legitimate, and whether more could be done to reopen the MIU in time for February 2022.

22.21. Jessica Britton stated it was not the intention of the CCG to permanently close the MIU and the closure will be reviewed on a regular basis. The NHS is balancing available resources against a number of services that need to be provided safely and effectively, including delivering the children's vaccination programme (which the provider of Crowborough MIU is conducting) and maintaining access to urgent care services. Prior to the closure of the MIU, Sussex Community NHS Foundation Trust (SCFT) had challenges staffing its three MIUs in a sustainable way whilst maintaining infection control measures that keep staff and patients safe. The temporary arrangements now allow the Trust to maintain urgent care at Lewes UTC and Uckfield MIU in a safe and sustainable manner and are able to support an increase in numbers of patients. The CCG is also in dialogue with MTW about the impact of the closure of Crowborough MIU on the Tunbridge Wells Hospital ED, with no current significant impact reported. The Executive Director said she would fully respond to the queries raised in writing, particularly around the feasibility of using spare capacity in the Crowborough Hospital as an alternative location for the MIU.

22.22. The Committee RESOLVED to:

- 1) Note the report;
- 2) Request a written response from the CCG on the questions raised about the temporary closure of the Crowborough MIU;
- 3) Respond to the queries set out in 22.11; and
- 4) Request a report on Hospital handovers at the March meeting.

23. COMMUNITY MENTAL HEALTH SERVICES IN EAST SUSSEX

23.1. The Committee considered a report providing an overview of community mental health services available to patients in East Sussex.

23.2. The Committee asked how the Associate Director of Housing role will deliver additional resources and improvements to supported housing.

23.3. John Child, Chief Delivery Officer at Sussex Partnership NHS Foundation Trust (SPFT), explained that the Trust would expect the role to help SPFT create more formal partnerships and arrangements with supported housing organisations, community and voluntary sector organisations; help provide supported housing organisations with more bespoke clinical input to the people they support in a more timely way; reduce reliance on inpatient mental health services and help people to leave hospitals and rehab sooner; and help reduce street homelessness.

23.4. The Committee asked whether all residents have access to primary mental health care and whether the funding is sufficient to deliver additional services.

23.5. John Child said the Emotional Wellbeing Service (EWS) will provide community based, primary care mental health care in East Sussex, however, it is an enhanced version of the existing Health in Mind primary mental health service that all GPs can already refer patients to for issues like anxiety and depression. PCNs have been given additional resources to hire mental health practitioners and this will be used to enhance the EWS. The £7m of funding is for this year only and there will be additional funding in future years as the programme is scaled up.

23.6. The Committee RESOLVED to:

- 1) Note the report;
- 2) Request a future update on the Emotional Wellbeing Service and Primary Care Networks and on the future of mental health investment for later in 2022.

24. REDESIGNING INPATIENT MENTAL HEALTH SERVICES IN EAST SUSSEX

24.1. The Committee considered a report requesting the Committee's view whether the NHS decision on the future of inpatient mental health services is in the best interest of the health service in East Sussex.

24.2. The Committee RESOLVED to:

- 1) Agree the decision is in the best interests of health services locally;
- 2) Request a future update via email on the progress of the development of the new facility;
and
- 3) Request a site visit of the new facility.

25. HOSC FUTURE WORK PROGRAMME

25.1. The HOSC considered its work programme.

25.2. The Committee RESOLVED to agree its work programme subject to the addition of a report on:

- the Health and Care Act 2022

The meeting ended at 1.00 pm.

Councillor Colin Belsey

Chair