

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 March 2023

PRESENT:

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

WITNESSES in attendance:

NHS Sussex

Jessica Britton, Executive Managing Director, East Sussex

Claudia Griffith, Chief Delivery Officer

Liz Davis, Director of Primary Care Operations, East Sussex.

NHS England

Dr Chris Streater, Regional Medical Director & CCIO, NHSE London

Chris Tibbs, Medical Director Commissioning, NHS England – South East

Hazel Fisher, Director of Transformation and Programmes, Specialised Services, NHSE London

Sabahat Hassan, Head of Partnerships and Engagement, NHS England - South East

East Sussex Healthcare Trust (ESHT)

Charlotte O'Brien, Director of Transformation and Improvement

Tracey Rose, Programme Director, Building for Our Future

Sussex Partnership Foundation Trust (SPFT)

John Child, Chief Delivery Officer

Claire Newman, Service Director for Primary Care and Wellbeing

East Sussex County Council (ESCC)

Mark Stainton, Director of Adult Social Care and Health

LEAD OFFICER: Martin Jenks, Senior Scrutiny Adviser

28. MINUTES OF THE MEETING HELD ON 15 DECEMBER 2022

28.1 The minutes of the meeting held on 15 December 2022 were agreed as a correct record.

29. APOLOGIES FOR ABSENCE

29.1 Apologies for absence were received from Councillor Christine Brett and Councillor Candy Vaughan.

30. DISCLOSURES OF INTERESTS

30.1 Councillor Colin Belsey declared a personal, non-prejudicial interest under item 7 the new Elective Hub at Eastbourne District General Hospital (EDGH) as he has been dealing with issues raised by constituents in his Division regarding the preparatory works on site.

31. URGENT ITEMS

31.1 There were no urgent items.

32. NHS SUSSEX WINTER PLAN 2022/23 - UPDATE

32.1 The Committee considered an update report on the NHS Sussex Winter Plan. The Winter Plan sets out how the local health and social care system plans to effectively manage the capacity and demand pressures anticipated during the Winter period and runs from October 2022 to April 2023.

32.2 The Committee asked how the virtual wards were staffed and where the patients were located.

32.3 Claudia Griffith, Chief Delivery Officer NHS Sussex responded that the virtual wards were a national model which is being piloted across Sussex. They are not located in any particular area and are supported by existing staff in community health services and by hospital clinicians. The concept is to try and keep people at home and wrap services around them for clinical conditions that can be safely managed at home.

32.4 The Committee asked if the virtual wards model was expensive and whether it could be expanded.

32.5 Claudia Griffith outlined that the model was more efficient but there is an issue with being able to increase the workforce in order to be able to expand the pilot. There are National Plan targets to increase capacity and there is a focus on how virtual wards could be used for patients with respiratory conditions and frailty patients who are at risk of admission.

32.6 The Committee noted that ambulance handover times had improved and asked how long patients were having to wait for an ambulance.

32.7 Claudia Griffith explained that there are a number of factors involved in ambulance response times for category 1, category 2, category 3 and category 4 calls. It is not just handover delays that affect response times and there have been a number of capacity issues for the South East Coast Ambulance Foundation Trust (SECAMB) which have affected response times. NHS Sussex has worked with SECAMB to support them and has used other Trusts such as the South Central Ambulance Service NHS Foundation Trust to provide additional capacity. Claudia Griffith agreed to circulate some information on ambulance response times for category 1, 2, 3 and 4 calls.

32.8 Claudia Griffith added that handover delays were very low at the current time and are in single figures for delays over one hour. Charlotte O'Brien, Director of Transformation and Improvement at ESHT commented that there had been only one handover delay over one hour this week at East Sussex Healthcare Trust (ESHT) hospitals.

32.9 The Committee observed that this winter period and particularly the time around Christmas and New Year had been challenging. It asked what the impact had been on staff and for an update on staffing issues.

32.10 Claudia Griffith acknowledged that it had been a really challenging situation and the health system does have a very tired workforce. There has been a lot of effort to support staff, but the situation remains very pressured taking into account the industrial action as well as winter pressures. There has been a significant focus on recruitment and retention and there is a workforce programme in place across Sussex. There are a number of things being done to support staff including financial assistance with cost of living pressures. Charlotte O'Brien added that the last few years had been very challenging for the workforce, and we are now seeing industrial action as a result. ESHT is committed to supporting its workforce. Claudia Griffith commented that Providers are being supported through the period of industrial action to maintain services and to allow staff to take strike action.

32.11 The Committee asked what percentage of staff were on long term sick leave.

32.12 Claudia Griffith outlined that there had been an increase in staff on long term sick leave due to stress and anxiety but would have to come back to the Committee with precise figures. Work is being undertaken to increase the mental health and emotional wellbeing support for staff and there is also the existing Staff in Mind service. Feedback on these support services is being looked at in order to further improve support for staff.

32.13 The Committee asked about the waiting times in Emergency Departments and reports that some patients have been waiting in corridors.

32.14 Claudia Griffith responded that Emergency Departments remain very pressured coupled with the need to handover patients from ambulances into Emergency Departments. Work programmes are in place to manage the flow of patients through hospitals and discharge those who are medically fit to free up beds for admissions. Re-admission rates are also being monitored to ensure patients are not being discharged too early. Congestion in Emergency Departments is being addressed through the national Emergency Care Recovery Plan, which aims to increase the number of beds and ambulances, improve patient flows, and same day emergency care services. This will focus on areas to work on in the next twelve months.

32.15 For people with complex respiratory problems, the Committee asked if there is a better way of managing their condition e.g. with a bespoke health plan and access to antibiotics.

32.16 Claudia Griffith responded that the Virtual Wards programme aims to target patients with complex respiratory conditions to provide them with support and early intervention in the community to keep them well in their home.

32.17 The Committee asked for details of where in East Sussex the additional 39,000 GP appointments had been provided and how many people were waiting over 52 weeks for elective care treatment.

32.18 Claudia Griffith outlined that the industrial action will have an impact on waiting times and the national target will be amended to 65 weeks at the end of next year. A breakdown of those waiting over 52 weeks can be provided, but generally ESHT's performance is good. The position is more challenging at University Hospitals Sussex (UHSx) and they are working with Queen Victoria Hospital (QVH) to provide additional capacity to reduce waiting lists. A breakdown of where the additional GP appointments have been provided can be provided after the meeting.

32.19 The Committee asked about the call abandonment rate for the 111 Service, the use of VOCARE, and the level of vacancies in the call centre.

32.20 Claudia Griffith outlined that the 111 Service faces a challenge in terms of recruitment and retention of staff. This is a demanding and stressful role and NHS Sussex is working with SECamb on recruitment and retention and is trying to make the roles more attractive. VOCARE were brought in to provide more capacity and support in response to the 50% call abandonment rate.

32.21 The Committee asked if future reports could also provide information on the UHSx and Maidstone and Tunbridge Wells NHS Trust (MTW) hospital performance that East Sussex residents use (e.g. Royal Sussex Hospital and Pembury Hospital) in addition to ESHT hospitals.

32.22 Claudia Griffith outlined that NHS Sussex can provide equivalent figures for Pembury Hospital operated by MTW and the Royal Sussex. Performance at Pembury is good, but the Royal Sussex is one of the most challenged sites. Work has been carried out to improve hospital handovers at the Royal Sussex, but people are waiting for long periods in the Emergency Department (ED) and in corridors. There are plans to enlarge the ED at the Royal Sussex now that the new building is complete which should address some of the Estates constraints faced by the current ED.

32.23 The Committee asked how many more ambulances would be provided from the Government funding for the national Emergency Care Recovery Plan and what the Havens mental health provision involved.

32.24 Claudia Griffith outlined that 800 more ambulances would be provided under the Emergency Care Recovery Plan which would be split across the eleven Ambulance Trusts. Further information on how many have been allocated to SECamb can be provided once this is known. Charlotte O'Brien explained that the Havens are provided in each of the locations that SPFT provide inpatient facilities and the service provides dedicated mental health crisis assessment facilities where people with mental health issues can be seen and assessed, avoiding the need for them to present to an Emergency Department.

32.25 The Committee thanked NHS Sussex for the Covid vaccination programme update and asked if the uptake figures were as high as had been expected.

32.26 Claudia Griffith responded that NHS Sussex had hoped for higher uptake figures. The uptake in the older age group cohorts has been good, but the uptake of vaccinations in the younger age groups has been lower. This may be due to a level of normalising of Covid infections and that the risks are perceived as being lower for younger age groups, which is having an impact on public behaviour.

32.27 The Committee asked the Director of Adult Social Care and Health if he had any comments on the report.

32.28 Mark Stainton, Director of Adult Social Care and Health observed that it had been one of the most challenging winter periods that the system had experienced. There had been good partnership working and planning to deal with the challenges faced during the winter period. Although the Adult Social Care delayed discharged funding had been received relatively late, it has been used to reduce discharge delays and the length of time before discharge.

32.29 The Committee asked if the hospital handover data for SECamb could be broken down by hospital for future reports.

32.30 The Chair suggested that the updates requested on the figures contained in the report, including information on MTW and UHSx hospitals could be provided in an update report at the June HOSC meeting. SECamb are also presenting a report at the June meeting and could be asked to provide updated information on 111 performance and 999 response times for all call categories and a breakdown of hospital handover data by hospital.

32.31 The Committee RESOLVED to:

- 1) Note the report; and
- 2) Request further update report on the Winter Plan at the June HOSC meeting.

33. PROPOSED CHANGES TO CHILDREN'S SPECIALIST CANCER SERVICES - PRINCIPAL TREATMENT CENTRE (PTC)

33.1 The Committee considered a report on the proposed changes to Children's Specialist Cancer Services presented by representatives from NHS England (NHSE).

33.2 The Committee commented that the majority of patients who need to travel will be immunocompromised due to their treatment and will therefore probably chose to travel by car. Also, there are areas of deprivation within East Sussex where patients and their families may struggle with travel costs. The Committee asked what travel and access support will be provided for patients, their families and carers under the proposals.

33.3 Dr Chris Streater, Regional Medical Director, NHSE London outlined that a travel time analysis had been undertaken as part of the development of the proposals. This showed that travel times for the two options under consideration by public transport were slightly better, but travel times by car were longer. The Team is drawing on the experience gained from the development of the north London Principal Treatment Centre (PTC) to ensure travel and access is not made more difficult. The Evelina London Children's Hospital has experience of caring for other immunocompromised children and their travel and access needs.

33.4 Hazel Fisher, Director of Transformation and Programmes, Specialised Services, NHSE London added that they are talking to Great Ormond Street about the support they currently provide for children and there are good transport models in place. NHSE are looking at travel, access and deprivation and this will be covered by the Equalities Impact Assessment (EQIA) that will be included with the Pre Consultation Business Case (PCBC). There are exemptions available for the Ultra Low Emission Zone on a pay and reclaim basis and transport parking spaces are available. In an emergency there is currently a transport service in place that is run by the Evelina Children's Hospital.

33.5 The Committee asked if children are entitled to patient transport services (PTS) to London.

33.6 Dr Chris Streater responded that NHSE would look at this.

33.7 The Committee commented that if a child goes to a specialist centre for treatment it will be important for the parents or carers to stay with the child. The Committee asked if provision for parents and carers is going to be part of the PCBC and whether the changes will put pressure on existing provision.

33.8 Dr Chris Streater confirmed that this will be part of the PCBC. Hazel Fisher outlined that NHSE had asked both providers how they will accommodate parents and carers. This might be met via the provision of pull down beds or separate overnight accommodation. Provision for parents and carers will also be in the consultation document.

33.9 Based on the discussion, the Chair asked the Committee if they would agree that the proposed changes do not constitute a substantial variation to health services for East Sussex residents. The Chair also summarised the Committee's desire to remain involved in the development of the proposals and outlined the methods available to the Committee including responding to the public consultation.

33.10 The Committee RESOLVED to:

- 1) Agree that the proposed changes to Children's Specialist Cancer Services do not constitute a substantial variation to health services for East Sussex residents;
- 2) Submit a written response to the public consultation;
- 3) Write to any HOSC or Joint HOSC which is being formally consulted on the proposals asking them to consider issues that may be of concern or affect East Sussex patients when they scrutinise NHSE's proposals, and take part in any informal HOSC meetings with other affected HOSCs to feed into the formal scrutiny process; and
- 4) Request a future update report on the proposed changes.

34. NEW ELECTIVE SURGERY HUB AT EASTBOURNE DISTRICT GENERAL HOSPITAL (EDGH)

34.1 The Committee received a report on the proposals for the development of a new Elective Surgery Hub at Eastbourne District General Hospital (EDGH).

34.2 The Committee welcomed the proposals and the benefits to patients in terms of increased capacity and the reduction in waiting times. The Committee asked how this development fitted in with the New Hospitals Programme and the Building for Our Future programme.

34.3 Charlotte O'Brien outlined that the New Hospitals Programme is a broader programme of new hospital buildings and the development of the Elective Hub complements the New Hospitals Programme. ESHT is currently waiting to hear about the amount of funding that will be allocated under the New Hospitals Programme.

34.4 Tracey Rose, Programme Director Building for Our Future at ESHT added that the new Elective Hub project will not affect the Building for Our Future programme. The new Elective Hub project will replace four of the eight operating theatres at EDGH which are in need of replacement. Currently the Trust is waiting for confirmation of the funding from the New Hospitals Programme that will be spent across all three hospital sites – EDGH, Conquest Hospital in Hastings and Bexhill Hospital. The Trust will be able to update the Committee once more details are available.

34.5 The Committee asked for clarification of whether a new hospital is still an option for Eastbourne.

34.6 Tracey Rose responded that the options under consideration include a new build hospital at Eastbourne, a total refurbishment of the existing EDGH and other options. The option chosen will depend on the amount of funding that is made available. The Building for Our Future programme will also include the refurbishment of the other hospitals at Bexhill and the Conquest in Hastings.

34.7 Some Committee members asked why EDGH was chosen for the Elective Hub rather than the Conquest Hospital, and what the ambitions were for the Conquest Hospital site.

34.8 Charlotte O'Brien responded that the New Hospital Programme funding will provide new facilities across all three sites. Tracey Rose added that the plans for the Conquest include an expanded Intensive Care Unit and new wards. Works will also include providing a new roof and new buildings on the Conquest site. The EDGH was chosen for the new Elective Hub as there was physical estate to enable this and because the eight main operating theatres needed to be replaced. The new Elective hub provided an opportunity to replace four of the operating theatres, which had an extensive backlog of maintenance work. The operating theatres at the Conquest have already been refurbished. It was clarified that the operating theatres at the Conquest are not as old as the ones at EDGH and do not need replacing.

34.9 The Committee asked what the impact of the proposals will be on the Uckfield day surgery unit, will staff will have to move, and what are the plans for the released capacity.

34.10 Charlotte O'Brien outlined that although 29% of activity at Uckfield will be dealt with by the new elective Hub, this represents a relatively small number of cases. The Trust is working with system partners across NHS Sussex to make sure the released capacity is fully used. Some staff will move to the EDGH Elective Hub to support the unit and there will be discussions with staff around where they want to work in future. Claudia Griffith added that when looking at waiting lists across Sussex there is more than enough activity to ensure the facilities at Uckfield are retained.

34.11 The Committee asked how many staff will be required to run the new Elective Hub.

34.12 Charlotte O'Brien responded that the full workforce plan will mean a small increase in staff and the Trust will look to start recruitment over the coming months. Recruiting the workforce will be a challenge but the Elective Hub will be a state of the art facility which may attract staff. Tracey Rose added that there will be an additional 43.65 whole time equivalent staff across all staffing groups at the Elective Hub. New and innovative roles will be created to attract staff with recruitment starting shortly.

34.13 The Committee asked if consultations and post operative care will continue to be provided at local hospitals.

34.14 Charlotte O'Brien confirmed that there will not be a change in any other services and outpatient appointments will remain at the local hospitals.

34.15 Cllr Turner asked if ESHT directly employs vascular surgeons.

34.16 Claudia Griffith responded that NHS Sussex will come back to Cllr Turner and provide an answer to his question after the meeting.

34.17 The Chair summarised the Committee's view that the proposals were a good thing for patients and did not constitute a substantial variation to services.

34.18 The Committee RESOLVED to:

1) agree that the service change proposals set out in Appendix 1 do not constitute a substantial variation to health service provision in East Sussex requiring statutory consultation with HOSC; and

2) receive an update report on the development of the new Elective Hub at an appropriate time.

35. PRIMARY CARE NETWORKS (PCNS), EMOTIONAL WELLBEING SERVICES AND MENTAL HEALTH FUNDING

35.1 The Committee considered a report on Primary Care Networks (PCNs), which are groups of GP practices in East Sussex, and emotional wellbeing services provided through PCNs. There are twelve PCNs in East Sussex which include all GP practices, with the largest covering around 100,000 registered patients and the smallest covering around 28,000 patients.

35.2 The Committee asked what services were being provided under the enhanced hours service, and how aware the wider public are of PCNs and the recruitment of specialist staff.

35.3 Liz Davis, Director of Primary Care Operations NHS Sussex outlined that each PCN makes its own decision regarding which services to provide under the enhanced hours arrangements. PCNs are expected to offer enhanced hours services across the whole population covered by the PCN. NHS Sussex does not control which clinics are provided but has some information on enhanced hours services that are being offered. In terms of informing the wider public of the services being offered by the PCN, every PCN is expected to engage with patients, families, local councillors and other stakeholders on the services that they offer. Liz Davis offered to speak to Cllr Shuttleworth outside the meeting regarding the Alps PCN.

35.4 Cllr Turner asked about the work to tackle health inequalities and the provision of a GP surgery in Baird ward in Hastings, which has been under consideration for some time.

35.5 Liz Davis agreed to look into this and get in touch with Cllr Turner after the meeting. Jessica Britton added that there had been a significant amount of effort to tackle health inequalities and there is wider work in Hastings to tackle health inequalities. She indicated that she could speak to Cllr Turner about this work outside the meeting.

35.6 Claire Newman, Service Director for Primary Care and Wellbeing at SPFT commented that health inequalities can be analogous with serious mental health conditions. There are priorities to provide physical health checks for patients with serious mental health issues who are likely to die up to 18 years earlier than average. Access to mental health facilitators is now almost fully deployed in all PCNs for mental health issues and to provide health checks for people with serious mental health issues.

35.7 The Committee asked about the governance arrangements for PCNs, and how as a HOSC the Committee could monitor their performance and be satisfied they are making the best use of resources.

35.8 Liz Davis responded that the governance arrangements are quite ambiguous. The Integrated Care Board (ICB), which is NHS Sussex, will be conducting a financial and activity audit at the end of the 2023/24 financial year. The audit will focus on what the money has been spent on and its impact, together with questions about the PCN's service plans. All PCNs are expected to undertake patient engagement and the requirement for this has been reiterated to PCNs. The results from the audit will be collated and information can be sent to interested parties.

35.9 The Committee commented that it would be good to have feedback on PCN performance through a follow-up report.

35.10 The Committee noted that were an additional 156 full time equivalent staff being employed in additional roles, and asked how many medical vacancies there were across all the PCNs.

35.11 Liz Davis agreed to provide information on medical vacancies via email after the meeting.

35.12 The Committee noted the Voluntary, Community and Social Enterprise (VCSE) sector organisations engagement with the work on health inequalities. However, PCNs do not always work with VCSE organisations on work commissioned by the NHS. The Committee asked how NHS Sussex could accelerate joint working between PCNs and the VCSE organisations.

35.13 Liz Davis responded that she was happy to have conversations with VCSE organisations about how to work more closely together on this at neighbourhood and PCN level. Claire Newman added that there are some good examples of co-design and delivery of mental health provision. SPFT has been working with colleagues from the VCSE Alliance on the emotional wellbeing and mental health offer to develop services relevant to PCN needs and to provide a coherent pathway.

35.14 The Committee asked if PCNs and GP practices are signing up to the Armed Forces Covenant.

35.15 Liz Davis and Jessica Britton agreed to come back to HOSC after the meeting with information on whether PCNs and GP practices are signed up to the Armed Forces Covenant and the range of work that is being undertaken on this. Claire Newman responded that SPFT are fully signed up to the Armed Forces Covenant. There is a veteran mental health offer for Sussex, Surrey and Kent which has been in place over the last five years. There will be a new enhanced service from 1st April with Berkshire.

35.16 The Committee asked if it would be possible to provide an update report on PCN performance and the services, particularly the enhanced hours services, they provide in six months time.

35.17 Liz Davis indicated that it would be possible to have a report ready in six months time.

35.18 The Committee agreed to add an update report on PCNs to the HOSC agenda for the 21 September 2023 meeting.

35.19 The Committee REOLVED to note the report and request an update report for the 21 September 2023 HOSC meeting.

36. HOSC FUTURE WORK PROGRAMME

36.1 The Committee discussed the items on the future work programme. The Committee requested that the report on Hospital Handovers scheduled for the June 2023 meeting includes data from the Royal Sussex and Pembury hospitals as well as the ESHT hospitals broken down at hospital level.

36.2 The Committee agreed to schedule the report on the Patient Transport Service for the 21 September 2023 HOSC meeting.

36.3 The Committee requested that an update report on the implementation of the transport and access recommendations from the Cardiology and Ophthalmology transformation reviews be brought to a future meeting. The Senior Scrutiny Adviser will liaise with Jessica Britton, NHS Sussex and ESHT on the timescales for the report.

36.4 The Committee RESOLVED to:

1) amend the work programme in line with paragraphs 36.2 and 36.3 (above);

2) add an update report on PCNs to the work programme for the 21 September 2023 HOSC meeting (paragraph 35.18) ;

3) receive an update report on the development of the new Elective Hub at an appropriate time (paragraph 34.17);

4) Request a future update report on the proposed changes to Specialised Children's Cancer Services (paragraph 33.10); and

5) add an update report on the NHS Winter Plan to the agenda for the 29 June 2023 HOSC meeting (paragraph 32.31).

37. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

37.1 There were none.

The meeting ended at 12.53 pm.

Councillor Colin Belsey

Chair