

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 21 September 2023

PRESENT:

Councillors Colin Belsey (Chair), Councillors Abul Azad, Penny di Cara, Sorrell Marlow-Eastwood, Sarah Osborne and Alan Shuttleworth (all East Sussex County Council); Councillors Councillor Dr Kathy Ballard (Eastbourne Borough Council), Councillor Mike Turner (Hastings Borough Council), Councillor Graham Shaw (Wealden District Council) and Jennifer Twist (VCSE Alliance)

In Remote Attendance: Councillor Simon McGurk (Rother District Council)

WITNESSES:

NHS Sussex

Jessica Britton, Executive Managing Director, East Sussex

Maggie Keating, Urgent and Emergency Care Programme Director

Liz Davis, Director of Primary Care

East Sussex Healthcare NHS Trust

Joe Chadwick-Bell, Chief Executive

Tracey Rose, Programme Director Building for our Future – Hospital Redevelopment

Chris Hodgson, Director of Estates and Facilities

Stuart Green, Associate Director of Communications and Engagement

LEAD OFFICER:

Martin Jenks and Patrick Major

11. MINUTES OF THE MEETING HELD ON 29 JUNE 2023

11.1 The minutes of the meeting held on 29 June 2023 were agreed as a correct record.

12. APOLOGIES FOR ABSENCE

12.1 Apologies for absence were received from Councillors Christine Robinson, and Christine Brett.

13. DISCLOSURES OF INTERESTS

13.1 There were no disclosures of interests.

14. URGENT ITEMS

14.1 There were no urgent items.

15. NHS SUSSEX NON EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS)

15.1 The Committee considered a report on the delivery of the Non-Emergency Patient Transport Service (NEPTS) and the ongoing re-commissioning of the service. NEPTS is an eligibility driven service that is a statutory obligation for NHS commissioners to provide to transport patients to and from their healthcare appointments.

15.2 The Committee asked how NHS Sussex could guarantee the new provider would be able to deliver the service, given previous problems with the last procurement.

15.3 Maggie Keating, NHS Sussex Urgent and Emergency Care Programme Director recognised the previous problems from the previous procurement, and explained that there had been significant market and patient engagement throughout the creation of the new service specification. As a result of this and learning from the previous procurement NHS was in a strong position to avoid a similar problem with the new procurement.

15.4 The Committee noted that some people felt the eligibility criteria for NEPTS was set too high, which created issues for those on the borderline of being eligible and where services had been moved to single sites through reconfiguration.

15.5 Maggie Keating explained that the new national eligibility criteria had been subject to public consultations and should make more people eligible for the service. Part of the new service specification required the provider to signpost patients who weren't eligible to a suitable alternative. The availability of voluntary sector support was inconsistent across Sussex, but NHS Sussex had worked with it to increase volunteer capacity, and ensure that as part of the new model patients would be assisted to find their own ways to healthcare settings.

15.6 The Committee asked how bidders would be evaluated on their capacity to meet the new service specifications, and what due diligence there would be to ensure the financial robustness of bidders.

15.7 Maggie Keating confirmed that these all formed parts of the information to tender questions that potential providers were asked as part of the bidding process to ensure they were organisations capable of delivering the service. Bidders were first evaluated on their organisational viability to ensure they met financial and legal thresholds that assured they were capable of delivering in an appropriate way. NHS Sussex were not prescriptive of the service operating model, meaning sub-contractors could potentially be used, however bidders were required to have the arrangements in place prior to the contract being agreed.

15.8 The Committee asked what review processes were in place for once the contract had been awarded.

15.9 Maggie Keating confirmed there were Key Performance Indicators (KPIs) running through the contract that would be looked at as standard contract management mechanisms.

15.10 The Committee asked how net zero ambitions would be built into the contract to ensure they were delivered on, and what would be done if the provider failed to meet the targets.

15.11 Maggie Keating confirmed that there was a very clear requirement for the provider to reach net zero delivery by the end of the contract in 2035, and a trajectory for achieving this target over the course of the contract. If the chosen provider failed to meet the mid-contract targets this would be dealt with through standard contract management mechanisms, placing the provider on a recovery path and use contractual mechanisms to put them back on course to deliver the contract specifications.

15.12 The Committee asked for some more information on work that had already been done with the voluntary sector in East Sussex, and the contractual mechanisms in place for working with voluntary sector organisations.

15.13 Maggie Keating explained that providers were required to work with partner organisations, including the voluntary sector, as part of the contract delivery, and working with them was seen as important for success. As part of the national pathfinder programme, NHS Sussex had worked with Haven Cars to develop advertising materials to recruit additional volunteer drivers. Providers were required to take the lead in developing relationships with voluntary sector organisations to ensure they are able to meet the totality of patient need.

15.14 The Committee asked if there was more than one NEPTS system currently operating.

15.15 Maggie Keating confirmed that South Central Ambulance Service (SCAS) provided the NHS Sussex NEPTS Service, but because there were gaps in the commissioning for certain services including dynamic discharge and inter-facility transfer, acute trusts had secured private provider provision to deliver the services that SCAS were not commissioned to deliver but which were now required.

15.16 The Committee asked how updates on their transport would be communicated to those who did not have mobile phones.

15.17 Maggie Keating recognised that not everyone had mobile phones, and this can be addressed through the single point of access. The needs of all patient groups will be considered in conversations with the provider, as well as part of a wider system response on how to support particular patient cohorts to get the best out of all of their healthcare provision.

15.18 The Committee RESOLVED to:

1) note the report; and

2) receive an update on the procurement of the NEPTS after the contract had been awarded in January 2024. Maggie Keating also confirmed that the HOSC could also receive an update on the mobilisation of the contract as part of that update report.

16. PRIMARY CARE NETWORKS (PCNS) - UPDATE REPORT

16.1 The Committee considered a report on Primary Care Networks (PCNs), which are groups of GP practices in East Sussex, following on from a report the Committee considered in March. 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.

16.2 The Committee asked what progress had been made in the recruitment of mental health clinicians and support staff, and the development of Emotional Wellbeing Services in Eastbourne.

16.3 Liz Davis, NHS Sussex Director of Primary Care, answered that some initiatives were locally led and PCNs were not specifically contracted to provide mental health services. PCNs were expected to work with local partners and stakeholders to develop appropriate mental health pathways and services. There was a primary care workforce hub that was working with all PCNs in East Sussex to encourage uptake of additional mental health staff under the Additional Roles Reimbursement Scheme (ARRS). Jessica Britton, NHS Sussex Executive Managing Director, East Sussex, added that the staff to support the Emotional Wellbeing Services were being trained through the ARRS and developed in partnership with Sussex Partnership Foundation Trust (SPFT), with the intention of introducing those services across all GP practices in East Sussex. The intention was for 90% of practices in Sussex to offer Emotional Wellbeing Services by the end of the financial year. Jessica agreed to provide further details on the rollout of these services in Eastbourne outside of the meeting.

16.4 The Committee asked how mental health ARRS staff connected to other local support services such as youth services and mental health support teams (MHSTs) in schools.

16.5 Jessica Britton answered that across Sussex there was the Mental Health Community Transformation Programme which took a strategic approach to expand the mental health support offer within communities, which included linking between MHSTs and access to talking therapies. As part of the Community Transformation Programme there was ongoing work in East Sussex to identify the totality of services that were available in a given locality to further join up support more comprehensively. Both physical and mental health support would be enhanced further around neighbourhoods in coming months and into next year as Integrated Community Teams were developed, and this would include links between schools and young people's services that would improve integration between services.

16.6 The Committee asked whether any talking therapies would be delivered by non-clinical staff.

16.7 Jessica Britton confirmed that talking therapies would be delivered by trained mental health practitioners. The Emotional Wellbeing Services was a partnership with SPFT to oversee trained clinical professionals, but also a wider support from non-trained staff and voluntary and community sector to provide a more comprehensive offer. People would always be referred to the right service for them which offered support relative to their need.

16.8 The Committee asked about access to GPs where PCNs covered a large geographical footprint, noting that residents were being offered GP appointments in places far from where they lived and which had few public transport routes available.

16.9 Liz Davis confirmed that PCNs were an amalgamation of local groups of GP practices, and they had the autonomy to design their services based on their populations' needs. While PCNs aimed to work together at scale offering Enhanced Access (EA) services across their practices to provide resilience to general practice, the PCN contract does not stipulate where Enhanced Hours services should be held, such that EA services may operate from only one site and not at all practices in the PCN. The Integrated Care Board (ICB) was working closely with all PCNs across Sussex to drive increased access and understand what barriers there are to why patients cannot always be seen at certain locations. A System Level Access Plan was being developed to tackle issues with access across Sussex, which would be published in late January 2024. Liz offered to bring a report on this to a future HOSC meeting.

16.10 Cllr Mike Turner raised a long-running estates issue of there being a lack of GP surgery in Baird ward in Hastings, and asked how the ICB were addressing the situation.

16.11 Liz Davis confirmed that she was happy to discuss that particular issue outside of the meeting. She also confirmed that the ICB were running a programme called the Clinical Estates Toolkit Strategy which was available to all PCNs to support them with estates issues. This programme was due to end in the next few months, and a full evaluation of the programme would take place to identify necessary actions to address estates issues across the system.

6.12 Cllr Turner noted that a temporary structure on the land to increase access in the interim would help.

16.13 The Committee asked whether patient choice still existed for GP referrals as set out in the Patient Charter.

16.14 Jessica Britton confirmed that GPs did discuss with patients their right to choose and that remained a right for patients.

16.15 The Committee asked for more detail on which and how many of each ARRS roles available to PCNs had been taken up, and how they were distributed across PCNs.

16.16 Liz Davis confirmed that each PCN had agreed set of collective terms and conditions which set out how they intended to use their ARRS and where they would be based. From a contractual standpoint, the ICB could not mandate how PCNs utilised and operationalised their ARRS staff. There was work currently taking place to develop a primary care workforce strategy and a report on this could be brought to a future HOSC meeting.

16.17 The Committee asked what work was going on to increase GP recruitment.

16.18 Liz Davis answered that the ICB run a number of programmes to increase GP recruitment across the system, including programmes to bring in and help develop newly qualified GPs and nurses. PCN education leads worked with PCNs to provide education on how they can promote patient care and resilience through ARRS roles to make best use of GP resources, and Liz offered to bring a further report on plans to increase GP recruitment if requested.

16.19 Cllr Abul Azad highlighted difficulty for patients in accessing GP appointments in his division, and asked for more information on the roll out of the out of hours service.

16.20 Liz Davis answered that PCNs were contracted to provide enhanced access service which offered appointments on weekday evenings between 18:30 – 20:00 and Saturdays from 09:00 – 17:00. The ICB would investigate if PCNs were not offering these services and Liz offered to have a discussion on the issue with Cllr Azad outside of the meeting.

16.21 The Committee asked for clarification and confirmation on whether all GP practices should be offering enhanced hours services, and when GPs on the New To Practice programme would be fully operational, and how many more GPs were needed in East Sussex.

16.22 Liz Davis confirmed that every PCN, regardless of how many practices it had, was contractually obliged to provide the enhanced access service. However, this did not mean that it had to be offered at every GP practice within the PCN. As part of their Mandatory Network Agreement, each PCN had to set out where their enhanced access services are operated from. Liz offered to bring a report on how each individual PCN offered the service together with GP and ARRS workforce information if requested. The Chair responded that report for information providing this information would be helpful, and Jessica Britton agreed to coordinate such a report on an appropriate timeframe.

16.23 The Committee asked whether the use of digital platforms, such as Livi, could be used to provide greater access to GP appointments.

16.24 Liz Davis answered that there were programmes to increase online access and that a System Level Access Plan would be published in November 2023, part of which would include plans to encourage PCNs to provide digital alternatives. Individual PCNs had the choice of whether to adopt specific digital capabilities, however the ICB did not commission all of these services across the system at present.

16.25 The Committee asked how soon all GP practices in East Sussex would be accredited as Veteran Friendly.

16.26 Jessica Britton agreed to provide this information outside of the meeting.

16.27 The Committee asked for more information on work PCNs were doing on health inequalities and what the expected long-term impact of this work was.

16.28 Liz Davis answered that PCNs were contractually obliged to support tackling neighbourhood health inequalities, and all PCNs were engaged in projects focused on the CORE20. The majority of PCNs in East Sussex were working on projects to tackle serious mental illnesses in particular age groups and cohorts, and other key areas for some PCNs were learning disabilities, hypertension, vaccination inequalities. The new Integrated Community Teams (ICTs) would be a key mechanism to longer-term work on health inequalities, as they would work with PCNs, health and social care authorities and VCSEs to deliver for the health needs of defined populations. Work with Public Health authorities was underway to develop population level health profiles, and there would be 5 ICTs across East Sussex, which would use all available data to better understand and tackle health inequalities at a more localised level.

16.29 Cllr Mike Turner asked for reassurance that funding from the former Clinical Commissioning Group for health inequalities in Hastings would be ringfenced for that area.

16.30 Jessica Britton confirmed she was happy to have a discussion on this with Cllr Turner outside of the meeting.

16.31 The Committee RESOLVED to:

- 1) note the report; and
- 2) request a future update report on PCNs to come a future meeting.

17. EAST SUSSEX HEALTHCARE NHS TRUST (ESHT) - BUILDING FOR OUR FUTURE HOSPITAL REDEVELOPMENT PROGRAMME UPDATE

17.1 The Committee considered a report on the ESHT Building for our Future Hospital Redevelopment Programme which covered a range of capital developments and plans for hospital redevelopment at ESHT as part of the Government's New Hospitals Programme.

17.2 The Committee asked if ESHT were likely to receive a decision on the business cases and future investment as part of the New Hospitals Programme ahead of a General Election.

17.3 Tracey Rose, ESHT Programme Director Building for our Future – Hospital Redevelopment, answered that ESHT hoped to receive a decision before the next General Election and were working to submit the business cases at the earliest opportunity to help secure any investment.

17.4 The Committee asked for clarification on whether there would be a newly built hospital at Eastbourne as part of the programme.

17.5 Tracey Rose confirmed that ESHT were working with New Hospital Programme to explore different options, which included the possibility of a newly built hospital. Joe Chadwick-Bell, ESHT Chief Executive, added that the Trust were engaged in live discussions to produce a

business case and were considering a range of options as would be expected as part of that process. Chris Hodgson, ESHT Director of Estates and Facilities, added that whatever option was eventually progressed there would be additional investment.

17.6 The Committee asked what plans there were to expand parking at the Bexhill Hospital, including the provision of more disabled parking bays.

17.7 Chris Hodgson confirmed that in addition to building works commencing in October 2023, there would be additional car parking facilities on the Bexhill site. The provision of parking would come in the next calendar year once the main scheme was close to completion. Chris confirmed he would look further into the provision of disabled bays ahead of works beginning.

17.8 The Committee asked for an update on the recruitment of a transport liaison officer in Bexhill.

17.9 Chris Hodgson confirmed that there was nothing to update but would come back with more information.

17.10 The Committee asked for an update on works at the Conquest Hospital in Hastings and reassurance on the future provision of services at that site.

17.11 Joe Chadwick-Bell recognised potential concerns for people in Hastings when much of the focus remained on Eastbourne, but emphasised there was significant investment going into the Conquest. There were currently no plans to move any further services away from the Conquest and it remained a central site for a number acute services. Chris Hodgson, confirmed that the first stages of the Building for our Future programme were investment for business cases at Conquest, including two clinical departments and a multi-storey carpark. There had also been substantial recent capital funding allocated to Conquest for internal upgrades and refurbishment work which was often less visible. This has included two new MRI scanners and four new operating theatres. Chris offered to show interested members of the Committee around the site to help understand works that had taken place.

17.12 The Committee asked if future new developments were likely to consider modular constructions.

17.13 Chris Hodgson answered that all construction methods had a time and a place, but that the Trust did continue to use traditional building methods, and the most appropriate building method would be use for the particular development.

17.14 The Committee asked when funding coming for the Conquest business cases was likely to be confirmed and when development would subsequently commence.

17.15 Tracey Rose answered that ESHT hoped that it would have a decision on business cases by the next financial year. She added that planning permission for the car park at Conquest had already been secured.

17.16 The Committee asked for assurance that any work at Eastbourne would meet the definition of a 'new hospital'.

17.17 Tracey Rose confirmed that as part of the New Hospital Programme the work done at Eastbourne would meet the definition of a new hospital.

17.18 The Committee asked if ESHT had a sense of the investment that would likely be provided through the New Hospitals Programme.

17.19 Tracey Rose answered that it was not possible to confirm the amount of investment, but was happy to return to HOSC when there was greater certainty on the funding envelope. Joe Chadwick-Bell added that the New Hospitals Programme had a national programme budget, although that would go beyond the next General Election so was subject to change. ESHT will start with what they think is the best option and would not build a hospital that was not fit for purpose or suitable to patient and population need. ESHT will also need to optimise patients staying in community settings. Whatever the overall budget of the Building for our Future programme ended up being, there would still be very significant investment going into healthcare facilities in East Sussex.

17.20 The Committee RESOLVED to note the report.

18. HOSC FUTURE WORK PROGRAMME

18.1 The Committee discussed the items on the future work programme.

18.2 The Committee noted that there remained outstanding unanswered questions on the impact of social prescribing in PCNs, and requested that this information be included in the future report on PCNs. The Committee requested that this include how many patients were being referred to ARRS social prescribing services, and what impact this was having on reducing need for acute care.

18.3 The Committee were aware of reports in the national media regarding NHS staff behaviour, and requested that a report for information be circulated with the Committee to understand the extent of the issue locally and actions being taken to address it.

18.4 The Committee RESOLVED to:

1) Amend the work programme in line with paragraphs 15.18, 16.31 and 18.3 (above).

19. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 14

19.1 None.

The meeting ended at 12.47 pm.

Councillor Colin Belsey

Chair