HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 7 March 2024

PRESENT:

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

WITNESSES:

NHS Sussex

Jessica Britton, Executive Managing Director, East Sussex

Maggie Keating, Urgent and Emergency Care Programme Director

Harvey Winder, Urgent and Emergency Care Transformation Lead

NHS England

Catherine Croucher, Public Health Consultant

Sabahat Hassan, Head of Partnerships and Engagement South East Commissioning

Natalie Hughes, Senior Transformation Delivery Manager for Children's Specialist Services

Dr Chris Tibbs, Medical Director Specialist Commissioning

Ailsa Willens, Programme Director Children's Cancer Principal Treatment Centre Reconfiguration Programme

East Sussex Healthcare NHS Trust

Joe Chadwick-Bell, Chief Executive

Dr Matthew Clark, Consultant Paediatrician, Chief of Women and Children Division

Richard Milner, Chief of Staff

University Hospitals Sussex NHS Foundation Trust

Prof Katie Urch, Chief Medical Officer

LEAD OFFICER:

Martin Jenks and Patrick Major

29. MINUTES OF THE MEETING HELD ON 14 DECEMBER 2023

29.1 The minutes of the meeting held on 14 December 2023 were agreed as a correct record.

30. APOLOGIES FOR ABSENCE

30.1 Apologies for absence were received from Councillors Christine Robinson, Sarah Osborne, Mike Turner, Beverley Coupar and Christine Brett.

31. DISCLOSURES OF INTERESTS

31.1 There were no disclosures of interest.

32. URGENT ITEMS

32.1 There were no urgent items.

33. FUTURE LOCATION OF SPECIALISED CANCER SERVICES FOR CHILDREN - PUBLIC CONSULTATION UPDATE

33.1 The Committee considered a report on the outcomes of the public consultation on the proposed future location of very specialised cancer services for children in south London and much of the South East, including East Sussex. There were two options consulted on for potential locations of the future Principal Treatment Centre (PTC), which were Evelina London

Children's Hospital in Lambeth, south London, run by Guy's and St Thomas' NHS Foundation Trust, and St George's Hospital in Tooting, South London. A decision on the future location was to be made on 14 March 2024. (*Post-meeting note: On 14 March 2024, leaders for NHS England (London and South East regions) decided that Evelina London Children's Hospital should be the future Children's Cancer Principal Treatment Centre).*

33.2 The Committee asked whether patients and families that did not qualify for non-emergency patient transport would get support in travelling from East Sussex to London.

33.3 Catherine Croucher, Public Health Consultant NHSE London, explained the national guidelines allowed there to be discretion, so provider Trusts could offer transport for patients and families who didn't meet the eligibility criteria. Both providers that had been consulted on as potential future options had committed to conduct an assessment of the transport needs of the patient group, noting the heightened needs that the particular patient cohort would have such as immunosuppression.

33.4 The Committee noted that it could be difficult and costly for residents travelling from East Sussex to travel to London, and asked how families would be supported with this.

33.5 Catherine Croucher noted that both the locations were within the London Ultra Low Emission Zone (ULEZ), while Evelina London was also in the Congestion Charge zone. Families traveling to and from London would be able to register with the hospital trust, which would mean that while ULEZ and Congestion Charge payments would be taken in the usual way, they could be reimbursed on the same day. Families would be required to register with the system and may need support with this, which would be provided by the chosen provider to help families navigate the reimbursement system.

33.6 The Committee asked whether parking and overnight accommodation would be provided at the chosen location.

33.7 Catherine Croucher responded that it was the standard model for parents to be able to stay overnight with their children when they were on the ward. Both providers had accommodation on or near their sites for wider family networks. As part of the implementation phase, consideration would be given to the likely capacity need to help ensure that accommodation facilities were fit for purpose. Both options had also committed to providing free and dedicated parking.

33.8 The Committee asked what mechanisms would be in place to ensure the operation of the service should insufficient staff agree to transfer to a new location.

33.9 Ailsa Willens, Programme Director Children's Cancer Principal Treatment Centre Reconfiguration Programme, noted that there were 170 staff at the Royal Marsden that would be eligible for TUPE (Transfer of Undertakings Protection of Employment rights) protection if Evelina London was selected for the new PTC. Staff had been engaged as part of the consultation and they had raised concerns such as increased travel costs. While a move from the Royal Marsden to Evelina London would result in increased salary weightings for staff if the service were to move, it was possible not all staff would choose to move with the service. Both providers had plans to address this potential challenge, including upskilling the current workforce and continued recruitment work. There would be detailed work once a decision had been made to ensure there was sufficient staffing and that staff needs could be met.

33.10 The Committee asked what continued consultation and engagement there would be to shape the service once a decision on the future location had been made.

33.11 Ailsa Willens confirmed that the NHS, including potential future providers were keen to continue engagement throughout the transition and implementation period, and that families and staff were keen to help shape the service. Both providers had committed to work in partnership with the current service and staff to help co-design the new service and build on what already existed. There would also be patient and family representation at governance level and throughout the transition and implementation period.

33.12 The Committee asked what recommendations had been made by other HOSCs that had declared the changes a substantial variation.

33.13 Ailsa Willens noted that two Joint HOSCs had considered the changes a substantial variation, which had provided valuable feedback that was being considered as part of the decision, and would also inform the implementation of the new service. Travel and access was an area of particular interest other HOSCs had provided feedback on. Sabahat Hassan, Head of Partnerships and Engagement South East Commissioning, added that other HOSCs had fed back positively on the way they had been engaged with throughout the process.

33.14 The Committee RESOLVED to:

1) note the report;
2) receive written confirmation on which provider was chosen; and
3) receive an update six months after implementation to hear a progress update.

34. CHANGES TO PAEDIATRIC SERVICES AT THE EASTBOURNE DISTRICT GENERAL HOSPITAL (EDGH)

34.1 The Committee considered a report by the HOSC Review Board into Changes to Paediatric Services at the EDGH, which included 13 recommendations. The Committee also considered an update report from East Sussex Healthcare NHS Trust (ESHT) outlining monitoring data of implementation.

34.2 Cllr Alan Shuttleworth, who had been a member of the Review Board, noted that he agreed with the recommendations in the report, but outlined a number of areas where he remained concerned. His concerns with the new model were:

- That the implementation of changes had been rushed and that ESHT had not sufficiently prepared for the changes, including that a number of clinical pathways were not in place from the beginning of the implementation.
- The staffing model was not sustainable, and that the number of Advanced Paediatric Nurse Practitioners (APNPs) was too low to support the new model. He therefore felt that having a paediatric consultant on-site to support APNP staff at the EDGH was critical.
- There would not be enough space following the closure of the Short Stay Paediatric Assessment Unit (SSPAU), and that would leave children without a quiet and relaxing space to be in while being treated given the new unit's proximity to the Emergency Department (ED).

- Families with planned care had not been sufficiently informed and updated on the changes being made, and more consultation with all interested groups should have been done ahead of the changes being made.
- That more patients and families would potentially need to travel from Eastbourne to the Conquest Hospital in Hastings, and that the long-term sustainability of services remaining at Eastbourne was in doubt.

34.3 Joe Chadwick-Bell, ESHT Chief Executive, thanked the Review Board for their work and comments. She noted that the points made by Cllr Shuttleworth had been responded to in the meetings of the Review Board, and that the recommendations in the Review Board's report would be responded to in full following discussions with clinicians and the ESHT senior leadership team.

34.4 The Committee asked why changes were implemented before everything necessary (such as the new unit) were in place to support the new model.

34.5 Joe Chadwick-Bell responded that there were several reasons. First was that it made it possible to put additional resource into ED, which had allowed children to be seen much more quickly than they had been previously. The beginning of January (which was when the changes were implemented) was one of the busiest times of year when more children presented to ED, so the changes had been introduced then to improve children's experience by allowing them to be seen quicker and go home quicker. There was a dedicated area for children in the ED already so having the new unit in place was not vital for providing necessary care. In an ideal world the new unit would have been in place from the start, however the Trust took the view that delaying the implementation of changes would have meant delaying an improvement in services for children. There were a very small and specific number of patients and families with planned care that were affected by the changes, and they were engaged throughout.

34.6 Dr Matthew Clark, Consultant Paediatrician and Chief of Division, added that the implementation of the changes had meant there had been a significant increase in the number of children being seen by paediatric specialists earlier, and children were spending less time in ED as a result. ESHT saw the changes as an improvement and was therefore keen to implement the changes as soon as possible. The Trust was working to produce planned care pathways and would be able to update the HOSC with these in June.

34.7 Cllr Azad thanked those who had been involved in the review, and asked whether children who were severely unwell would be treated in a separate area.

34.8 Joe Chadwick-Bell explained that within the unit there was a separate room that could be used for patients with particular needs, such as infection control or for patients with mental health issues, alongside cubicle areas where other children were seen.

34.9 The Committee asked for more detail on the post-implementation independent review of the new model.

34.10 Joe Chadwick-Bell explained that independent clinician (external to Sussex) had been identified to lead the review and was due to begin in the middle of March. ESHT would share the HOSC reports and documents with them as part of the review and the Trust hoped the review would be concluded by the end of March.

34.11 The Committee asked why ESHT felt an independent review was necessary given that HOSC had conducted a review already.

34.12 Joe Chadwick- Bell explained that it was a clinical review, led by a clinician with experience in emergency care and paediatrics, different from the type of review done by HOSC. She confirmed that it was being led by someone who had been independently identified and was completely separate from Sussex-wide health services. Although ESHT did not initially commission the review, the Trust felt it was important given the level of public interest in the issue, as well as the interest from HOSC.

34.13 The Committee asked whether there was any chance of the paediatric space being used by adults at times when ED was overrun.

34.14 Joe Chadwick-Bell confirmed that the unit would not be used by adults and was a completely separate paediatric space.

34.15 The Committee asked why all clinical pathways were not in place from the implementation of the new model.

34.16 Dr Matthew Clark explained that previously emergency and elective care had be done in the same location, which created infection control issues. Separating planned and emergency care therefore required new pathways to be created, but because of the unpredictable nature of emergency care the Trust prioritised establishing these first. Planned care pathways were now being worked up and would be shared in future.

34.17 The Committee asked how the model would be sustained if the required APNP staff were not available to work or left the Trust.

34.18 Joe Chadwick-Bell confirmed that if an APNP was not available, then a paediatric registrar would be working in ED to support the new model. That would be the staffing model going forward and was the reason that it had been possible to staff the model since implementation. Dr Matthew Clark added that he shared the Review Board's concern about recruitment, but the Trust's previous recruitment drives in this area had been successful. ESHT would continue to build the team up to ensure the sustainability and resilience of the model.

34.19 The Committee RESOLVED to:

1) agree the report of the Review Board; and
2) refer the report to East Sussex Healthcare NHS Trust for consideration and a formal response to the recommendations.

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

35.1 The Committee considered an update report on the re-commissioning of the Non-Emergency Patient Transport Service (NEPTS) in Sussex. 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. (*Post-meeting note: NHS Sussex has appointed ERS Transition Limited, trading as EMED Group, to be the new provider of Non-Emergency Patient Transport Services (NEPTS) for Sussex. The service is due to go live on 1st April 2025).*

35.2 The Committee asked what the lessons learnt from previous mobilisations were and what were the main areas of risk.

35.3 Maggie Keating, NHS Sussex Urgent and Emergency Care Programme Director, explained that one of the key lessons learnt by NHS Sussex had been from the procurement process, which had been far more robust and included much more market engagement than the previous procurement. The risks during mobilisation would be specific to the chosen provider, but generally they would likely be on whether the right vehicles, workforce, and technology were in place by April 2025. If a new provider was taking on the contract how the transition would be handled was another potential risk area.

35.4 The Committee asked how the performance of the new service would be monitored and whether potential issues would be spotted at an early stage.

35.5 Maggie Keating explained that there were a number of Key Performance Indicators (KPIs) as part of the contract, alongside a number of quality and safety indicators. One of the key risks when Coperforma had the contract was that it was a small organisation that delivered the core booking service and relied on a number of subcontractors to transport patients. The new contract would not be like this and, whilst subcontractors were permitted, there was a requirement for the winning bidder to have a core turnover that was sufficient that the Sussex contract would not form the majority of its activity. Harvey Winder, Urgent and Emergency Care Transformation Lead added that the minimum turnover requirement for bidders was at least double the value of the contract if they were to be considered.

35.6 The Committee asked how people would be signposted to the Single Point of Co-ordination (SPoC).

35.7 Harvey Winder explained that during mobilisation there would be an opportunity to develop ways to ensure patients were being sign-posted to the NEPTS, for example, working with acute trusts to include the NEPTS SPoC contact details in the text of patients' outpatient appointment letters (outpatient appointments account for around 80% of NEPTS journeys). If patients who use the SPoC were deemed as not eligible for NEPTS, the SPoC call handler is required under the new service model to signpost them to other schemes including those that reduced or reimbursed the cost of private travel, such as the Healthcare Travel Costs Scheme (HTCS), or to other community providers of patient transport services.

35.8 The Committee asked how those with mental health problems would be supported under the new NEPTS contract.

35.9 Maggie Keating explained that the primary mental health conveyances (journeys from the point of contact with the patient to a designated place of safety) are the responsibility of South East Coast Ambulance Trust (SECAmb) as the emergency ambulance provider, but secondary journeys (those from the place of safety to a mental health provider's care) and tertiary journeys (all other journeys including discharge and transfers of patients) of both detained and informal mental health patients would be dealt with by the new NEPTS provider Sussex Partnership Foundation Trust (SPFT), the primary mental health provider trust was currently arranging secondary and tertiary transport on an ad hoc basis using several private providers that are not under contract with the Trust, increasing costs and limiting performance monitoring. The new NEPTS would take responsibility for these cases away from SPFT, which would free up resource within the Trust, provide better value for money, and ensure mental health conveyances were monitored to the same standard as physical health conveyances through the KPIs.

35.10 The Committee asked how NHS Sussex was working to recruit volunteers given the crowded volunteer recruitment field.

35.11 Maggie Keating explained that as part of NHS Sussex's pathfinder programme it had worked closely with the East Sussex voluntary sector to understand recruitment and retention issues. The ICB worked with Havens Community Cars (HCC) on ways to boost recruitment and retention of volunteer car drivers. HCC had a local videographer produce a promotional video and a local radio studio produced a jingle. As a result of the advertisement drive, HCC successfully increased the number of volunteer car drivers and increased the number of weekly journeys by over 20%. In addition, the video was going to be shared more widely with community organisations across the country to assist further recruitment. Harvey Winder added that HCC had demonstrated it had been able to use its status as a voluntary organisation to achieve excellent value for money in purchasing the video and jingle due to the willingness of vendors to offer exclusive deals in support community good will.

35.12 The Committee RESOLVED to:

1) note the report;
2) be provided an update on which organisation had been awarded the contract by email; and
3) receive an update on the mobilisation and transition of the new contract at the June 2025 HOSC meeting.

36. UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST CARE QUALITY COMMISSION (CQC) REPORT

36.1 The Committee considered an update report on University Hospitals Sussex NHS Foundation Trust (UHSx) Care Quality Commission (CQC) inspection reports. The CQC reinspected four of UHSx's hospitals (including the Royal Sussex County Hospital (RSCH) in Brighton) in August 2023 looking at Surgery and Medicine and published the reports in February 2024. The RSCH report showed an improvement from the previous report, with the overall rating upgraded to 'Requires Improvement'. The safe and well-led domains were also rated as 'Requires Improvement'.

36.2 The Committee asked what had led to the decline in UHSx's hospitals ratings, in particular in the safety domain.

36.3 Professor Katie Urch, UHSx Chief Medical Officer, explained that the hospital ratings were not where they should be and recognised the need to improve in the safety domain, but clarified that hospitals were not inadequate or unsafe. While the majority of patients had a high quality of care, learning and change was needed. She explained that post-pandemic it was not uncommon for hospitals and Trust's to see a decline in ratings given the suspension of normal services. Re-establishing services to the regular high level and documenting and demonstrating them effectively took time after COVID-19, and there had also been a significant turnover of staff. UHSx had also had a merger which created challenges as there were different documentation processes across hospital sites. Professor Urch emphasised that the CQC had reported that the care patients received was of a very high quality and safety level, but it was demonstrating that care and providing assurance to the regulator that had led to the decline in ratings.

36.4 The Committee asked whether the Trust would have progressed sufficiently to be considered 'good' under the CQC rating system by September 2024.

36.5 Prof Katie Urch explained that providing effective documentation of the level of care would not be instantaneous, but already work had gone in to ensure good practice was being shared and delivered across different hospital sites. There had been significant work behind the scenes to implement a system that improved staff feedback systems and allow the Trust to quickly learn about issues. The CQC was very clear that the care delivered on the ground was 'outstanding', and that was very reassuring for the Trust. Speaking about the Trust's Quality and Safety Improvement Programme (QSIP) timeline and implementation, Prof Urch said progress would not stop in September, but by then there would have been substantial improvements to how the high-quality care being delivered was evidenced. The Trust was confident that the bulk of the culture and safety change work would have been implemented by September, and then it would primarily be monitoring that those improvements were being embedded. However, it was difficult to say when the CQC rating might change as the scale and regulatory of inspections had changed.

36.6 The Committee asked for more detail on the police investigation at the RSCH, and how there could be assurance of current levels of safety given the investigation.

36.7 Professor Katie Urch emphasised that the police were investigating historical allegations between 2015-2021, and the Trust was completely complying with the investigation and being as transparent as it could be. The Trust could not comment in more detail given the ongoing investigation. UHSx had commissioned and conducted reviews into neurosurgery and general surgery and found that outcomes in these departments were not an outlier in national benchmarking statistics. Quality, safety and mortality meetings had all been reviewed by Prof Urch and that had given her high confidence in the team and how it reviewed itself. General surgery had slightly lower outcomes largely due to long waiting lists at the RSCH, and the Trust was exploring how to provide safe and timely care for elective patients at other sites to reduce this wait time.

36.8 The Committee asked for more information on how the Trust was reducing emergency department (ED) waiting times.

36.9 Professor Katie Urch noted that 76% of patients waiting less than four hours in ED was the target for the coming year, but that this was not currently being delivered, with the RSCH having the longest wait times. A challenge was that the ED had too many patients who should either be on a ward or discharged, but could not be because the hospital was full or care arrangements had not yet been made. There were therefore a lot of people who no longer needed hospital care which was creating longer wait times in ED. The Trust was spending £50m on expanding the ED floor at Brighton as it was currently too small, despite being adequately staffed. The programme is phased over the next three years with initial new developments, such as a new Surgical Assessment Unit, due to open later this year.

36.10 The Committee RESOLVED to:

1) note the report; and
2) receive an update report at an appropriate time.

37. HOSC TERMS OF REFERENCE

37.1 The Committee considered a report on proposed amendments to the HOSC Terms of Reference to reflect changes brought about by updated national regulations and statutory guidance.

37.2 Cllr Marlow-Eastwood commented that she felt there should be a system in place where should the Secretary of State for Health and Social Care disagree with the HOSC and refused to call-in a service change, the HOSC should be able to appeal that decision.

37.3 Martin Jenks, Senior Scrutiny Advisor, noted that it was not yet known how the new system would operate, and explained that the statutory guidance would be reviewed after it had been in operation for a year. Cllr Marlow-Eastwood's comment, as well as any other comments on how the new system was working could be fed through the appropriate channels as part of that review of the guidance. Martin Jenks also noted that the Secretary of State's powers were expected to only be used in exceptional circumstances, and the expectation remained that Trusts and the local HOSCs should resolve disagreements locally in the first instance.

37.4 The Committee RESOLVED to endorse the amendments to the HOSC terms of reference.

38. HOSC FUTURE WORK PROGRAMME

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

38.2 The Chair noted that the Committee had been contacted by Diabetes UK, regarding the adoption of National (NICE) Guidelines that recommended extending access to flash and continuous glucose monitors by NHS Sussex. Jessica Britton, Executive Managing Director, East Sussex, agreed to provide a position update by email on this issue.

38.3 The Committee had been contacted by East Sussex Hearing regarding problems people in East Sussex are experiencing with access to audiology services. The Committee felt that this was an important area to scrutinise further and agreed to receive a report on system wide audiology pathway performance at its June 2024 meeting.

38.4 Cllr Shaw asked whether HOSC could explore successful models of hospital discharge elsewhere in the country for learning locally. Joe Chadwick-Bell explained that work was going on across Sussex exploring hospital discharge, and was happy to provide an update on the issue at a future meeting. Cllr Dr Ballard asked that virtual wards and other methods of hospital admission prevention also be part of that report.

38.5 The Committee RESOLVED to:

1) amend the work programme in line with paragraphs 33.14, 34.19, 35.12, 36.10, 38.2, 38.3, and 38.4;
2) schedule the reports on missed NHS appointments and access to NHS dentistry to its October meeting; and
3) defer the reports on Primary Care Networks and hospital handovers at the Royal Sussex County Hospital currently scheduled for its June meeting, to a later meeting.

39. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

39.1 None.

The meeting ended at 12.29 pm.

Councillor Colin Belsey

Chair