

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 10 September 2020

PRESENT:

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

WITNESSES:

Jessica Britton, Executive Managing Director, East Sussex CCG
Hugo Luck, Associate Director of Operations, East Sussex CCG
Dr Adrian Bull, Chief Executive, East Sussex Healthcare NHS Trust
Joanne Chadwick-Bell, Chief Operating Officer, East Sussex Healthcare NHS Trust
Darrell Gale, Director of Public Health, East Sussex County Council

LEAD OFFICER:

Harvey Winder, Democratic Services Officer

23. MINUTES OF THE MEETING HELD ON 28 NOVEMBER 2019

23.1 The minutes of the meeting held on 28 November 2019 were agreed as a correct record.

24. APOLOGIES FOR ABSENCE

24.1 The following substitutions were made:

- Cllr Barry Taylor substituted for Cllr Bob Bowdler
- Cllr Ron Reed substituted for Cllr Johanna Howell

25. DISCLOSURES OF INTERESTS

25.1 There were no disclosures of interest.

26. URGENT ITEMS

26.1 There were no urgent items.

27. NHS RESPONSE TO COVID-19 IN EAST SUSSEX

27.1. The Committee considered a report providing an outline of the NHS response to Covid-19 in East Sussex and the ongoing impact on NHS services for East Sussex residents.

27.2. The Committee asked why Covid-19 rates had been so low in Hastings despite the levels of deprivation and Black Asian and Minority Ethnic (BAME) community.

27.3. Darrell Gale, Director of Public Health, said that an investigation into why infection rates were so low in Hastings and Rother was underway. The current hypotheses include that:

- Hastings Borough Council was decisive early on, cancelling some events due to be held in early spring and sending out messages warning people not to come and visit. This meant that people weren't drawn into town before the lockdown began.
- The relative lack of infrastructure between Hastings and Rother and the rest of the country, for example, the poor road and rail links, making the area relatively isolated.
- Poor connectivity within Hastings, such as lack of pavements between North St Leonards, Churchwood and Hollington and the rest of town slowed the spread; and
- The topography of ridges and valleys in Hastings means places like Ore Valley are quite remote from the town centre.

27.4. The Committee asked whether, as cases had begun to rise again, there had been a corresponding increase in hospital admissions

27.5. Joe Chadwick-Bell, Chief Operating Officer at East Sussex Healthcare NHS Trust (ESHT), confirmed that there was one positive Covid-19 case in the Trust and around six 'Treat as Positive' cases – where a person had a negative Covid-19 test but clinically were being treated as a positive case. There were also no patients in the critical care units with Covid-19.

27.6. Darrell Gale said that hospital numbers had started to creep up nationally but had not yet locally. A lot of the increase locally and nationally in positive tests was amongst young people who were asymptomatic, or whose symptoms are so slight that they have what feels like a hangover for a day or two. This is a different cohort of people to that which had been affected during the spring.

27.7. The Committee asked why cases had been low in Lewes District and asked whether it was due to a lack of community testing early on in the outbreak

27.8. Darrell Gale said that initially testing was limited to Pillar 1 (tests in hospitals and care homes) because Pillar 2 (testing in the community via the sites at the Amex stadium and Bexhill) took longer to get up and running. This could explain why the infection rate in Lewes District appeared lower than may have actually been the case, i.e, there could have been a significant population of people who caught the illness early on but would have been fit enough to not need hospitalisation and would also not have been able to be tested in the community. He added that the area does have a high infection rate amongst the elderly in care homes, particularly around Seaford.

27.9. The Committee asked about whether there were plans for further test and trace sites in East Sussex

27.10. Darrell Gale confirmed that there have been national problems in the test and trace programme due to a shortage of lab capacity and the knock-on problems this had caused the public accessing either home tests or the testing sites. Darrell Gale clarified that test and trace is a national programme, meaning it is out of the control of the local Public Health team (PH). The Team is, however, responsible for identifying sites for mobile testing units, which step up for a few days during a local outbreak situation; local walk-in test site; and regional drive-through testing sites. This 'front door' to the testing programme, however, cannot be increased without the lab capacity being available. Darrell Gale said he has received some assurance from the Department of Health and Social Care that there is progress in increasing lab capacity, but it would take four to five weeks to come online.

27.11. Darrell Gale said there are currently two test sites across East and West Sussex for East Sussex residents, but these are in Gatwick and Tangmere and are difficult for East Sussex residents to reach. PH is looking at sites in all five district and boroughs, but it has been incredibly difficult to identify suitable local sites. He has been lobbying the government to recognise the need to run local sites that provide both walk-in and drive-through testing capabilities. He outlined some of the sites the Team had been identifying:

- a replacement for the drive-through regional test site that was located at the Amex Stadium is currently being sought, in conjunction with Brighton & Hove City Council, and Glyndebourne opera house car park or Plumpton Race Course are possible options for this test site.
- The satellite local drive-through test site at Bexhill also needs to be moved from Wainwright car park due to Rother District Council needing the car park back. An alternative site nearby (1-7 Wainwright Road) for a combined walk-in and drive-through site has been identified.
- A local test site is also required in Eastbourne to pick up any issues from the university and to allow access for deprived areas. Devonshire car park in central Eastbourne is being looked at to provide both walk-in and drive-through testing.
- A local test site in Hastings is being looked at and the St Helen's school annex site on the Ridge has been identified, again with both walk-in and drive-through capacity.
- Mobile testing sites used to respond to local outbreaks are being identified in conjunction with all district and borough councils to ensure that when they do need to be established, they are in areas that do not cause local objections. The first mobile test site at the

Stade in Hastings set up by the army during the height of the outbreak, for example, had been put in with no warning and had upset local businesses. He said this scenario should be avoided, although that site could still be used in an emergency.

- Mobile testing sites would also be used in smaller sites across the county partly to pick up local need and providing assurance these areas had not been forgotten.

27.12. The Committee asked for reassurance that all patients being discharged from hospital to care or nursing homes would be tested for Covid-19 in hospital.

27.13. Jessica Britton, Executive Managing Director, East Sussex Clinical Commissioning Group (CCG), confirmed patients are tested prior to discharge and there is additional capacity to support patients who do test positive to Covid-19. These tests were put in place early on during the outbreak to address the risk of discharging patients from hospital to care homes during the pandemic. Joe Chadwick-Bell confirmed all patients discharged from hospital are tested for Covid-19 and tested again after five days if the test is negative.

27.14. The Committee asked what changes and learning there would be in the care home sector to avoid the high number of deaths that occurred earlier in the year

27.15. Jessica Britton confirmed the health and care sector has a role to play in ensuring the safety of people in care and nursing homes. Examples of this extra support commissioned by the CCG included additional infection prevention and control training to care homes; and a locally commissioned service that provides each care home with a nominated GP who provides over the phone and out of hours support.

27.16. Joe Chadwick-Bell added that ESHT – via its role as a provider of community services in Eastbourne and Hastings – has:

- funded and employed link community nurses to provide to care homes either infection control advice, or enhanced clinical support for patients. This is in recognition of the fact that Covid-19 patients require enhanced support in the community due to the long term effects of the illness;
- Established a discharge hub during the initial outbreak, which is still in place, where patients are discharged to out of hospital for assessment before they either go back home or to a care or nursing home; and
- redesigned its patient pathways so that acute medics are now in A&E for those patients who attend with expected Covid-19 symptoms can either be supported and discharged or taken directly to ring-fenced Covid-19 wards.

27.17. Darrell Gale added that the PH has:

- developed a local authority response plan for care homes and the PH has a clinical response team that is in daily contact with care homes;
- Responsibility to escalate arrangements for closing care homes for visits. He said that at the moment the whole of the county was rated green which meant, at the discretion of care home managers, care homes can accept visitors provided social distancing is

upheld and Personal Protective Equipment (PPE), handwashing, etc. is used. If cases increase, visits may be limited; and

- the power to prioritise widespread testing of individual care homes.

27.18. He added that a weekly multi-agency group meets to oversee care homes and consider lessons learned on how they are managing events on the ground.

27.19. The Committee asked whether there were still delays in people receiving elective care at ESHT due the Covid-19 restrictions?

27.20. Joe Chadwick-Bell explained that ESHT suspended routine surgical activity during the initial Covid-19 outbreak. This was partly in response to the availability of PPE, which was needed for staff treating non-elective patients and those in critical care units. National guidance from NHS England also compelled the Trust to stop all routine surgical activity during an initial six-week period of the outbreak. NHS England and the Royal Colleges also issued advice and guidance about which procedures were appropriate to continue and which it would be ok to cease for a short period of time. It was also important during the peak to ensure that patients were only brought into hospital where it was safe to do so. She confirmed that at no point was cancer surgery or chemotherapy services stopped, and urgent surgery was still carried out where there was a clinical need to do so.

27.21. Joe Chadwick-Bell confirmed that all clinical services, including Ear, Nose and Throat (ENT) and gynaecology services, had now been reinstated. Services, however, had not entirely gone back to normal due the hospitals needing more physical space to see the same number of patients in order to adhere to the Covid-19 infection control measures. This means, for example, that gynaecological surgery was not taking place at Eastbourne District General Hospital (EDGH) due to the lack of available space on that hospital.

27.22. In addition, prior to the pandemic, surgical beds were used for both emergency surgery and elective surgery patients, except for orthopaedic surgery beds that are ringfenced. The infection control measures mean that elective surgery patients are now ringfenced from emergency surgery patients and are admitted to the Littlington day-case ward at EDGH and two wards ringfenced at the Conquest Hospital. The Spire facility in Hastings is also used as an additional facility for elective patients.

27.23. The temporary closure of services has resulted in delays to patients' waiting times. ESHT is working through this back log and prioritising patients based on their clinical need. All longer waiting patients were reviewed at a senior level and are in the process of being booked into surgery the moment. Patients are all tested before they come in for elective surgery.

27.24. The Committee asked why patients were not receiving responses when they make Patient Advice and Liaison Service (PALS) complaints to the Trust

27.25. Joe Chadwick-Bell apologised to people if they were not hearing back from PALS. She offered to speak with PALS to see if there were any systemic issues that were resulting in patients not being responded to in a timely manner.

27.26. The Committee asked whether the Trust was planning to continue virtual outpatient appointments in the same number as currently once the pandemic has subsided.

27.27. Joe Chadwick-Bell said that the Trust plans in the future to have an appropriate balance between face to face and virtual outpatient appointments – either by video or phone. It will always be the case, regardless of the Covid-19 restrictions, that some patients will need to come to the hospital sites for their appointment, for example, where they need a physical examination or equipment may be needed such as in the case of ophthalmology. For some patients and conditions, however, a virtual appointment saves them needing to attend the hospital sites, which they find very convenient. Feedback from patients for the virtual outpatient appointments developed during Covid-19 has been very positive.

27.28. It is estimated that, based on national direction, around 25% of first outpatient appointments would be done virtually and 60% of follow-up appointments. She explained there was an eight-week rapid transformation programme to enable this new way of working.

27.29. The Committee asked what services were put in place for rough sleepers and whether they would continue.

27.30. Jessica Britton explained that the CCG had commissioned a Care and Protect service for rough sleepers that remains in place. This is a Locally Commissioned Service that is delivered by local GP practices and was commissioned on the basis of national Bring Them In scheme that required local authorities and the NHS to temporarily house rough sleepers and provide them with appropriate primary medical care. This service is in addition to existing services for rough sleepers such as the Rough Sleepers Initiative (RSI). Darrell Gale added that the Bring them in Scheme was managed by the district and borough councils and has been very successful. The funding has now expired and some hotels that are being used to house rough sleepers have requested their rooms back. The district and boroughs, however, have committed to develop a similar Housing First model for rough sleepers, which works on the assumption that their problems around mental health, addiction and employment can be dealt with most effectively by in the first instance securing accommodation for them.

27.31. The Committee asked about the financial impact of Covid-19 on the NHS in East Sussex.

27.32. Joe Chadwick-Bell said that finance has not been a barrier to ESHT providing its acute and community services during Covid-19 as funding had been provided for the Covid-19 response, for example, the Trust has opened additional wards to comply with infection control measures; and established red and green A&Es that have required additional staff, and therefore costs, albeit some have been redeployed from elsewhere. The Trust is working with the rest of the Integrated Care System (ICS) to determine how funding will work for the rest of the year.

27.33. The Committee asked whether in the event of a future pandemic the hospitals will continue running red and green sites, rather than just close down non-urgent, elective care for a period of time.

27.34. Joe Chadwick-Bell agreed and explained that during the initial wave of Covid-19, the space and staffing from surgery and recovery wards was used to increase critical care space, meaning some services were temporarily halted (midwife led unit at EDGH) or moved off site (chemotherapy to the East Sussex College). Since then, other areas of the hospital have been opened up for critical care use and services moved offsite or paused have returned or resumed. This means patients have been able to receive elective surgery separately from the Covid-19

patients in recent months. The Winter Plan includes the proposal to expand critical care capacity over the winter period whilst also maintaining elective surgery capacity in the event of a further surge in Covid-19. Infection control, however, will remain a challenge in any future surge and may require further reviews of the physical space available for elective beds if critical care capacity needs to be expanded, including potentially moving services off site again. The Trust is also looking to move non-clinical services that do not need to be at an acute hospital off site to make space, for example, community paediatric services.

27.35. The Committee asked whether Covid-19 outbreak could delay any permanent decision on the future of cardiology catheter labs, which were temporarily moved to EDGH during the first outbreak

27.36. Joe Chadwick-Bell said that the intention was to return the services such as the cardiology catheter labs, which were temporarily reconfigured due to Covid-19, back to their pre-Covid configuration, provided the Trust has the physical space available to do so whilst keeping patients safe. The Trust would consult with the HOSC about any proposed permanent future arrangements for the service.

27.37. The Committee RESOLVED to:

- 1) note the report
- 2) agree to request a report at its December meeting on the effect of Covid-19 on the health service.

28. EAST SUSSEX HEALTHCARE NHS TRUST (ESHT) FUTURE PLANS

28.1. The Committee considered a report providing an overview of ESHT's future plans.

28.2. The Committee thanked Adrian Bull for his work in improving the Trust since taking over as Chief Executive and wished him well in his retirement.

28.3. Joe Chadwick-Bell updated the Committee on the status of services temporarily reconfigured during the Covid-19 pandemic. She confirmed that:

- chemotherapy and maternity services had moved back on site;
- Ophthalmology outpatient services had been returned to normal to some degree, although not in their entirety due to the lack of physical space due to infection control measures at both EDGH and Conquest Hospital; and
- the Cardiology Cath Labs were re-established on both sites, but only two of three total labs were operating due to workforce challenges.

28.4. The Committee asked why the hospitals would need to be rebuilt rather than renovated.

28.5. Joe Chadwick-Bell said the reason both hospitals are going to be rebuilt on their current locations is because the cost of improving the buildings to a modern standard and resolving the backlog of maintenance of both hospitals is so great it is easier to demolish them and rebuild them from scratch. It will be necessary, however, to continue to provide the existing services on both sites whilst they are rebuilt, so demolition and construction will need to be in stages.

28.6. The Committee asked whether the development of the new hospital buildings would mean there would be further single-siting of services provided over both hospital sites.

28.7. Joe Chadwick-Bell clarified that the Trust does not plan to undertake any reconfiguration of services other than those currently being reviewed, Cardiology and Ophthalmology services. In other words, the redesign of the two hospitals would not result in the reconfiguring of the services provided within them.

28.8. The Committee asked for further details on the proposals around Ophthalmology services

28.9. Joe Chadwick-Bell said that the final model had not yet been decided. Demand for ophthalmology is growing as the population ages and many of the conditions require ongoing treatment for many years, such as regular injections. The service is currently provided across Bexhill, EDGH and Conquest Hospitals. Subject to discussion and consultation, the plan, led by clinicians, is to meet demand and increase the capacity of the existing workforce by bringing their expertise to a single site that would be an eye centre for East Sussex. It would provide a full range of services and include purpose built theatres, diagnostics and outpatients areas built to meet the specification of the clinicians. In addition, ophthalmology services that do not need to be provided by a consultant would be provided in the community.

28.10. The Committee asked what plans Building for our Future included for expanding car parking at the Conquest Hospital.

28.11. Joe Chadwick-Bell said there were no plans for a multi-storey car park, but she would confirm what the plan was. She added that as outpatient model of care changes it would reduce car parking arrangements on both sites due to the greater number of virtual appointments.

28.12. The Committee asked why the Care Quality Commission (CQC) report had rated children's and young people service at the Conquest Hospital as 'requires improvement' in the 'Safe' domain.

28.13. Joe Chadwick-Bell explained that at the time of the inspection there were two looked after children being cared for by the Trust as a place of safety whilst their long term placements were found. These children had very high care needs and feeding requirements and required one to one care. In order to keep the paediatric surgery and paediatric emergency services at the Conquest Hospital running there were times when nursing staff were moved across from EDGH to Conquest Hospital meaning that there were on occasions nursing shortages at the paediatric services at the EDGH. There were also documents not readily available and not stored in a central location, which have now been made available; and paediatric CT Scans, occupational therapy and physiotherapy were also not available seven days per week on both sites.

28.14. The Committee RESOLVED to:

- 1) note the report; and
- 2) request a more detailed briefing on the Building for our Future once more detailed plans are available; and
- 3) Confirm plans for car parking at Conquest Hospital via email.

29. EASTBOURNE STATION HEALTH CENTRE

29.1. The Committee considered a report on the HOSC Review Board's draft report on NHS proposals for the future of the Eastbourne Station Health Centre.

29.2. The Committee asked why health provision should be changed during the pandemic and whether it was possible to conduct an effective public consultation during the pandemic, particularly in reaching vulnerable groups.

29.3. Jessica Britton said it was appropriate for the consultation to be paused in the initial response to the pandemic, but the CCG did not want to curtail the length of it and was keen to restart when it was appropriate to do so. Jessica Britton said that the CCG gave considerable thought to whether it was appropriate to restart the public consultation over the summer and took the view that Covid-19 restrictions are likely to remain in place for the foreseeable future. This meant it was necessary to try and restart normal activities where safe to do so, rather than wait for an undetermined amount of time for things to return to normal. Ahead of restarting, the CCG considered how best it could engage with those vulnerable groups identified in the Equality and Health Impact Assessment who had not already been engaged during the initial consultation period. The CCG also asked the Consultation Institute to review the consultation proposals and identify any gaps in the plan. Jessica Britton confirmed the public consultation outcomes would be independently reviewed and provided to the HOSC (via the Review Board).

29.4. The Committee asked whether there would be sufficient GP practice capacity in the town centre if the Eastbourne Station Health Centre closed and whether this included the capacity in the new Old Town surgery due to become available in the near future.

29.5. Jessica Britton said that the CCG has reviewed GP provision in Eastbourne and had determined that there was a higher proportion of GPs per patient in the town than the national average. She explained that the Clinical Director of the Victoria Primary Care Network (PCN), which covers some of the town centre GP practices, had advised they had managed to recently recruit additional GPs. She added that the Eastbourne Station Health Centre had a small registered patient list and the CCG hoped to be able to provide them with access to the wider integrated primary care services offered at other GP practices.

29.6. Hugo Luck, Deputy Director of Primary and Community Care, East Sussex CCG, added that the Primary Care Networks (PCNs) established in Eastbourne are funded to provide new roles such as pharmacists, paramedics and physiotherapists to whom patients can be referred rather than always going to the GP, where clinically appropriate. This will free up GP time to see patients who need to see them. Dr Paul Deffley, Local Medical Director, East Sussex CCG, said that this new skill mix in primary care is important to meet the growing demand in the sector.

There were also national campaigns to recruit new GPs and entice retired GPs out of retirement. He said his GP practice had recently recruited a first contact physiotherapist who is able to directly see patients with back pain, which frees up the GP to deal with more complex, frail patients. This is an advantage of bigger practices as they are better able to recruit these staff.

29.7. Jessica Britton confirmed that the new surgery under construction in the Old Town involves the merger at the end of October of three town centre practices that have a current registered list of 24,000. The new surgery will have the capacity for up to 30,000 patients and has recruited additional GPs in recent weeks. The new surgery is also planning to open a branch surgery in the town centre and patient choice must play a part. Eastbourne practices are due to receive around £1 million in additional funding for additional healthcare roles under the PCN contract.

29.8. The Committee asked about the support available to patients on the Eastbourne Station Health Centre list should a decision be taken to close it.

29.9. Jessica Britton said that the patients registered at the Eastbourne Station Health Centre were from throughout Eastbourne and the wider area, although a proportion of the patients are town centre residents, meaning there could be a wide range of reasons why people chose to register with that practice. Hugo Luck explained that if the decision is taken to close the Eastbourne Station Health Centre, the CCG has a tried and tested means of engaging with the patients on the registered list. The CCG will ask patients whether they have a preference for a GP practice and will facilitate a transfer to it, if request, including transferring their patient record. He added that if a GP practice has closed their list to new registrations, the CCG will work with the patient and the practice to get the patient into that practice.

29.10. The Committee asked whether any other kind of walk-in provision would be made available in the town centre.

29.11. Jessica Britton said that the new integrated urgent care model is based around people calling a new enhanced NHS 111 service that can book them in to the most appropriate service to meet their need, including a GP practice or the Urgent Treatment Centre (UTC) at the EDGH. Patients are also able to walk-in to the UTC. She added that the Eastbourne Station Health Centre does not currently provide a walk-in facility due to Covid-19 and the need to protect staff and patients. People currently access services there in the first instance by telephone or video triage.

29.12. Jessica Britton said she understood people's anxiety about the proposed closure of a physical building, however, she reiterated that there would be no less GP capacity in Eastbourne. The difference would be a change in how some people access healthcare.

29.13. The Committee asked whether the CCG had produced a Primary Care Needs Assessment

29.14. Jessica Britton explained that the Primary Care Commissioning Committee of the CCG regularly reviews the capacity and performance of the GP practices in East Sussex, including the number of GPs and other health professionals.

29.15. Cllr Alan Shuttleworth said that he did not support the Review Board's recommendations and asked that it to be noted in the minute.

29.16. The Committee RESOLVED to:

1) endorse the draft report and recommendations of the HOSC Review Board;

2) agree that the Review Board finalises the report after considering the outcome of the public consultation; and

3) agree to refer the final report to East Sussex Clinical Commissioning Group for consideration as part of their decision-making process.

30. HOSC FUTURE WORK PROGRAMME

30.1. The Committee considered its work programme

30.2. The Committee RESOLVED to:

1) agree the work programme; and

2) agree to hold an additional meeting in 2021, if necessary, to ensure outstanding issues are considered by the Committee in a timely manner.

The meeting ended at 12.20 pm.

Councillor Colin Belsey
Chair