HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 14 December 2023

PRESENT:

Councillors Colin Belsey (Chair), Penny di Cara, Philip Lunn (substituting for Cllr Abul Azad), Sorrell Marlow-Eastwood, Christine Robinson and Alan Shuttleworth (all East Sussex County Council); Councillor Dr Kathy Ballard (Eastbourne Borough Council), Councillor Christine Brett (Lewes District Council) and Jennifer Twist (VCSE Alliance)

WITNESSES:

NHS Sussex

Jessica Britton, Executive Managing Director, East Sussex

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

East Sussex County Council

Mark Stainton, Director of Adult Social Care and Health

University Hospitals Sussex NHS Foundation Trust

Peter Lane, Hospital Director Royal Sussex County Hospital

Ali Robinson, General Manager – Acute Floor (RSCH & PRH)

South East Coast Ambulance Trust

Paul Fisher, Brighton Operating Unit Manager

Alex Darling, Operations Manager at Brighton Make Ready Centre

LEAD OFFICER:

Martin Jenks and Patrick Major

20. MINUTES OF THE MEETING HELD ON 21 SEPTEMBER 2023

20.1 The minutes of the meeting held on 21 September 2023 were agreed as a correct record.

21. APOLOGIES FOR ABSENCE

21.1 Apologies for absence were received from Councillors Abul Azad, Sarah Osborne, Mike Turner, Graham Shaw and Simon McGurk.

22. DISCLOSURES OF INTERESTS

22.1 There were no disclosures of interest.

23. URGENT ITEMS

23.1 There were no urgent items.

24. PAEDIATRIC SERVICE MODEL DEVELOPMENT AT EASTBOURNE DISTRICT GENERAL HOSPITAL

24.1 The Committee considered a report on planned changes to the delivery of paediatric services at Eastbourne District General Hospital (EDGH). Joe Chadwick-Bell, East Sussex Healthcare NHS Trust (ESHT) Chief Executive recognised that the planned changes would be a change in working practices for some staff at EDGH, and noted that there had been media coverage and public representations made to the Committee that related to the planned changes. Joe Chadwick-Bell and Dr Matthew Clark, Consultant Paediatrician and ESHT Chief of Women and Children reiterated what was in the report, that there would be no planned activity moves from the EDGH to the Conquest Hospital in Hastings.

24.2 The Committee asked why NHS Sussex did not consider the planned changes to be a substantial variation.

24.3 Jessica Britton, NHS Sussex Executive Managing Director, East Sussex responded that NHS Sussex did not view the planned changes to be a service change as they were related to how services were organised within the hospital. NHS Sussex anticipated that the changes would increase access and hours of access for children and young people, and therefore not a substantial variation.

24.4 Cllr Alan Shuttleworth shared his view that due to a lack of detailed information having been provided, the implementation of planned changes should be paused until there had been a review and a full consultation with all stakeholders. Cllr Shuttleworth also shared his concern that an unintended consequence of the planned changes could be that more children and families have to travel to the Conquest for treatment.

24.5 Joe Chadwick-Bell recognised Cllr Shuttleworth's request, and reiterated that the same activity for planned care or urgent care would still come to Eastbourne, and there were no changes that would lead to children going to the Conquest. She emphasised that it was an internal reorganisation of where children would be seen within the hospital. The first stage of the planned implementation was of urgent care and was due to start on 8th January 2024, and the second stage was of elective care and would begin in February 2024. Dr Matthew Clark noted that there had been a lot of discussions with staff and other stakeholders in the lead up, and no patient safety issues had been raised despite some differences in views over the proposed model of care. Rotas were in place to implement on 8th January and to move away from the planned date would be disruptive and operationally difficult.

24.6 The Committee asked for more detail on how planned care and urgent care pathways would change when the planned changes were implemented.

24.7 Dr Clark explained that under the current model most children who presented at the EDGH Emergency Department (ED) would be triaged and the vast majority directed to the Urgent Treatment Centre (UTC) as they did not require input from a paediatric specialist. Any children who could not be treated at the UTC would be seen in the ED by emergency physicians, and only if they could not solve the issue would a child then be referred to a paediatric consultant at the Short Stay Paediatric Assessment Unit (SSPAU). The changes planned from 8th January would see an Advanced Paediatric Nurse Practitioner (APNP) located in the paediatric department, so that children who could not be cared for in the UTC or ED would immediately see a paediatric specialist. The APNP would make an assessment and either begin treatment or, as was currently the case, transfer the child to the Conquest Hospital if they required in-patient care. The proposed changes were therefore designed to concentrate expertise at the front door of the hospital, allowing for children to be assessed quicker. ESHT were keen to implement the model as they thought it to be more efficient and they viewed it as an improvement in service.

24.8 The Committee asked for clarity if it was only the location of care that was changing as part of the planned changes.

24.9 Dr Clark answered that both the location and the staffing model were changing. The SSPAU was currently staffed by a paediatric consultant, a paediatric SHO and paediatric nurses. Under the new model an APNP would work with paediatric nurses in the ED. Dr Clark noted that the majority of children at EDGH did not need consultant level input for their care. Joe Chadwick-Bell added that hospitals would regularly reconfigure their services to make best use of resources, and in this instance it was a case of the resource moving towards the child with services being provided close to the ED, rather than the child needing to move towards the resource as they currently did. At present 90% of patients are seen either in the Urgent Treatment Centre or the Emergency Department.

24.10 The Committee asked when the new unit would be in place, and how children would be cared for in the interim between the changes being implemented and the facilities set up.

24.11 As context to the changes, Dr Clark outlined that the SSPAU was not currently open for 14 hours of the day on weekdays (i.e. during evenings and the night) and not open at all on weekends at EDGH. Children come to the ED at Eastbourne 24 hours a day 7 days a week. When the SSPAU was closed there was not a pattern of problems, and only occasional patient safety incidents and complaints as would be expected for any healthcare service. Under the current arrangements there was a small paediatric assessment waiting room, one assessment room and a four-bedded room shared between paediatrics and emergency nurse practitioners who dealt with injuries of children. That would not change at the implementation date, but a new modular build would arrive in February as a dedicated paediatric area in ED. This area would have 5 spaces for children in total, including an assessment unit, and would have its own dedicated toilet facilities. Dr Clark explained that the estate at EDGH was not ideal for children and young people, but that as part of the New Hospitals Programme he would expect there to be dedicated paediatrics services at both EDGH and Conquest that met all national standards. This was not currently possible with current resource, but ESHT wanted to have the appropriate models of care in place so that services could then move into the right resources when they were available.

24.12 Joe Chadwick-Bell noted that the purpose of the report had been to reassure the Committee that no cases would be transferred from Eastbourne to Hastings but accepted that the submitted report should have included more detail on the proposed changes.

24.13 The Committee asked if the Elective Care Hub at EDGH would receive some paediatric cases when it opened.

24.14 Joe Chadwick-Bell explained that children who had operations would currently recover in theatres or the day surgery unit and there were no immediate planned changes with this, but activity would move to the day surgery unit when it opened in approximately 18 months.

24.15 The Committee asked how parents and carers who were regular users of the service had been consulted on the proposed changes.

24.16 Dr Clark explained that there had not been a full public consultation as there was no expected change for almost all service users and so it would not have been a good use of people's time to fully consult. There were a small group of children and young people with very complex medical needs who regularly used the service, and plans for continuity of care for each of those families were being made on an individual case-by-case basis.

24.17 The Committee asked whether children's social services, ED, mental health services and GPs had been consulted ahead of the proposed changes.

24.18 Dr Clark explained that main interaction between social care and acute paediatrics was with child protection medical examinations, and the commissioning arrangements for these were currently being reviewed, but the Trust was committed to always having a paediatrician available for those urgent examinations. Children's social services would be engaged as part of those changes, but had not been consulted on the specific proposed changes at EDGH. He added for context, that the Trust is not closing paediatrics at Eastbourne and there will still be paediatricians and clinics on site. There had been close discussion with ED consultants and managers who welcomed the proposals. There was not expected to be a significant impact on GP referrals which would be managed in the same way, and the only change in this area would

be that children who had same-day referrals to EDGH from GPs would be seen first by an APNP in ED, rather than a paediatric consultant. The Child and Adolescent Mental Health Services (CAMHS) liaison nursing at EDGH would remain unchanged, and the current SSPAU was not usually involved with children and young people with mental health issues because those needing a longer course of treatment would be admitted to Conquest.

24.19 The Committee asked what the anticipated impact on Conquest hospital would be as a result of the proposed changes.

24.20 Dr Clark explained that there was not expected to be a change in the number of patients needing to attend Conquest and there would be sufficient capacity if there were any minor changes in patient numbers. It was possible that once a seven-day a week service at EDGH was available that there could be fewer patients needing to go to Conquest.

24.21 The Committee asked why a previous briefing had suggested there would be 1-2 children a day needing to go to Conquest if the Trust was no predicting that no additional children would need to be transferred.

24.22 Dr Clark explained that the Trust had anticipated 1-2 children a day needing to move across to Conquest when the changes were initially proposed, and this was related to a specific elective medical test (Endocrine testing) that had been expected to move to Conquest. Subsequently the Trust learned that there were other hospitals that did that specific treatment in out-patients, so it was now no longer expected that children and families would have to go to Conquest for that specific test. He added that it was incredibly difficult to predict every possible implication, as it was not possible to know whether an APNP or a consultant was more likely to transfer a patient, but in essence there would be more hours of paediatric expertise at EDGH. Joe Chadwick-Bell added that there would be a consultant on-site at Eastbourne working in out-patients, and there would be a consultant available at the same times as present for the first 3 months during the implementation period, and changes could be made during that period if they proved to be necessary.

24.23 The Committee asked the times at which a paediatric consultant was currently on-site at EDGH, and whether a paediatric consultant would be on-site at EDGH at all times under the proposed changes.

24.24 Dr Clark explained that currently a paediatric consultant was on-site when the current SSPAU was open 9am-7pm on weekdays. This would not be the same under the proposed changes, as a paediatric consultant would instead be on-call at EDGH 24 hours a day, 7 days a week, but not necessarily on-site. In emergencies a consultant would be able to attend on-site at Eastbourne. APNPs at Eastbourne would be able to discuss cases with a consultant over a phone prior to having to make a referral. Joe Chadwick-Bell highlighted that for the first three months of the implementation of the proposed changes there would be a paediatric consultant on-site during daylight hours. After that period the urgent care service would be APNP-led and rotas were in place for the first three months.

24.25 Cllr Ballard noted that it could take more than half an hour to travel from the Conquest to EDGH, and explained that she felt the proposed changes provided insufficient cover in an emergency situation if a paediatric consultant was required.

24.26 Dr Clark responded that all APNPs had the same advanced paediatric life support training (EPALS (European Paediatric Advanced Life Support Skills)) as all paediatric consultants. There was an existing policy for supporting critically unwell children that presented to the ED at EDGH, where the emergency department consultant and the anaesthetic

consultant were immediately available, and a paediatrician would be on-site within an hour. This system had been in place for five years with no reported incidents related to that. Under the proposed changes a APNP would also be immediately available to support, and it was the Trust's view that a paediatric consultant was not a critical part of the immediate resuscitation team. Joe Chadwick-Bell added that ambulances would take children to Conquest in almost all cases, so the small number of emergency cases presenting at EDGH tended to be walk-in patients.

24.27 The Committee asked if there would be piped oxygen in the paediatric emergency unit.

24.28 Dr Clark explained that there wasn't piped oxygen in the new assessment unit, but the current SSPUA did not have this either as critically unwell children would always be looked after in the resuscitation department where there was all the necessary equipment to support them.

24.29 The Committee asked whether staff rotas were in place for implementation and whether the whole rota could be covered by APNPs.

24.30 Dr Clark recognised that staffing was tight, noting that the current arrangements at the SSPAU relied at times on almost 20% locum shifts. The Trust felt they had enough staff to provide the service 5 days a week for 12 hours a day, as well as some weekends for the first few months of the new arrangements. There was a recruitment and retention programme to train and keep more APNPs at the Trust. Joe Chadwick-Bell added that the rotas were in place through January into to February, and they were still being worked on beyond that. It would be a combination of APNPs and registrars running the service while recruitment programmes continued to fill APNP vacancies.

24.31 The Committee asked for comments on the perceptions of some that the proposals were being rushed and whether this would reflect negatively on the hospital if the services were not sufficiently child friendly.

24.32 Dr Clark referred to previous comments that the present estate at EDGH was not ideal for caring for children and young people, and in the future that would not be the case.

24.32 The Committee asked whether ESHT had longer-term recruitment plans to address staffing shortages in paediatrics.

24.33 Dr Clark explained that ESHT were keen to train more APNPs from existing staff, which reduced the need for as many middle grade staff and allowed progression for current staff. Five people had already been through training to become APNPs and the Trust saw the future of children's service at Eastbourne as being fronted by more advanced practitioners rather than doctors, and this was in line with the NHS long-term workforce plan. APNP training is provided through a Masters programme at London South Bank University funded by Health Education England and is a similar level to Registrars.

24.34 The Committee asked when ESHT expected they would not be experiencing staff shortages in this area.

24.35 Dr Clark responded that due to the small size of the team it was difficult to know when there would be comfortable staffing numbers, as it would only take one or two members of staff leaving to change this. From January there would be four APNPs, there was another one in training, and the Trust hoped to recruit two more trainees in the next year. The Trust has had APNPs in these roles for around the last 3 years. Training took about two years and staff in

training received appropriate supervision throughout and newly qualified APNPs had a period of work at the Conquest under close supervision from paediatric consultants before they start practicing at EDGH.

24.36 The Committee asked how many paediatric consultants currently worked for the Trust and how many there would be following the implementation of proposed changes.

Dr Clark responded that ESHT had 15 paediatric consultants at present and did not anticipate that changing, although some of them also worked in community services. There would be some changes to consultants' job plans and ways of working, but no expected change in headcount.

24.37 The Committee asked how many paediatric consultants were currently working and available at any given time given they worked across EDGH, Conquest and in the community.

24.38 Dr Clark responded that this varied between winter and summer. In summer there was a consultant on-site at Conquest for nine hours a day during weekdays, and six hours a day at weekends, and another on-call 24/7. Another consultant would be on-call for EDGH, who during the day would support triaging GP referrals, supporting the community nursing team and attending the ED in emergencies. A further consultant would also be on-call 24/7 to attend ED at EDGH in emergencies. During winter, in addition to this another consultant would be working at the SSPAU at Conquest to support the assessment of children during busier times of year.

24.39 The Committee asked why the proposed changes were being implemented in January if the building would not be in place until February and how the Trust would respond if the facilities were not in place when they expected them to be.

24.40 Joe Chadwick-Bell responded that the current service model was subject to short-term closures and that the Trust wanted to implement soon to provide a consistency of service across the busy winter period. The new rotas were already tried and tested as they were already in place at times when the SSPAU was not open. The proposed changes had gone through staff consultation, and there had also been some staff turnover through that consultation period and movement into community roles, so the rationale for the implementation was to have in place a consistent service model that would be easier to staff. The new facilities had been due to be in place in December but there had been access issues with how the new facility would be joined to the main hospital. She accepted that it would have been preferable to have the new unit in place for the beginning of implementation, but that staff rotas had already been agreed and the new unit was expected to be in place by February. In the meantime there were well-established and safe care pathways that were in place at the time when the SSPAU was closed, and if anything unexpected occurred this would be reviewed regularly by the Trust and adjustments could be made in discussion with the team. The Scott Unit remained available if necessary. Some care would also be provided by community teams, which is better for the patients.

24.41 The Committee asked if the main reason for the proposed changes were due to staffing issues.

24.42 Dr Clark responded that the primary reason for changes was to improve urgent care services for children in Eastbourne, and that is why the proposed model of moving services to the 'front door' was being implemented.

24.43 The Committee commented that the report presented to it had not provided sufficient information for it to properly evaluate the proposed changes, and suggested that the Trust provide a more detailed report for the Committee to consider.

24.44 Joe Chadwick-Bell responded that a substantial amount of work to analyse and prepare for the changes, although the purpose of the report provided had been to assure the Committee that the proposed changes would not result in a shift in activity to another site. ESHT viewed the proposed changes as internal ones about where children were seen on the current site, but recognised that there had been other representations raised on the issue. Joe agreed that further detail on the changes could be provided outside of the meeting.

24.45 The Chair commented that his view was that there should be a pause in the proposed changes until the HOSC was able to conduct a review, which would be presented to the March meeting.

24.46 Cllr Alan Shuttleworth commented that he felt there were many questions that remained which needed answering including more information on consultations that had taken place and staffing. He advocated a pause in any proposed changes until the HOSC was able to conduct a review and have a fuller report on the changes.

24.47 Joe Chadwick-Bell emphasised that ESHT was not moving any services from Eastbourne to Hastings. She did not commit that there would be a pause in the implementation of the proposed changes, but recognised that further information should be provided to HOSC.

24.48 Cllr Colin Belsey proposed and Cllr Alan Shuttleworth seconded the following RESOLUTION, which was agreed by the Committee:

1) while accepting that it cannot stop them, HOSC request that ESHT pause the advancement of the proposed changes while HOSC holds a review of them; and
2) a report on the review be presented to the March committee meeting.

25. NHS SUSSEX WINTER PLAN 2023/24

25.1 The Committee considered a 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. The Winter Plan is a whole system health and social care plan, recognising the interdependencies of the system to meet the needs of the local population and runs from November 2023 to April 2024.

25.2 The Committee asked whether admission avoidance work happened all year round.

25.3 Jessica Britton responded that admission avoidance programmes run throughout the year and were a continuation of learning from previous years, but during winter these were expanded to increase the number of people who could benefit from admission avoidance. Two key elements of admission avoidance that had been taken as learning from thew previous Winter Plan was the increase in virtual ward capacity to 86 beds, as well as the single point of access which had been enhanced to provide professionals with advice to prevent patients needing to go to hospital. Urgent and Community response teams had also been improved to provide additional support in the community. Mark Stainton, East Sussex County Council

Director of Adult Social Care & Health added that the capacity of the Joint Community Rehabilitation Service had been increased for winter so that rehab workers were in ED and could work with clinicians to remove patients before they were admitted.

25.4 The Committee asked for more detail on how the Mental Health Crisis Improvement plan would operate to achieve the impacts outlined in the report.

25.5 Jessica Britton responded that the Mental Health Urgent and Emergency Care Improvement plan covered the entirety of the Sussex, that aimed to reduce the number of people needing to go to EDs for mental health challenges. There were a number of long and short term action plans that underpinned this work, and was referenced in the winter plan in recognition of the increasing complexity of people visiting EDs. Jessica offered to provide more detail on the implementation of those plans.

25.6 Cllr Christine Robinson asked whether mental health support for children and young people was included as part of this plan, and if not whether it could be included in a future winter plan. Jessica Britton responded that the Improvement plan did not cover mental health support for children and young people, but a parallel plan was in development for children and young people as well, and consideration could be given to how to present this in future winter plans.

25.7 The Committee asked how vaccination uptake for seasonal flu and COVID-19 was being encouraged.

25.8 Jessica Britton responded that there had been heightened and targeted communications going into winter to encourage vaccine uptake. The number of people who had a flu vaccination in Sussex was at or above the level for the previous year. There had been very targeted work for Covid vaccination for people who were housebound, in care homes or who had respiratory diseases, and increasing uptake remained a continued focus for NHS Sussex. Richard Milner, ESHT Chief of Staff added that hospitals in East Sussex had not seen an increase in flu or COVID-19 patients and this was not presenting any additional concerns, although winter challenges remained.

25.9 The Committee asked about what measures had been put in place to prevent staff burnout and increase recruitment and retention of staff.

25.10 Jessica Britton commented that for NHS Sussex there were a number of programmes to support staff wellbeing and highlight the support that people could access. Different organisations were working collectively to try and promote flexibility in workforce in how they recruited and advertised to posts across East Sussex to increase resilience. Planned industrial action had also prompted work to understand how to best deploy and be flexible with the workforce across East Sussex during periods of strike action.

25.11 Richard Milner added that ESHT rotas had been booked six weeks ahead in order to be best prepared for winter. During the pandemic a lot of psychological and trauma support for staff was put in place to help support staff and reduce burnout, and a lot of that remained in place post-pandemic. ESHT also had a number of Mental Health First Aiders who staff could speak to when they needed support. The prospect of industrial action remained a challenge and ESHT aimed not to cancel any urgent elective care of cancer appointments, and the number one priority was to protect emergency care.

25.12 Mark Stainton added that there had been considerable success in recruiting to the independent care sector from overseas, and there were 200 extra home care staff this year which had had a positive impact on capacity. The challenges for recruitment in bedded care

were slightly less acute, and there was good capacity in both of these areas. ESCC had a full wellbeing offer for staff and ongoing recruitment campaigns for its own workforce, and the Adult Social Care and Health department had half the level of vacancies than six months prior. He noted that demand and the complexity of care was increasing and so ESCC was exploring the use of digital technology as much as possible to streamline administrative tasks and focus practitioner time.

25.13 The Committee asked if the recruitment of home carers had resulted in a higher number of carers or whether new staff were only filling vacancies caused by high turnover.

25.14 Mark Stainton explained that the home care sector had a high number of staff vacancies and therefore could not meet ESCC's requests for new care packages. New staff were mostly filling existing vacancies but there had also been some growth as there was a drive to increase the amount of people being cared for at home rather than in bedded care. Overseas recruits were spread evenly across the county and had started on three-year visas. The announced increase in the National Living Wage would hopefully help in further boosting recruitment although this would present a financial challenge for local authorities.

25.15 The Committee asked for more detail on the High Intensity Users programme and what success this had shown in Brighton & Hove.

25.16 Jessica Britton explained that it was a service that worked with people who regularly attended ED for a number of reasons, often more psychosocial. There were case workers who worked with individuals over an extended period of time of 6-9 months to signpost and support in accessing other services that may be helpful to them and reduce their need to attend ED. There was a case worker in both EDGH and Conquest and had a caseload of around 30 people and the programme was beginning to see some success in reduced attendances and received positive feedback from people using the service.

25.17 The Committee asked whether there was a likelihood of the system declaring a critical incident due to industrial action.

25.18 Richard Milner explained that the system was experienced in handling periods of industrial action and there was ongoing work to minimise the impact of any action and avoid a critical incident. The focus was on cancelling the minimum number of operations and protect resources for urgent and emergency care.

25.19 The Committee asked whether the target of eliminating 72+ hour waits in ED for mental health problems by October had been achieved and what the current average wait time was.

25.20 Jessica Britton answered that the elimination of 72+ hour waits had not yet been achieved and there was a continued focus on improving flow to improve admission time for those requiring in-patient mental health treatment. Over 72 hours was not the average amount of time that most people spent waiting in ED and offered to share that information outside the meeting.

25.21 The Committee RESOLVED to note the report.

26. HOSPITAL HANDOVERS AT THE ROYAL SUSSEX COUNTY HOSPITAL (RSCH)

26.1 The Committee considered a report updating on hospital handover delays at the Royal Sussex County Hospital (RSCH) and ongoing work between University Hospitals Sussex NHS Foundation Trust (UHSx) and South East Coast Ambulance NHS Foundation Trust (SECAmb) to reduce them. Peter Lane, Hospital Director Royal Sussex County Hospital outlined that there are a number of short, medium and long term measures in place to reduce hospital handover times at the RSCH and patients are very rarely held in the back of ambulances. Paul Fisher, SECAmb Brighton Operating Unit Manager added that there was a lot of collaborative work to reduce hand over times and waits over 60 minutes, and it is hoped that benefit of this work will be seen in the next 6-12 months.

26.2 The Committee asked whether RSCH compared its handover times with other tertiary hospitals and if so, how it compared with them.

26.3 Alex Darling, Operations Manager at Brighton Make Ready Centre commented that SECAmb had data from 18 hospitals that it covered in the South East region, which included other trauma centres in the region and accepted a similar number of patients to the RSCH. When comparing data on handover delays the RSCH was almost always the hospital with the highest number of delays. Peter Lane commented that it was recognised that there was still more work to do to reduce handover times. Paul Fisher added that the challenges faced in reducing waiting times were recognised and both organisations work well together to deliver the best service that they can.

26.4 The Chair thanked both SECAmb and UHSx for all their hard work on this issue.

26.5 The Committee RESOLVED to note the report and receive an update report in 6 months time.

27. HOSC FUTURE WORK PROGRAMME

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

27.2 The Committee discussed the problem of missed appointments, and how it related to wider problems such as cost of living pressures, transport links and the postal service, and felt that it would be beneficial for a report on the topic to be brought to a future meeting.

27.3 Cllr Marlow-Eastwood fed back positively the site visit with other HOSC members to the Conquest Hospital to see the investments that were being made in the site.

The Committee RESOLVED to:

1) Amend the work programme in line with paragraphs 24.48, 26.5 and 27.2.

28. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

28.1 None.

The meeting ended at 12.14 pm.

Councillor Colin Belsey

Chair