HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 12 December 2024

PRESENT:

Councillors Colin Belsey (Chair), Councillors Abul Azad, Sorrell Marlow-Eastwood, Steve Murphy and Alan Shuttleworth (all East Sussex County Council);
Councillor Dr Kathy Ballard (Eastbourne Borough Council), Councillor Mike Turner (Hastings Borough Council), Councillor Christine Brett (Lewes District Council) and Councillor Graham Shaw (Wealden District Council)

PRESENT, VIRTUAL:

Councillor Terry Byrne (Rother District Council)

WITNESSES:

East Sussex County Council (ESCC)

Leigh Prudente, Adult Social Care and Health Assistant Director Operations,

East Sussex Healthcare NHS Trust (ESHT)

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

Richard Milner, Chief of Staff

NHS Sussex

Ashley Scarff, Director of Joint Commissioning and Integrated Care Team Development (East Sussex)

Nicki Smith, Director of System Resilience

Dr James Ramsay, Chief Medical Officer

Sussex Partnership NHS Foundation Trust (SPFT)

John Child, Chief Operating Officer

University Hospitals Sussex NHS Foundation Trust (UHSx)

Prof Katie Urch, Chief Medical Officer

Ali Robinson, Deputy Divisional Director of Operations, Medicine

Theo Cronin, Head of External Affairs

Jackie Groves, Assistant Director Major Projects, UHSx

South East Coast Ambulance Trust (SECAmb)

Paul Fisher, Operating Unit Manager

LEAD OFFICER:

Patrick Major and Martin Jenks

19. MINUTES OF THE MEETING HELD ON 3 OCTOBER 2024

19.1 The minutes of the meeting held on 3 October 2024 were agreed as a correct record.

20. APOLOGIES FOR ABSENCE

20.1 Apologies for absence were received from Councillor Sarah Osborne (Council Steve Murphy substituted), Councillor Christine Robinson, and Jennifer Twist.

21. DISCLOSURES OF INTERESTS

21.1 There were no disclosures of interest.

22. URGENT ITEMS

22.1 There were no urgent items.

23. NHS SUSSEX WINTER PLAN 2024/25

23.1 The Committee considered a report on the NHS Sussex Winter Plan 2024/25. 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 reflects on lessons learnt from previous winters and other system pressures.

23.2 The Committee asked what level of vaccine uptake was being aimed for over the winter and how vaccination take up compared with previous years' levels.

23.3 Dr James Ramsay, NHS Sussex Chief Medical Officer, explained that vaccine uptake was monitored against national levels, and that NHS Sussex was in line with national averages despite a slow initial uptake. There was reduced uptake this year than in recent previous years, due to vaccine hesitancy and fatigue in both the general population and the workforce. NHS Sussex was working with providers to increase uptake within staff groups.

23.4 The Committee noted that the Joint Committee on Vaccination and Immunisation (JCVI) had announced that it was planning to tighten eligibility for vaccinations in 2025 and that this would need to be considered as part of on next year's Winter Plan.

23.5 The Committee asked what was being done to improve vaccine take up with vulnerable groups.

23.6 Dr Ramsay confirmed that work was ongoing to increase vaccine uptake in vulnerable groups. People who were more likely to require acute services and healthcare over the winter, such as those with learning disabilities or frailty were being identified at a primary care level and support was being put in place to increase vaccine uptake in these people. In line with the general population there had been reduced uptake in these groups than in previous years, but that NHS Sussex continued to try and increase uptake.

23.7 The Committee asked for more information on temporary staffing levels that would be required over the winter period.

23.8 Richard Milner, ESHT Chief of Staff, noted that temporary staffing would not be coordinated system-wide but by individual provider trusts. ESHT sought to minimise its use of temporary staff and so had enhanced processes for booking staff rotas and managing staff leave over the period to have these set 6-8 weeks in advance. ESHT had a 'bank' system for permanent staff that wished to do additional hours which didn't have the same associated cost as using temporary staff. Planning for staff levels began in August to ensure temporary staff were not required over the winter period. John Child, SPFT Chief Operating Officer, noted that the processes for SPFT were similar to ESHT to have staffing levels and rosters planned well in advance of winter. SPFT had 'safer staffing numbers' which mandated minimum staff levels for safety and quality of care, and processes in place to bring in temporary staff to meet patient need and acuity.

23.9 The Committee asked what the uptake of the flu vaccination was among staff.

23.10 Richard Milner responded that while he did not have figures to hand, there was a level of vaccine fatigue within some clinical staff. ESHT had communicated the importance of staff being vaccinated for not only their own safety but for their colleagues and patients also. To complement staff communications ESHT also sought to maximise the availability of vaccines to make it as easy as possible for staff to receive the vaccine without disrupting their work, such as with roving vaccination teams.

23.11 The Board noted the challenges people had with accessing GP appointments and the importance of primary care appointments in preventing people needing to access more acute services and asked how this was being improved.

23.12 Dr Ramsay accepted that access to primary care could be challenging at times and availability of appointments was monitored and compared to other Integrated Care Boards

(ICBs). NHS Sussex ranked 15th of the 42 ICBs in relation to the number of GP appointments available, and East Sussex was in line with that Sussex-wide level. Work was ongoing to improve access and build capability such as through multi-professional teams made up of GPs and other healthcare professionals who were able to provide appropriate support for patients. Unscheduled care hubs with multi-professional care teams had been established to triage patients to the most appropriate care setting to try and mitigate against patients who, having failed to access primary care presented to the Emergency Department (ED) instead. These had only just been set up, but initial indications were showing that these teams were effective in ensuring people got to the right place for their clinical needs.

23.13 Ashley Scarff, Director of Joint Commissioning and Integrated Care Team Development (East Sussex) noted that there had been an update report on access to primary care at the previous HOSC meeting and there would be another update at the next HOSC meeting as well.

23.14 The Committee asked where the unscheduled care hubs were based.

23.15 Paul Fisher, SECAmb Operating Unit Manager, explained that hubs had been established in the Make Ready Centres at Falmer and Polegate. Patients did not attend the hub but rather it was where a multi-disciplinary team was set up which would then triage patients to the most appropriate care setting based on the emergency response information. When a 999 call was received that triggered a potential ambulance response, the multi-disciplinary team would review the call and determine whether an ambulance response was necessary and where the patient should be directed instead. Ambulance crews were also able to contact the hub to discuss a patient and determine whether somewhere other than ED was the most appropriate place for them to be taken. The hubs had been in place for about 3 weeks, and each had resulted in roughly 10 people a day being streamed away from ED. Richard Milner added that there was an ESHT consultant involved in the screening of the emergency calls that were received and that since the hubs had been set up ESHT had already seen a decrease in the number of ED conveyances.

23.16 The Board noted that the importance of continuity of care and asked how providers fulfilled the workload of staff who left.

23.17 Richard Milner noted that when staff left replacements would be recruited, noting that recruitment continued to be a challenge. ESHT worked hard to make itself an organisation that people wanted to work for so that when clinical staff were being recruited there was a high quality of candidates that applied for the roles. Dr Matthew Clark, explained that most consultants would slowly wind down their hours, meaning that there would be a gradual handover of work and responsibilities, and there were always plans in place for when people left and joined the organisation.

23.18 The Committee asked what was being done to encourage neurodiverse individuals to be vaccinated included through special sessions that were more comfortable for them.

23.19 Dr Ramsay responded that he was unsure whether there were sessions more accommodating and that he would provide an answer outside of the meeting.

23.20 The Committee asked whether the Winter Plan was robust enough should there be a spike in virus infections due to the lower uptake of vaccines this year.

23.21 Dr Ramsay noted that due to the rise in cases of Covid-19, winter flu, RSV and norovirus, there had already been increasing system-wide pressures and there were significant

concerns nationally regarding these. The Winter Plan had been designed to help alleviate the operational pressures that these viruses created. NHS Sussex continued to encourage the uptake of vaccines.

23.22 The Committee asked if there were similar triage processes in place for 111 calls and walk-in ED presentations to ensure people were being treated in the right place to meet their clinical need.

23.23 Dr Ramsay explained that walk-ins to ED would be streamed to the environment that best met their clinical needs. If a patient could be treated at an Urgent Treatment Centre or a Minor Injury Unit then they would be streamed to those more appropriate areas on-site.

23.24 The Committee asked what monitoring of the success of Pharmacy First had there been and if the programme had resulted in people being diverted away from hospital.

23.25 Dr Ramsay said that he was not aware of what monitoring was done of Pharmacy First but agreed to explore that issue further and provide a response outside the meeting.

23.26 The Committee asked how NHS Sussex worked with neighbouring ICBs to ensure that patients near the boundaries of the county were appropriately supported.

23.27 Ashley Scarff explained that NHS Sussex engaged directly with all healthcare providers that delivered services to East Sussex residents, including the University Hospitals Sussex and Maidstone and Tunbridge Wells NHS Trusts. All Integrated Care Systems had integrated system winter plans and the Sussex system worked with them on a daily basis to manage operational pressures and patient pathways and flow.

23.28 The Committee asked where individual provider winter plans could be accessed.

23.29 Nicki Smith said that they would be public documents and that individual provider trusts would be able to share those documents.

23.30 The Committee asked for further detail on SAFER patient flow bundles.

23.31 Dr James Ramsay explained that SAFER was one of four key elements of improving hospital discharge, to ensure patients had access to senior decision maker support to advise on treatment and discharge planning earlier and seek to discharge patients earlier in the day. A review of the six acute hospitals across Sussex had been undertaken to assess compliance with the SAFER bundle, and recommendations to improve discharge would be made to acute providers following this. Further elements to improve discharge included keeping patients active while they were still in hospital, optimising the Transfer of Care Hubs to reduce discharge delays, and ensuring care capacity matched demand.

23.32 The Committee asked for further detail on improvements to community care capacity that were being made to hasten patient discharge from hospital.

23.33 Leigh Prudente, ESCC Assistant Director Operations, explained that Adult Social Care worked with the independent care market to ensure they have capacity in the community to support people once they leave hospital. There was also preventative work so that once people moved into community care there was support in place that would hopefully prevent them needing to return to hospital. One way this was done was through the Joint Community Rehabilitation (JCR) teams that worked in hospitals and in the Transfer of Care Hub, and 77% of referrals that went through JCR resulted in no ongoing care support.

23.34 John Child explained that SPFT also had discharge issues and that it, working with NHS Sussex and the social care authorities in Sussex received funding from the national Better Carer Programme to work with IMPOWER to identify targeted areas to improve discharge. For East Sussex there was a recommendation to develop an East Sussex mental health discharge hub, to work with stakeholders to improve discharge. SPFT also worked closely with adult social care and district and borough councils to identify care placements for those with the acute needs.

23.35 The Committee noted the comparatively low uptake of vaccines and asked what factors were preventing a more effective roll-out.

23.36 Dr James Ramsay explained that NHS Sussex was working with its communications team to make sure the importance of vaccination reached all communities, particularly the most vulnerable.

23.37 The Committee asked what specific measures had been put in place to support staff morale through the winter period, and asked how morale levels compared with the previous year.

23.38 Richard Milner explained that there was a broad range of occupational health support available to staff, including around mental health. Over the Christmas period there was work done on the softer side of support, such as senior management working on wards, chocolates put out for teams, and wards were encouraged to decorate. Staff morale at ESHT was generally quite good based on staff surveys, but the significant operational pressures were recognised.

23.39 The Committee RESOLVED to:

1) note the report; and

2) receive an update in June 2025

24. CHANGES TO PAEDIATRIC SERVICE MODEL AT EASTBOURNE DISTRICT GENERAL HOSPITAL (EDGH) - UPDATE REPORT

24.1 The Committee considered an update report on the implementation of the new paediatric service model at EDGH. Since implementation there had been no adverse safety events nor complaints made about the service.

24.2 The Committee asked if patients, families and staff were positive about the new service model.

24.3 Dr Matthew Clark, Consultant Paediatrician and Head of Service, explained that staff were generally positive about the new service model. Patients and families had been positive as well and the model had received fewer complaints about the service than it previously had.

24.4 The Committee asked when ESHT expected to get to a seven-day a week paediatric service in ED.

24.5 Dr Clark explained that it was difficult to give an exact date when a seven-day a week service would be available, as it was a comparatively small team, so only a small number of people would have to be out of work for capacity to change. ESHT had recruited a number of trainee advanced nurse practitioners, and when they all qualified then in theory there would be

sufficient staff for a seven-day a week service, hopefully within the next 18 months. This was dependent on them completing their training.

24.6 The Committee asked which Healthwatch recommendations had been taken forward.

24.7 Dr Clark explained that the implementation of recommendations 1 and 3 of the Healthwatch report were dependent on physical space, and that in an ideal world ESHT want a larger ED space. Recommendation 5 was dependent of staffing as outlined in the previous answer. Recommendations 2 and 4 were relatively simple fixes that were already being worked through. Recommendation 6 required some consideration, as there were some young people who would prefer to be in an adult's waiting area than a children's one, and options were being considered as to how to best accommodate young people of all ages.

24.8 The Committee asked whether ESHT could provide an update on patient pathways.

24.9 Dr Clark reassured the Committee that all necessary pathways were now in place, noting that they were internal procedural documents that would not normally be shared with HOSC. However, they could be provided if the Committee wished to see them. Paediatric surgery, imaging (such as MRI, CT, X-ray etc) continued to function at EDGH without any changes. There were also now systems in place to do paediatric endocrine testing, allergy testing and blood tests in out-patients, which were previously provided on the Short Stay Unit. Due to planned changes to specialist children's cancer services in the South East, paediatric chemotherapy had been paused at EDGH as a wider review was ongoing.

24.10 The Committee asked for an update on the future use of the Scott Unit at EDGH.

24.11 Dr Clark confirmed that the Scott Unit remained a part of the paediatric division, but that detailed plans were still being developed as to how it would be used in future. Whatever plans were brought forward it was likely that capital funding would be required to develop the unit.

24.12 The Committee asked what the impact of child poverty and deprivation on paediatric services in Hastings and the Broomgrove area specifically.

24.13 Dr Clark agreed that there were significant health issues that arose from child poverty and that it was a serious issue. He noted that the paediatric in-patient ward was based in Conquest Hospital. ESHT worked with primary care, local government and education to address the issues raised, including whether there was potential to have paediatric specialist clinics in GP surgeries to reduce the travel burden for patients and provide care closer to home. Ashley Scarff noted the important role of Integrated Community Teams (ICTs) to meet the needs of specific communities and to implement the county-wide Health and Wellbeing Strategy.

24.14 The Chair noted the Committee's thanks to Healthwatch for the report it provided.

24.15 The Committee RESOLVED to:

1) note the report; and

2) receive an update in September 2025.

25. AMBULANCE HANDOVERS AT THE ROYAL SUSSEX COUNTY HOSPITAL (RSCH) - UPDATE REPORT

25.1 The Committee considered a report updating the HOSC 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.

25.2 The Committee asked whether it was a challenge working with three different social care authorities in discharging patients and ensuring patient flow.

25.3 Ali Robinson, UHSx Deputy Divisional Director of Operations, Medicine, said that it was a challenge working with three social care authorities, particularly at RSCH as it was the regional tertiary hospital. Proportionally there were more patients with No Criteria to Reside (NCtR) that were East Sussex residents. At RSCH there was a Transfer of Care Hub that worked across care providers and systems to match patient need as appropriate.

25.4 The Committee asked whether there would be a separate area in ED for patients with severe mental health issues.

25.5 Ali Robinson noted that this had been an area of sustained difficulty at the RSCH, and more recently UHSx had been working closely with SPFT to address estate issues. A section of the RSCH ED had been allocated to accommodate mental health patients, however this involved a trade-off with other physical health beds on the site which was another area of pressure. This area was staffed by a specific group of staff, separate from the main ED. The ICB was exploring whether there was scope to commission a specialist facility within Brighton & Hove that would ensure better support for patients in acute mental health crisis.

25.6 The Committee asked what learning had been taken from better performing hospital trusts with fewer delays.

25.7 Ali Robinson noted that UHSx and SECAmb had explored with a number of hospital sites about effective improvements and initiatives that had been implemented to reduce handover delays. The continuous flow model had been taken from another hospital.

25.8 The Committee asked what equipment ambulances carried to support patients with respiratory issues.

25.9 Paul Fisher responded that when an emergency call was received it would be triaged and SECAmb would aim to send the most appropriate resource. All ambulances carried oxygen and nebulisation was also available, although not all staff were authorised to deliver nebulised therapy. Critical care paramedics had advanced airway equipment and could attend emergency scenes as required, however in most circumstances a general response paramedic ambulance was able to support a patient with respiratory illness.

25.10 Cllr Turner requested follow up information on whether all emergency response ambulances carried CPAP equipment.

25.11 The Committee asked for clarification to whether the continuous flow model had gone live for the Surgical and Specialist divisions.

25.12 Ali Robinson confirmed that they had now gone live in the first week of December and had begun to have a marginal impact, with an expectation that they would further develop in time.

25.13 The Committee asked when the continuous flow model was expected to deliver an increase in total discharges.

25.14 Ali Robinson explained that the continuous flow model had resulted in some patients being moved within the hospital to move some pressure from ED to wards. By moving some of the risk and pressure to the wards, it was hoped that this would accelerate some discharges to the community of NCtR patients stuck on wards. Despite this method of risk management having been implemented, the hospital had not yet adjusted to the level of risk that was being placed upon the wards rather than ED.

25.15 The Committee asked what proportion of hospital handovers at RSCH met the national target of under 15 minutes.

25.16 Ali Robinson explained that he did not have that data available but that could be provided outside of the meeting. Nationally trusts were struggling to meeting the handover performance compliance standard due to the pressures in EDs. Despite this the collaborative work between SECAmb and UHSx had led to the implementation of a number of initiatives that would in time deliver a reduction in delays. Paul Fisher added that these initiatives were already starting to deliver results, particularly in reducing the number of delays lasting over 60 minutes. By way of comparison, in the first 10 days in December 2024 9% of handovers had lasted over 60 minutes, compared with 17% at the same time in 2023. Delays between 30-60 minutes had not reduced significantly, however.

25.17 The Committee asked whether UHSx had communications plans to reduce admissions to ED at RSCH.

25.18 Theo Cronin, UHSx Head of External Affairs, explained that there was a comprehensive system-wide communications plan to address winter pressures in the health system. Each provider was developing local communications to address localised challenges and reduce the number of attendances at ED.

25.19 The Committee RESOLVED to:

1) note the report; and

2) receive an update in June 2025 as part of the update on the Winter Plan.

26. PROPOSED CHANGES TO COLORECTAL CANCER SURGERY PATHWAY AT UNIVERSITY HOSPITALS SUSSEX (UHSX) NHS TRUST

26.1 The Committee considered a report about plans by UHSx to make changes to the provision of elective colorectal cancer surgery across its Sussex hospital sites. The proposals were to relocate all Elective Colorectal & Lower GI Cancer Surgery and Stoma Reversal Surgery from RSCH to the Worthing site, creating a centre of excellence for Colorectal Cancer Surgery delivered across Worthing and St Richard's (Chichester) hospitals.

26.2 The Committee asked whether any East Sussex residents would be required to travel to Chichester for surgery.

26.3 Professor Katie Urch, UHSx Chief Medical Officer, explained that the impact on East Sussex residents was very small, as ESHT provided the majority of colorectal cancer surgery for the county. The move of surgery to Worthing would only affect a small number of patients

from East Sussex (less than 1 per week) who would be treated at the Worthing site. The patients that would have to travel to St Richard's Hospital in Chichester would not be East Sussex residents, and would be patients in West Sussex which were west of Worthing.

26.4 The Committee asked when the new theatre and additional bed capacity would in place at Worthing.

26.5 Prof Urch explained that the new theatre was empty theatre stock that UHSx already had, and the equipment required had already been purchased.

26.6 The Committee asked if the new theatre at Worthing would be dedicated to colorectal surgery.

26.7 Prof Urch explained that the reason for the move to Worthing was that currently there was a high number of short-notice cancellations due to emergency patients. Worthing has a much smaller volume of emergency patients compared to Brighton, so it was much less likely that operations would be subject to short-notice cancellation.

26.8 The Committee asked whether UHSx would be able to recruit enough specialists to support the proposal.

26.9 Prof Urch explained that UHSx had received a very good response and strong candidates to its recruitment and inquiries, as the model being proposed of a high-volume specialist centre was a place that people wanted to work.

26.10 The Committee asked what would make the provision at Worthing a Centre of Excellence.

26.11 Prof Urch explained that it would be deemed a Centre of Excellence by demonstrating that it was meeting national standards of excellence. This included high volume of activity per surgeon, better outcomes, shorter than average length of stays among other criteria. Worthing did not quite meet this at the moment as it did not have the volume of activity, but the implementation of the proposals would be the last element of the criteria to define it as a Centre of Excellence.

26.12 The Committee asked if anything was being moved from Worthing to make space.

26.13 Prof Urch explained that UHSx was not needing to move anything from Worthing as there was spare theatre capacity that was not being used. UHSx had already made the investment to expand the bed space for post-surgery patients. As patients stayed a relatively short time at Worthing post-op UHSx knew how many beds it would need, and these were available.

26.14 The Committee asked what the difference between the Royal Marsden and the proposed Worthing Centre of Excellence would be.

26.15 Prof Urch explained that Worthing would be a surgical Centre of Excellence and that it would meet this definition once the proposals went through. The Royal Marsden was a Centre of Excellence for oncology, rather than surgery, which was a separate element of the cancer pathway.

26.16 The Committee RESOLVED to:

1) Agree that the proposed changes to colorectal cancer surgery pathway at UHSx do not constitute a substantial variation to health services for East Sussex residents.

27. HOSC FUTURE WORK PROGRAMME

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

27.2 The Committee raised concerns around the temporary stop to day surgery at Uckfield Hospital. Ashely Scarff noted that as this was a pilot, and the Committee should expect to receive a report once the pilot had been evaluated and consideration was being given to make it permanent. He also noted that the development of Integrated Community Teams (ICTs) was a standing item at the Health and Wellbeing Board, and the use and role of community hospitals was being considered through this avenue.

27.3 The Committee commented that there were various primary care estates issues across the county, including in Hailsham, Ticehurst and Seaford. Ashely Scarff agreed to provide updates in these areas in part of the primary care update scheduled for June 2025.

27.4 The Committee requested an update on the provision of NHS Sussex long-Covid services. Ashley Scarff agreed to provide a written briefing.

27.5 The Committee asked about Health and Wellbeing hubs and how these were being developed. Ashley Scarff noted that these were being developed within each of the ICT footprints and consideration would be given to when to provide an update to the Committee.

27.6 The Committee RESOLVED to agree the work programme and the inclusion of the amendment to the Primary Care update report agreed in minute 27.3 above.

28. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

28.1 None.

The meeting ended at 12.28 pm.

Councillor Colin Belsey

Chair