HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 6 March 2025

PRESENT:

Councillor Colin Belsey (Chair), Councillors Abul Azad, Sorrell Marlow-Eastwood, Sarah Osborne, Christine Robinson 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), Councillor Terry Byrne (Rother District Council), Councillor Graham Shaw (Wealden District Council) and Jennifer Twist (VCSE Alliance).

WITNESSES:

East Sussex Healthcare NHS Trust (ESHT)

Richard Milner, Chief of Staff

Mr. Nick McNellis, Clinical Lead for Division

Mr. Pantellis Ioannidis, Clinical lead for Ophthalmology

Michael Farrer, Head of Transformation and Improvement

Lesley Carter, Matron for Ophthalmology

NHS Sussex

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

Carole Crathern, Head of Primary Care Commissioning Dental & Optometry

East Sussex Local Dental Committee

Nish Suchak, Chair of East Sussex LDC and dentist

Mags Case, LDC member and dentist

South East Coast Ambulance Trust (SECAmb)

Ray Savage, Strategic Partnerships Manager (Sussex)

Matt Webb, Associate Director of Strategy and Partnerships

Richard Harker, Operating Unit Manager East Sussex

LEAD OFFICER:

Martin Jenks and Patrick Major

29. MINUTES OF THE MEETING HELD ON 12 DECEMBER 2024

29.1 The minutes of the meeting held on 12 December 2024 were agreed as a correct record.

30. APOLOGIES FOR ABSENCE

30.1 No apologies for absence were received.

31. DISCLOSURES OF INTERESTS

31.1 There were no disclosures of interest.

32. URGENT ITEMS

32.1 There were no urgent items.

33. ACCESS TO NHS DENTISTRY SERVICES

33.1 The Committee considered a report from NHS Sussex providing a progress update on work underway to enhance routine and urgent dental care access for people across the county.

33.2 The Committee welcomed that the report included a number of positive developments, although noted its ongoing concern regarding the future provision of NHS dentistry in the county. The Committee commented that reform, in particular to the dental contract, by national Government was necessary to address the challenges in dentistry.

33.3 The Committee commented that its preference was for NHS Sussex to use East Sussex specific data wherever possible, rather than Sussex-wide information, and requested that NHS organisations bear this in mind when writing future reports.

33.4 The Committee asked how many of the 26,500 additional appointments for Sussex would be for East Sussex.

33.5 Carole Crathern, NHS Sussex Head of Primary Care Commissioning Dental & Optometry explained that the target for NHS Sussex of 26,500 additional appointments had only come a couple of weeks prior, and that it was still planning how these would be used. NHS Sussex was seeking to expand its urgent dental care and stabilisation programme based on demand.

33.6 The Committee asked why East Sussex only had 4 out of 17 'golden hello' posts in Sussex.

33.7 Carole Crathern explained that Lewes and Hastings were the two areas in East Sussex that had been identified as priority areas for 'golden hello' posts, and that NHS Sussex had approved every application that it received from providers for those posts. Nish Suchak, East Sussex Local Dental Committee (LDC) Chair added that East Sussex had done comparatively well nationally in accessing golden hello posts. He added that one of the reasons few dentists had taken up golden hello posts was because it tied dentists in for 3 years, which was a high level of risk of practices to take on. He added that a lot of new dentists found it difficult to work for the NHS and reform to the national contract was needed.

33.8 The Committee asked how patients in Rother would be able to access services, including the Urgent Dental Care & Stabilisation Programme (UDCS), noting the lower level of contract performance as well as the size of the district and travel concerns.

33.9 Carole Crathern explained that NHS Sussex had not yet been able to identify providers willing to offer the UDCS in Rother, despite interest in other areas of the county. NHS Sussex was working to address this and set up sites delivering the programme in Rother, as well as to support providers in the district to increase their contract performance and delivery of Units of Dental Activity (UDA).

33.10 The Committee asked for clarity on how many patients were being treated privately in East Sussex.

33.11 Carole Crathern explained that NHS Sussex did not hold data on private patients.

33.12 The Committee asked which practices in Hastings were delivering the Additional Hours Scheme.

33.13 Carole Crathern said that the three practices in Hastings offering the Additional Hours Scheme were: Springfield Road, Priory Road and Flint House surgeries. The Additional Hours Scheme would be stopping at the end of March as the appointments would be transferring to the expanded UDCS programme, although in effect it would be the same service under a new name.

33.14 The Committee asked how many more dentists needed to work for the NHS for there to be a comprehensive service in East Sussex.

33.15 Magaret Case, East Sussex Local Dental Committee member, noted that in Lewes there was an average of 1.43 Units of Dental Activity (UDAs) per head of population, which equated to approximately one and a half check-ups a year per person. Her view was that a minimum of 4 UDAs per head of population was needed to ensure everyone received the level of dental care they needed, such as having fillings or crowns put in.

33.16 The Committee asked how the contact number for the UDCS was being publicised.

33.17 Carole Crathern explained that NHS Sussex had been trying to promote the helpline through all available avenues. NHS Sussex was hoping that dental practices not signed up to deliver the UDCS would be signposting patients to it where appropriate, and was going to explore how this could be done in conversation with the Local Dental Committee.

33.18 The Committee asked about for more detail on how NHS Sussex was working with local authorities to promote oral health in schools.

33.19 Carole Crathern explained that NHS Sussex had run a task and finish group working with Local Dental Committee members and local authorities to explore a flexible commissioning scheme which would offer child friendly dental practices for parents to take children younger than 1-years-old and taken them on as regular patients. This work also explored whether some practice staff could act as 'champions' and provide outreach. The Government had also committed to a supervised school toothbrushing campaign which was expected to come in at some point in autumn 2025, and NHS Sussex would work with local authorities to roll that out.

33.20 The Committee asked if there would be funding to support the supervised toothbrushing programme in schools.

33.21 Carole Crathern said that details had not been provided on the supervised toothbrushing campaign, but that NHS Sussex would work closely with local authorities to deliver it.

33.22 The Committee asked what if NHS Sussex had information or data on the consequences of lack of access to dental care, for example in missed or late diagnosis of mouth cancer.

33.23 Carole Crathern said that there was data available for extractions, but was unsure on data for mouth cancer. Cllr Osborne commented that having data on the consequences of lack of access would be helpful in lobbying Government in order to support a more preventative approach to healthcare. Nish Suchak added that dentists were not paid for preventative work and reform of the dentistry contract was needed to support practices to do more preventative work such as blood pressure checks or smoking cessation.

33.24 The Committee asked that data on the domiciliary dental care pilot for elderly care home residents be shared when available.

33.25 Carole Crathern agreed to provide data on the pilot, which had gone live in Crawley in November, when it was available.

33.26 The Committee asked what support was available for patients who could not afford to pay the NHS rate for dental treatments.

33.27 Carole Crathern explained that there were some exemptions for patient charges, but that these were set nationally so NHS Sussex could not change this.

33.28 The Committee asked if tooth extractions had increased.

33.29 Carole Crathern agreed to look into the data on extractions and provide the information to the Committee.

33.30 The Committee RESOLVED to:

1) note the report; and

2) receive an update report at an appropriate date, subject to the timing of the publication of the Public Accounts Committee report on Fixing NHS Dentistry.

34. OPHTHALMOLOGY TRANSFORMATION AT ESHT

34.1 The Committee considered an update report on the implementation of the ophthalmology transformation programme at East Sussex Healthcare NHS Trust (ESHT), including updates on the areas that HOSC made recommendations on as part of its review of the service change.

34.2 The Committee asked how many disabled bays would be at Bexhill Hospital after the changes to parking had been made.

34.3 Lesley Carter, Matron for Ophthalmology, explained that there would be at least six disabled bays on the left hand side of the main entrance to the hospital. There would also be an additional two disabled bays in the car park on the right hand side of the hospital road going down, and that would be designated for patients only. This would result in an extra four disabled bays.

34.4 The Committee asked whether phase 3 of the transformation programme had been paused due to the Government's announcement on changes to the New Hospitals Programme, and when phase 3 was now expected to be completed.

34.5 Richard Milner, ESHT Chief of Staff, explained that the pause to phase 3 was unrelated to the New Hospitals Programme as the ophthalmology transformation programme had been funded through ESHT's own regular capital programme. Mike Farrer, ESHT Head of Transformation, explained that phase 3 was still required however there was more time to deliver it because it related to ensuring there was sufficient capacity to meet the 10 year activity projections. Phase 3 would be taken forward at the appropriate time in line with the Trust's priorities and sufficient capital being available. 3 options were being explored as part of delivering phase 3, and the future demand and capacity model was being refreshed to ensure the new unit was the right size given recent activity changes. An options appraisal would be taking place in summer, after which implementation timelines could be determined.

34.6 The Committee asked if there were enough staff to maintain the service at its current level.

34.7 Lesley Carter, explained that phase 1 & 2 of the transformation programme had created space in outpatients which would allow the appointment of an additional full-time glaucoma consultant. There had also been an increase in the number of middle-grade doctors, and funding to support and expansion in nursing and non-medical staffing levels to support the service.

34.8 The Committee asked whether the service was sufficient without the implementation of phase 3.

34.9 Pantellis Ioannidis, Clinical lead for Ophthalmology, explained that at the moment the service is fully functional and available for patients. The benefits of phase 3 would be to bring optometrists and orthoptists who currently work out of Conquest Hospital into the same unit. The optometrists and orthoptists at Conquest could work safely and independently without consultant supervision, but bringing the whole ophthalmology unit together would benefit staff by increasing the skill mix of staff and have the full service under one roof.

34.10 The Committee asked about issues with non-emergency patient transport and how ESHT would be able to ensure patients could attend their appointments.

34.11 Richard Milner, noted that one of the benefits of the service changes had been improved patient satisfaction and friends and family tests. This feedback had not shown that access to the patient transport service had been a common, thematic challenge for people accessing the service. ESHT had given a lot of thought prior to implementation about the impacts of moving some services from Hastings to Bexhill, and how that would affect patients in Hastings, although the feedback on the service had shown that people were happier with the service now, as it meant they were being seen quicker. ESHT continued to monitor the impact of the changes, particularly for patients from areas of deprivation.

34.12 The Committee noted that some people have challenges accessing the Bexhill Hospital site and asked whether ESHT had given consideration to how this could be improved, including working with other partners.

34.13 Mike Farrer noted that this was an issue for some patients but that ESHT had not looked into road layout or infrastructure issues outside the hospital, there were discussions with the Transport Manager at ESCC on how to improve transport access given that some of the roads and footpaths around the hospital were difficult for some residents to navigate. Some improvements were included on the shortlist for schemes to be included as part of a future round of Bus Service Improvement Plan funding.

34.14 The Committee asked for some further information on the roles of the travel coordinators and Eye Care Liaison Officers (ECLOs).

34.15 Mike Farrer noted that HOSC had recommended the creation of a Travel Liaison Officer as part of the transformation to provide a single point of contact for patients who experience difficulty in attending their appointment or arranging hospital transport. Instead of having a role only of ophthalmology patients, a single point of access for patients to receive advice and support on travel and access had been included in the new non-emergency patient transport service (NEPTS) contract to open that up to patients visiting all specialities. The single point of access could also signpost patients to other services than just the NEPTS for those not eligible. This would be monitored as part of the implementation of the new contract and that data could be shared once available. The ECLO supported patients with both clinical needs and practical arrangements for coming into clinics, which meant ophthalmology patients had an additional level of support.

34.16 The Committee asked about how planning for phase 3 would be considered in the context of changes to the New Hospitals Programme (NHP).

34.17 Richard Milner explained that ESHT was talking to all local MPs and councils and in light of changes to the NHP, was reviewing its capital programme and prioritising the most necessary and important investments. ESHT continued to lobby to try and bring NHP and other funding forward.

34.18 The Committee RESOLVED to:

1) note the report; and

2) receive an update once there had been further developments on the future of phase 3.

35. SOUTH EAST COAST AMBULANCE FOUNDATION NHS TRUST (SECAMB) - UPDATE REPORT

35.1 The Committee considered a report providing an overview of progress made by SECAmb to improve operational performance and meet the requirements of the NHS England Recovery Support Programme (RSP).

35.2 The Committee asked whether the increase in ambulance handover delays were driven more by pressures caused by winter demands or by patients with No Criteria to Reside.

35.3 Ray Savage, SECAmb Strategic Partnerships Manager (Sussex), explained that handover delay issues were multifactorial. Winter also saw an increase in patients with respiratory issues that caused a spike in demand for ambulances, as well as impacting the flow through hospitals that meant there were fewer bed spaces available. SECAmb worked collaboratively with all system partners to identify ways to manage pressures, including greater preventative care in the community and avoid hospital conveyances when a patient would be better treated in a different setting. Of the calls SECAmb received, roughly 15% could be dealt with over the telephone, and a further 30% of calls which received an ambulance response did not require hospital conveyance. Unscheduled Care Navigation Hubs (UCNHs) had been introduced that allowed a multi-disciplinary clinical team to review category 3 & 4 999 calls and determine the right clinical response for the patient, which was not necessarily an ambulance dispatch. UCNHs were helping to identify commissioning opportunities to develop pathways for patients within the community which would not only improve patient outcomes but reduce pressures on acute hospital trusts by reducing pressure on emergency departments (EDs).

35.4 The Committee asked whether all ambulances had the necessary equipment to treat patients with low oxygen levels.

35.5 Richard Harker, SECAmb Operating Unit Manager East Sussex, confirmed that all ambulances were stocked with advanced airway equipment and full advanced airway life support could be administered by all emergency ambulance crews.

35.6 The Committee asked what was being done to increase awareness of patients' ReSPECT forms.

35.7 Richard Harker explained that ReSPECT forms were regularly utilised by SECAmb crews, as were Do Not Attempt Cardiopulmonary Resuscitate (DNACPR) order. If they had been uploaded to SECAmb's systems they could be accessed prior to arrival at a scene. People with the forms are recommended to have a hard copy on scene so that ambulance crews can respect the patient's wishes upon arrival.

35.8 Ray Savage added that SECAmb was working with NHS Sussex to improve digital patient record sharing which would increase the amount of information that a crew would have when they arrived on a scene.

35.9 The Committee welcomed that SECAmb may be leaving the Recovery Support Programme (RSP) and asked how workplace cultural improvements were being managed and monitored.

35.10 Matt Webb, SECAmb Associate Director of Strategy and Partnerships, explained that SECAmb had made significant improvements in the key areas that it had originally been placed into the RSP for. As part of the improvement journey SECAmb had developed a new organisational strategy which sought to sustain the improvements that had been made, including a strategic aim to ensure people enjoyed working at SECAmb. While it was anticipated that SECAmb would soon leave the RSP, it would still receive support from its host Integrated

Care Boards and other associate ICBs. There had been significant cultural improvements at the trust, including on Freedom to Speak Up and grievance handling.

35.11 The Committee asked what the results of the NHS staff survey were for SECAmb.

35.12 Matt Webb explained that they were not able to comment on NHS staff survey results as they had not yet been released externally.

35.13 The Committee asked whether there was an acceptable level of staff churn and whether exit interviews were carried out and acted on.

35.14 Ray Savage, noted the report showed that recruitment and retention had improved, and that the staffing improvements in the emergency operations centre in Gillingham had a positive on retention of staff at Crawley, by reducing the workload pressure on staff based there. SECAmb were not running with the vacancy levels that they had been in some recent years. Improved results in recent staff surveys had shown that more staff would now recommend SECAmb as a workplace.

35.15 Matt Webb added that SECAmb currently had a 0.1% vacancy rate, down from 8% in 2023. The staff turnover rate was just below 15%, down from 19% in 2023.

35.16 The Committee asked where SECAmb was able to directly book patients into appointments.

35.17 Ray Savage explained that SECAmb could directly book patients who dialled 111 or 999 into appointments at GP practices, urgent treatment centres and slots at ED, depending on the symptoms and conditions the patient has described. The nature of ED meant that even if a patient was booked into a slot, that could change as clinical staff in the ED had to triage and constantly prioritise patients based on urgency of need.

35.18 The Committee asked whether the UCNHs would be based in the emergency operations centres in future.

35.19 Matt Webb explained that the UCNHs were based across SECAmb's operational footprint deliberately, to ensure that they could be tailored to population need. The multi-disciplinary teams were therefore designed to best align to the local needs of the population in different areas. The patient would not notice any difference in response based on whether the UCNHs were based in the emergency operations centres.

35.20 The Committee asked that the figure for East Sussex was for the number of hours lost at hospital handover be provided, including those at the Royal Sussex County Hospital.

35.21 Richard Harker agreed to provide the data outside the meeting. Q3 and Q4 were the busiest times for ambulance services and SECAmb worked closely with ESHT to reduce handover delays.

35.22 The Committee RESOLVED to:

1) note the report; and

2) receive an update at a future meeting.

36. HOSC REVIEW OF AUDIOLOGY SERVICES IN EAST SUSSEX

36.1 The Committee considered a report seeking agreement of the HOSC Review Board's report on audiology services in East Sussex, which included 16 recommendations for NHS Sussex.

36.2 The Committee thanked the Review Board for undertaking the review and producing the report and recommendations.

36.3 The Committee noted the importance of improvements in communications given that many people presumed that they had to access audiology services privately.

36.4 The Committee noted concerns about the level of regulatory oversight of private provision of earwax removal services and asked NHS Sussex to provide some further information for clarity.

36.5 The Committee asked for clarity on the timeline for the recommissioning of the age-related hearing loss service.

36.6 Ashley Scarff, Director of Joint Commissioning and Integrated Care Team Development (East Sussex), agreed to provide an update at the HOSC meeting in September, at which point the procurement process would be underway.

36.7 Ashley Scarff thanked the Review Board for its work and noted the recommendations in the report and agreed that NHS Sussex would provide a response. He added that some work was already underway, including communications with professionals that would be ongoing over the next few weeks.

36.8 The Committee RESOLVED to:

1) agree the report and recommendations; and

2) refer the report to NHS Sussex for consideration and response; and

3) receive and update and response from NHS Sussex in September 2025.

37. HOSC FUTURE WORK PROGRAMME

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

37.2 The Committee RESOLVED to:

1) amend the work programme in line with paragraphs 33.30, 34.18, 35.22 and 36.8; and

2) defer the report on access to primary care services from June 2025 to September 2025; and

3) request a future report on planned future capital works at ESHT; and

4) to receive an assurance report on the provision and safety of current general surgery and neurosurgery at UHSx Hospitals for June or September; and

5) request an update on delayed discharge be include in the Winter Plan item in June.

38. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

38.1 None.

The meeting ended at 12.56 pm.

Councillor Colin Belsey

Chair