

## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at CC2, County Hall, Lewes on 10 December 2020

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### PRESENT:

Councillor Colin Belsey (Chair), Councillors Bob Bowdler, Angharad Davies, Deirdre Earl-Williams, Sarah Osborne, Peter Pragnell and Alan Shuttleworth (all East Sussex County Council); Councillors Councillor Mary Barnes (Rother District Council), Councillor Stephen Gauntlett (Lewes District Council), Councillor Richard Hallett (Wealden District Council), Councillor Amanda Morris (Eastbourne Borough Council) and Councillor Mike Turner (Hastings Borough Council)

### WITNESSES:

Jessica Britton, Executive Managing Director, East Sussex Clinical Commissioning Group  
Paul Deffley, Medical Director, East Sussex Clinical Commissioning Group  
Robert Szymanski, Head of Urgent Care & Programme Lead for Transformation, East Sussex Clinical Commissioning Group  
Tom Gurney, Executive Director of Communications, Sussex Health and Care Partnership  
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

### 31. MINUTES OF THE MEETING HELD ON 10TH SEPTEMBER 2020

31.1 The minutes of the meeting held on 10<sup>th</sup> September 2020 were agreed as a correct record.

### 32. APOLOGIES FOR ABSENCE

32.1 Apologies for absence were received from Geraldine Des Moulins and Jennifer Twist.

32.2 The Committee welcomed Cllr Richard Hallett as a new Member of the Health Overview and Scrutiny Committee (HOSC).

### 33. DISCLOSURES OF INTERESTS

33.1 There were no disclosures of interest.

### 34. URGENT ITEMS

34.1 There were no urgent items.

### 35. EASTBOURNE STATION HEALTH CENTRE

35.1. The Committee considered a report asking for a decision as to whether the NHS decision on the future of the Eastbourne Station Health Centre is in the best interest of the health service in East Sussex.

35.2. The Committee asked for confirmation that all alternative services would be in place before the Eastbourne Station Health Centre is closed.

35.3. Jessica Britton, Executive Managing Director, East Sussex Clinical Commissioning Group (CCG), confirmed that would be the case. She said that many of the new services are already in place, such as the new NHS 111 service, however, the registered list of patients at the Eastbourne Station Health Centre would not be moved until the Victoria Medical Centre branch surgery was open in the town centre. This change would also not happen until the newly commissioned service for the homeless and rough sleeper population was up and running. In addition, once the GP list is moved, there will be a transitional period where a walk-in service is retained at the site whilst people are getting used to the new arrangements.

35.4. The Committee asked what the potential timelines would be for implementing the decision.

35.5. Jessica Britton said that the potential timeline would be as follows:

- the drop-in service for rough sleepers and homeless would be in place by April 2021;
- the GP registered list would be moved to the town centre branch surgery from June 2021; and
- the walk-in centre would remain for three months after the GP list has been transferred.

35.6. If any of the dates were to change, the other dates would move consequentially, i.e., they would also change.

35.7. The Committee asked whether the CCG was correct to take the decision despite the overwhelming response from the public consultation against the closure of the Eastbourne Station Health Centre.

35.8. Jessica Britton said that the public consultation was a really useful tool for hearing the concerns of people in the local community. The CCG made every effort to communicate as widely as possible and hear from as many residents as possible, however, the majority of people who respond to consultations tend to have a particular view on what they think is best for the local population. A major purpose of a consultation, therefore, is to identify the key concerns of local people and look to address these in the final business case.

35.9. Tom Gurney, Executive Director of Communications, Sussex Health and Care Partnership, assured the Committee that the CCG made considerable efforts to consult with those groups identified in the Equalities and Health Impact Assessment (EHIA) as being affected by the proposals. This included reaching out through the community and voluntary sector, for example, the consultation was promoted by the Eastbourne Food Bank, which led to a spike in responses. He said that the response rate during the final six weeks of the consultation (the period after lockdown) was the same as the first eight weeks before lockdown, which shows that a comparable number of people were being reached during the pandemic as before. He clarified that the consultation was not just about hearing people's opinions but also listening to their experience of services. This helped the CCG make changes to the proposals that meant the final Decision Making Business Case better met the needs of the local population

than did the Pre-Consultation Business Case. He added that there had been extensive external scrutiny of the consultation process by the Consultation Institute to ensure it met best practice.

35.10. The Committee questioned whether there would be sufficient GP capacity in the town centre if the Eastbourne Station Health Centre were to close, given that the Victoria Medical Centre is located in the Old Town.

35.11. Jessica Britton said that the majority of users of the Walk-in Centre are also registered patients at the Eastbourne Station Health Centre. Around half the patients on the Eastbourne Station Health Centre registered list live in the town centre in the vicinity of the station and the rest are dispersed throughout Eastbourne and the surrounding area. Those living outside the town centre will have a range of GP practices in Eastbourne that they can join, including the Victoria Medical Centre, which will be offered in the first instance to all patients on the Eastbourne Station Health Centre list. The CCG reviewed the needs of people who live in the town centre and concluded that they require a town centre located practice, which will be delivered via the Victoria Medical Centre branch surgery.

35.12. Paul Deffley, Medical Director at East Sussex CCG, added that one of the advantages of Primary Care Networks (PCNs) is that GP practices within the PCN receive funding to employ physiotherapists, pharmacists and other staff who can provide a broader range of primary care to patients. Patients in the town centre will benefit from these new services that have not previously been available to the Eastbourne Station Health Centre patient list.

35.13. The Executive Managing Director of the East Sussex CCG said that the majority of patients registered at the Eastbourne Station Health Centre are working age adults and parents with young children who use it for minor primary care issues and for repeat prescriptions. Based on the data available on the reasons why people use the Eastbourne Walk-in Centre, the CCG calculated that 80% of patients using the Eastbourne Station Health Centre could have their needs met over the phone, such as issuing an urgent prescription. The patients who have continued to the Walk-in Centre during Covid-19 – during which time patients have had to contact the Centre via phone rather than walk-in – have used it for a similar reasons to before, and the CCG has found that they have been able to largely be treated over the phone.

35.14. Jessica Britton clarified that the Eastbourne Station Health Centre is used by vulnerable groups but no more so than other GP practices in Eastbourne, however, there is a recognition of the need for a town centre service for homeless and rough sleepers, which is why the drop-in service will be developed.

35.15. The Medical Director added that the CCG had done significant work in identifying how the CCG can better support the healthcare needs of vulnerable groups in the town centre, including looking at how the cohort is managed in other areas such as Brighton. The CCG has also engaged with local GP practices and the Salvation Army to see whether a more holistic service can be provided to enable people in this cohort to receive medical and other services from a single location during a single visit. This should provide an enhanced service for the homeless and rough sleepers compared to what is currently available.

35.16. The Committee asked whether a location for the Victoria Medical Centre branch surgery had been identified and what its capacity might be.

35.17. Jessica Britton said that there tentatively has been a site identified and it was very central to the Eastbourne town centre. She clarified that the Victoria Medical Centre itself is a

new-build under construction in Victoria Drive in Old Town that is due to open in the spring. This practice will establish a town centre branch for those who live in the town centre and require town centre access.

35.18. The Committee asked about how the CCG will communicate to the people about the closure of the Eastbourne Station Health Centre and its walk-in service and the new NHS 111 service.

35.19. Jessica Britton said that the promotion of the NHS 111 Clinical Assessment Service (CAS) will be undertaken separately and irrespective of the closure of the Eastbourne Station Health Centre. She said that since it had gone live, the CAS had proven to be successful and more people were beginning to use it.

35.20. Jessica Britton explained the registered list of the Eastbourne Station Health Centre has been written to as part of the consultation process and will be written to again informing them of the CCG decision and next steps. The transitional walk-in service that will be in place once the current service closes will also communicate directly with people who attend about how they can access primary and urgent care in other ways.

35.21. Tom Gurney said that NHS services can be complicated, which makes it an ongoing challenge to communicate how they work to residents. There will be a communication plan about what is happening to the Eastbourne Station Health Centre for both regular users and the wider population. This is in addition to the NHS 111 service communication plan that will take place both nationally and locally over the coming month.

35.22. Tom Gurney clarified that communication would be multi-faceted and include websites, radio, local press and distinct communications through community networks to inform more hard to reach groups.

35.23. The Committee asked how the CCG will build confidence in NHS 111 given that some people have concerns about it.

35.24. Jessica Britton said that the new NHS 111 CAS service can deal with many issues over the phone and book patients into the Urgent Treatment Centres (UTCs), or their own GP practice, for an appointment.

35.25. Tom Gurney said that the public had previously had low confidence in 111 as a service. Following the use of 111 as a first point of contact during the Covid-19 pandemic, however, people's confidence and understanding appears to have changed significantly. The CCG believes that the service has continued to improve since the 111 CAS went live in October and public perception and confidence in the service should also continue to grow.

35.26. He explained that there has long been public confusion about what health services are available to them, and one of the main purposes of 111 is to become the single point of contact in the NHS for non-emergency care that is able to either treat people over the phone or book them into the appropriate alternative service.

35.27. The Committee asked whether 111 provided clinical assessments of patients

35.28. Paul Deffley said 111 handles 1,000s of calls a day which are triaged and, if necessary, a caller will be given a clinical assessment over the phone. The outcome of that clinical assessment will be to ensure the patient is directed to the right place for them first time based

on their clinical need. It is entirely possible, he said, that this would be A&E if the person's condition is serious enough, for example, if they have breathing difficulties. He conceded that due to the number of cases dealt with every day, it is possible that there are some instances where they are not dealt with as they should be.

35.29. The Committee asked about what would happen to those patients who did not want to use the Victoria Medical Centre and what effect would this have on other GP practices in the town centre that have capped lists.

35.30. Jessica Britton explained that the plan was to move the whole Eastbourne Station Health Centre patient list to the Victoria Medical Centre, not just those people living in the town centre, but only once the town centre branch surgery was open so that those in the town centre can be accommodated. She said that patients can exercise their right of patient choice and choose another practice, provided they live within that practice's boundary, and the CCG will work with any patients exercising their right to choose a different practice.

35.31. Paul Deffley said that the number of patients on a GP list that has been capped, i.e., closed to new appointments other than where a CCG directs a patient to be admitted, will inevitably drift downwards as people move out of the area or pass away. The CCG can work with the small number of individuals who will be dispersed from the Eastbourne Station Health Centre and prefer to be at a particular practice that has a capped list to make sure they are able to join it.

35.32. The Committee asked why the Eastbourne Walk-in Centre could not just remain open, for example, for patients who cannot get a same day appointment with their GP.

35.33. Jessica Britton said that the way that care is being accessed is changing and patients, especially older patients, are increasingly able to access a wider range of integrated care provided by PCNs. The ease of attending Walk-in Centre is useful, but these other integrated services available elsewhere are not available at the Eastbourne Station Health Centre, for example, pharmaceutical assessments and community physiotherapy.

35.34. Paul Deffley explained that the wider integrated care supported by the PCNs included nationally mandated new multi-disciplinary teams that look after the most vulnerable patients on the GP lists in their local care homes. Individual GP Practices are also taking responsibility for individual care homes and there is good data that shows this provides better care for care home residents resulting in fewer ambulance call outs and A&E admissions.

35.35. Jessica Britton said that the Primary Care Improved Access (PCIA) hubs that provide additional evening and weekend appointments in the town centre are not fully utilised by patients. The CCG would be willing to work with individual GP practices to advise them to tell patients to use the PCIA rather than the Eastbourne Walk-in Centre when they cannot receive a same-day appointment with their GP. The UTC will also continue as a walk-in service (as well as a service with bookable appointments) for those patients who do still need a same day appointment.

35.36. The Committee asked whether it was realistic to expect homeless or rough sleepers to keep an appointment to attend the drop-in service should it only be available once per week.

35.37. Jessica Britton explained that the CCG is working with those who work with the homeless community to find out what service would work best for this cohort. The suggestion

from the professionals is that a drop-in, wrap-around service would be the preferred model, although it is not set in stone and further work will be done before commissioning the service.

35.38. The following motion was moved by Councillor Pragnell and seconded:

*The HOSC agrees that, based on the assurance that alternative services will be in place prior to the closure of the Eastbourne Station Health Centre, the decision is in the best interest of the health service in East Sussex.*

The motion was put to the vote and CARRIED by seven votes to five.

35.39. The Committee RESOLVED to agree that, based on the assurance that alternative services will be in place prior to the closure of the Eastbourne Station Health Centre, the decision is in the best interest of the health service in East Sussex.

## 36. NHS RESPONSE TO COVID-19 IN EAST SUSSEX

35.40. The Committee considered a report providing an update on the NHS response to Covid-19 in East Sussex.

35.41. The Committee asked why there has been a sudden increase in the rate of Covid-19 infections in the Hastings and Rother area.

35.42. Darrell Gale, Director of Public Health, said that the Public Health Team had seen the rate of infection beginning to increase in Hastings and Rother prior to the start of the November lockdown. The rate slowed after two weeks of lockdown but figures from the 30th November, just prior to the lifting of the lockdown, showed a high rate of increase that continued to rise throughout the week. Due to the timing of this increase, the infections must have taken place prior to lockdown being eased.

35.43. Having investigated the cause, the Public Health Team found that 50% of cases in Hastings and Rother were random and likely caused within households, rather than originating from a specific location or event. The other 50% were traced to care homes, hospitals, and schools, however, the infections in these places were originating from households and just being identified in these locations through testing of staff. Darrell Gale explained that care home staff are regularly tested and can be isolated very quickly before transmitting the virus to residents, who have been less affected than staff.

35.44. The Director of Public Health added that the Public Health team has issued communications to the residents in Hastings and Rother in response to the outbreak telling them that they now have a high transmission rate that is increasing and that they need to stop any behaviours that they were doing when they thought they were in an area with a low number of infections. He said that this included not doing things that are permitted in Tier 2 unless you have to; avoid or leave any areas that are too crowded; and that the easing of restrictions over Christmas should be treated with extreme caution and not be seen as an instruction to meet with lots of people or travel across the country. He added that Tier 2 only leads to a levelling of infection rates and that the rate over Christmas will undoubtedly increase infection rates. The Director of Public Health warned that if people nationally wish to avoid a further lockdown in the new year, they should consider whether it is necessary to meet during Christmas.

35.45. The Committee asked for an update on how East Sussex Healthcare NHS Trust (ESHT) was coping with the increased rate of infections.

35.46. Joe Chadwick-Bell, Chief Executive of ESHT, said the Trust has seen a sharp rise of cases, particularly in the last week. The Trust now has 61 positive cases as of 9th December – 16 in Eastbourne District General Hospital (EDGH) with 2 in the Intensive Treatment Unit (ITU); 36 cases in Conquest Hospital with 4 in the ITU; and 8 cases in community beds. Some of these are new admissions and some are from cross-infections (or acquisitions) within the hospital settings, although it is difficult to determine whether infections that emerge during hospital stay within the first five days were caused in the hospital, or acquired in the community but the patient was asymptomatic and tested negative on admission.

35.47. The Chief Executive said that in response the Trust is looking to increase ventilation on some wards by keeping windows open. The Trust is also trying to balance ongoing elective admissions with demand for Covid-19 patients, taking into account the need to carry out urgent surgery and recovering from the delays to surgery caused by the first outbreak of Covid-19. NHS England expects trusts to maintain 90% of activity compared to last year. ESHT is at 83% of day-case surgery activity compared to last year, and 85% when including the independent sector capacity. Inpatient surgery, where a patient has to stay overnight, is at 91% of 2019 activity or 98% of 2019 activity if use of the independent sector capacity is included. Outpatient are at 87% of 2019 activity for first appointments and follow-ups are at 95%. In trying to balance Covid-19 response, winter pressures, and the recovery programme, however, the last two weeks have been extremely challenging and the hospitals are at full capacity. The Trust is, however, working well with the rest of the healthcare system to identify more out of hospital capacity to alleviate the pressures, for example, hospitals elsewhere in Sussex.

35.48. Joe Chadwick-Bell added that the walk-in activity to A&E is down on last year and ESHT is seeing some positive impact from NHS 111 First, which allows booking of A&E appointments via 111. Non-elective admissions are around the same as 2019 in Conquest but are 6% up at the EDGH.

35.49. The Committee asked how the Covid-19 immunisation programme might be rolled out in East Sussex.

35.50. Jessica Britton confirmed that the first cohorts to receive the vaccine are the over 80s, care home residents, care home staff, and health care workers. It will then be rolled out to the wider population based on age and risk level.

35.51. Darrell Gale explained that the Pfizer vaccine is a logistical challenge to administer without wasting doses due to the difficulty transporting it at -70C, the large boxes containing 975 doses that it is supplied in, and the need to use up the boxes fairly rapidly once opened. This makes it difficult to travel to care homes to administer the vaccine directly to care home residents.

35.52. Jessica Britton said that vaccinations will begin this week at the Royal Sussex County Hospital (RSCH) and all other hospital sites will follow in the coming weeks. The hospital hubs will vaccinate the over 80s attending hospital outpatient appointments or being discharged home after a hospital stay; hospital staff; and social care workers. The CCG is working with care home providers to ensure care home staff are invited to receive their vaccines.

35.53. Joe Chadwick-Bell added that ESHT will be ready from Monday 14th December, should the vaccine be delivered by then, to begin the vaccinating programme. The Trust needs 1,000 vaccinations per site per week to deliver it to this first cohort. Sites have been identified at both hospitals and the Trust feels it is prepared to meet the logistical challenge.

35.54. Jessica Britton said that the next step will be for Primary Care Networks (PCNs) to confirm which GP practices within their areas will be used as vaccine sites. The first of these sites will begin operating in the next few weeks and will be rolled out in a phased approach.

35.55. The Executive Managing Director of East Sussex CCG said that the final step will be the opening of the mass vaccination centres as further supplies of the vaccine come on stream. Sussex Community NHS Foundation Trust (SCFT) is leading the recruitment and training of additional staff to deliver the vaccines at these centres and elsewhere. Recruitment of people who can deliver the vaccine has begun and it is expected that volunteer marshals will also need to be recruited for the mass vaccination centre that is expected to open at the Brighton Centre.

35.56. The Committee asked whether the Helenswood site will continue for testing and what the capacity was of the testing sites

35.57. Darrell Gale confirmed that the site will continue into the medium term, although the lease is expiring some time in 2021. The Director of Public Health explained that this is not a concern as, if it is necessary to leave, there will be plenty of time to identify another testing site. In addition, there is a mobile testing site at the Pelham car park in Hastings. Darrell Gale said Helenswood can process several hundred people per day and Pelham site between 200 and 300. The sites, however, are currently only at 25-40% of capacity, despite Hastings having the highest testing rate in East Sussex, and there is now sufficient lab capacity to meet demand. He urged anyone with even the mildest symptoms to be tested, especially those who have been in contact with someone who had the virus, as it is an effective way of helping to contain the outbreak.

35.58. The Committee asked about how anti-vaxxers or hard to reach or sceptical residents will be reached.

35.59. Darrell Gale said that the vaccination programme is providing information upfront to those who may be querying the decision whether to get vaccinated, for example, good scientific evidence is being put into easy to understand, lay language to help counter those who are anti-vaccine. The approach being used is to show the first vaccines being delivered to ordinary patients in their 80s or 90s rather than celebrities, as it is vital to normalise the vaccine.

35.60. The Committee asked how Covid-19 had affected the distribution of the flu vaccine

35.61. Darrell Gale said it had a positive effect on the uptake of flu vaccine. When someone has a flu vaccine, they may not be able to have a Covid-19 vaccine for a time afterwards and they will be asked about that when they are due to have the Covid-19 vaccine. Jessica Britton confirmed that the flu vaccine was being rolled as normal with normal uptake but would need to be managed alongside the Covid-19 vaccine when that is more widely available. Joe Chadwick-Bell confirmed that ESHT staff's vaccine uptake was 81% at last recording, including 99% of nursing staff, which is the highest recorded rate.

35.62. The Committee asked whether the two hospital sites could provide a wider range of outpatients services to reduce the need for patients to travel from one town to the other.

35.63. Joe Chadwick-Bell said the priority of the Trust is to fully utilise the space available to ensure that there are red and green flows for non-elective patients who are Covid-19 and non-Covid-19 positive and a completely separate pathway for elective patients (super green) where patients are tested before they are admitted.

35.64. As a result, the Trust will not put services that are currently delivered on a single site onto both sites because there would not be the staff or space to do that. If there is a long waiting list at one site, they will be offered a number of appointments including on other sites, although a large number of outpatients appointments are undertaken via phone or video, so there is no need to travel. She said she would check the current site specific wait times to check there is no imbalance.

35.65. The Chief Executive of ESHT said it is more likely that services will be consolidated rather than provided on both sites, for example, it is possible that non-day case orthopaedics could be consolidated onto a single site for a few weeks in order to safely continue elective surgery.

35.66. The Committee asked for confirmation that Do Not Resuscitate orders are being discussed with patients.

35.67. Joe Chadwick-Bell said that Covid-19 has not changed the criteria for patient Respect forms. Respect forms are put in by medical staff based on discussions with the patient and/or relatives based on their likely health outcomes over a period of time. It is up to medical staff whether they think one should be completed, however, the Trust expects Respect form to be discussed with patients and relatives if one is completed. The Chief Executive of ESHT said she had seen complaints from people where they said they had not been consulted, however, it turned out upon investigation that these discussions had been very clearly documented in the notes. Joe Chadwick-Bell clarified that the Do Not Resuscitate order is part of the Respect form and that this element, in accordance with case law, will be agreed with the patient and or their family, depending on their capacity and wishes.

35.68. The Committee RESOLVED to:

- 1) agree to consider a further update on the NHS response to Covid-19 at the next meeting;
- 2) request confirmation of the number of patients currently on the outpatient waiting lists at both hospital sites.

## 37. HOSC FUTURE WORK PROGRAMME

37.1 The Committee considered the work programme.

37.2 The Committee RESOLVED to agree the work programme subject to the addition of the following items:

- 1) a report on Primary Care Networks (PCNs); and
- 2) a report on the progress of the Eastbourne Station Health Centre closure for September 2021.

The meeting ended at 12.10 pm.

Councillor Colin Belsey  
Chair