



## Seaford Town Council

**MINUTES** of an **Extraordinary Meeting** of the **Full Council** held at The View at Seaford Head, Southdown Road, Seaford on **Tuesday 13<sup>th</sup> September 2016** at **7.00pm**.

**Present:**

Councillor L Freeman (Mayor)

Councillors S Adeniji, D Argent, P Boorman, M Brown, B Burfield, R Hayder, R Honeyman, O Honeyman, P Lower, L Wallraven and L Worcester.

Tom Exley, Deputy Young Mayor of Seaford.

James Corrigan, Town Clerk – Seaford Town Council

Georgia Raeburn, PA to the Town Clerk – Seaford Town Council (minutes)

Lynette Wells and Ruth Farre, East Sussex Healthcare NHS Trust

Graham Griffiths and Chan Mayer, NHS Eastbourne, Hailsham and Seaford Clinical Commissioning Group

28 members of the public.

**C40/09/16 Apologies for Absence**

Apologies for absence were received from Councillors R Hayder, A Latham and A McLean.

**C41/09/16 Disclosure of Interests**

No declarations were made of disclosable pecuniary interests or interests other than pecuniary interests as defined under the Seaford Town Council Code of Conduct and the Localism Act 2011, in relation to matters on the agenda.

**C42/09/16 East Sussex Healthcare NHS Trust & Clinical Commissioning Group**

**C42.1** Lynette Wells, Director of Corporate Affairs for East Sussex Healthcare NHS Trust (ESHT), gave a talk covering the role of ESHT and the services it provides, the Care Quality Commissions (CQC) inspections that took place in 2014 and 2015 and the subsequent actions and improvements ESHT have implemented since being declared in special measures, not across all aspects but in particular with 'being well lead' and 'governance'.

Some improvements have been a complete turnaround in the Trust's Board, improved services and access to services, working closer with partner organisations and increased public engagement.

Lynette discussed the priorities that have been identified for the coming year, including outpatients improvements, end of life care, transport, SEPSIS, medication management, reducing ward moves and preparing for the follow up CQC inspection in October.

**C42.2** Graham Griffiths, Director of Performance and Delivery for NHS Eastbourne, Hailsham and Seaford Clinical Commissioning Group (CCG), gave a talk on the history of the CCG, the role and responsibilities it holds and the improvements and changes it is trying to help implement. This involves working closely with others on the East Sussex Better Together initiative, looking at service provisions in the community and the access to this for the public. Graham discussed certain standards and targets that must be met nationally and how the CCG monitor these.

*(It was **AGREED** to suspend Standing Orders to allow members of the public to participate in the meeting.)*

**C42.3** Questions were asked by members of the Council including:

1. Clarification on what the healthcare services are offered at Hastings Conquest and Eastbourne DGH, and whether there is an opportunity for a patient to request a specific

hospital. Lynette Wells gave an overview to the services on offer at both sites; whilst there is some duplication across sites, they do also have specialised services. Graham Griffiths elaborated that the availability of services is driven largely by the number of clinicians available; the Royal College practice regulations dictate the number of doctors available at a given hospital to ensure the Doctors remain active in their field. Patients are able to ask a GP for a specific hospital upon referral. It was confirmed that in emergencies, ambulance drivers must consider the quickest route and site with the most appropriate care.

2. Why, when Seaford has the largest population in the District, it has less than adequate health infrastructure and no minor injuries unit. Graham explained that previously the option of extending Seaford Medical Practice had been looked in to but due to a lack of funding and government lead changes to the system, this had to be abandoned. The level of activity of referrals from Seaford to an Accident & Emergency Department or Minor Injuries Unit is monitored but there is currently no case to create a unit in Seaford.
3. The parking charges at Eastbourne DGH being so high. Lynette answered that these fees go towards the management agent costs and the security and maintenance of the site. There has been no increase in parking charges for a long time as the ESHT Board are reluctant to make any increase. The charges are reported in the management accounts.
4. Why can there not be consultant visits in Seaford rather than having to travel to a hospital. Lynette answered that this is something ESHT are looking at as part of providing care in the community. However, they must be able to ensure that the workload justifies having a travelling consultant.
5. Whether, if there are Community Infrastructure Levy funds available, the CCG would consider working together to look at additional buildings to be used for healthcare services and why the CCG would not consider using the 'Any Qualified Provider' provision in Seaford. Graham explained that the CCG can authorise other organisations to become providers however this is dependent on them approaching the CCG with an offer. Graham is still waiting to hear from Horder Healthcare on any bid to provide services.
6. Why ESHT will not provide free transport for the more vulnerable patients. Lynette explained that passenger transport is available but is not provided by ESHT although they do have access to it.
7. The opening of a new Hub & Spoke operation in Lewes, not Seaford. Graham made a note of this.
8. *County Councillor Carolyn Lambert, East Sussex County Council: questioned whether Locality Funding could be used, even if for pilot schemes. Stated that ESCC has declared Homefield Place surplus to requirements and suggested the CCG consider that as a well-known and well located site for healthcare services in Seaford. Asked what governance arrangements ESHT and the CCG are under for this type of public engagement and whether there are Board meetings the public can attend.* Chan Mayer, Engagements Officer for ESHT, raised that the CCG hold public events every six months in alternating towns. The CCG will look at Seaford Baptist Church as a possible venue. The CCG will also look in to the possibility of holding a Board meeting in Seaford.
9. *Miss Christine Brett: expressed her partner's concerns with the lack of proper project management and accountability for the care pathway and communication.* ESHT and

the CCG agreed that this sounded like a failure in the current systems in place and suggested that Miss Brett should take this forward as a formal complaint if raising it with the Patient Advice and Liaison Service (PALS) has not been satisfactory.

10. *Ms Denise Savage:* explained that her husband has been awaiting an ear operation for 52 weeks now, despite raising it with PALS, and asked how to stop this wait going on endlessly? Graham elaborated on how the ideal 18 week period from referral to completion was decided and the reporting process for statistics; he will follow this up direct with Ms Savage.
11. *Mr Frank Cross:* questioned whether any weight was given to patient's time with the economic analysis of transport and how so. Graham confirmed that the CCG does look at patient travel time when considering service provision and patient wellbeing.
12. *Ms Dee Kelloway:* Asked where the NHS meetings were advertised? Chan explained that the CCG has a database for newsletter distribution and notices are placed where possible with local shops and local authorities. They will consider the library and GP surgeries are options too.
13. A question was raised as to why not all GP surgeries in Seaford have Patient Participation Groups. Graham confirmed that both GP practices in Seaford meet monthly with the CCG and that the groups are not compulsory.
14. Clarification was sought that ESHT would commit to attending the Seaford Health Stakeholders Group meetings every quarter and whether ESHT and the CCG would commit to attending a Council meeting once a year, with GPs in attendance where possible too. Graham confirmed that the CCG would rather arrange the public meetings as part of its engagement process and that he would follow up on ESHT attendance at the Health Stakeholders Group meeting.

The meeting closed at 8.38pm.

Councillor Lindsay Freeman  
Mayor of Seaford