HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY, 26 MARCH 2015

10.00 AM, COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP - East Sussex County Council Members
Councillors Michael Ensor (Chair), Ruth O'Keeffe (Vice Chair), Frank Carstairs, Peter Pragnell, Alan Shuttleworth, Bob Standley and Michael Wincott

District and Borough Council Members
Councillors Angharad Davies (Rother District Council), Jaqueline Harrison-Hicks (Lewes District Council), Sue Beaney (Hastings Borough Council), Diane Phillips (Wealden District Council) and John Ungar (Eastbourne Borough Council).

Voluntary Sector Representatives
Julie Eason, SpeakUp
Jennifer Twist, SpeakUp

Please note that the meeting will be available to view live or retrospectively on the internet via the HOSC website: www.eastsussexhealth.org

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AGENDA

1. **Minutes of the meeting held on 27 November 2014** *(Pages 3 - 12)*

2. **Apologies for absence**

3. **Disclosures of interests**

   Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.

4. **Urgent items**

   Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.

5. **East Sussex Better Together** *(Pages 13 - 40)*

   Report by the Assistant Chief Executive

   An introduction to this major transformation programme designed to integrate health and social care services in the county and to identify areas for further scrutiny.

6. **Better Beginnings: reconfiguration of maternity and paediatric services** *(Pages 41 - 76)*

Report by the Assistant Chief Executive

To consider a progress report on the implementation of the service reconfiguration.

7. **Dementia Service Redesign** *(Pages 77 - 80)*

Report by the Assistant Chief Executive

To consider a progress report on the development of a business plan for the future provision of NHS dementia assessment beds in East Sussex.

8. **Joint HOSC update on acute mental health in-patient beds in Sussex** *(Pages 81 - 82)*

Report by the Chair

To consider a report of a joint scrutiny meeting between Sussex Partnership NHS Foundation Trust and representatives from East Sussex, Brighton and Hove and West Sussex health scrutiny committees.

9. **HOSC work programme** *(Pages 83 - 86)*

10. **Any other items previously notified under agenda item 4.**

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Cresent
LEWES BN7 1UE

18 March 2015

Contact Paul Dean, 01273 481751,
Email: paul.dean@eastsussex.gov.uk

Future HOSC meetings: 10am, Tuesday, 16 June 2015, County Hall, Lewes
10am, Thursday, 1 October 2015, County Hall, Lewes
10am, Thursday 3 December 2015, County Hall, Lewes

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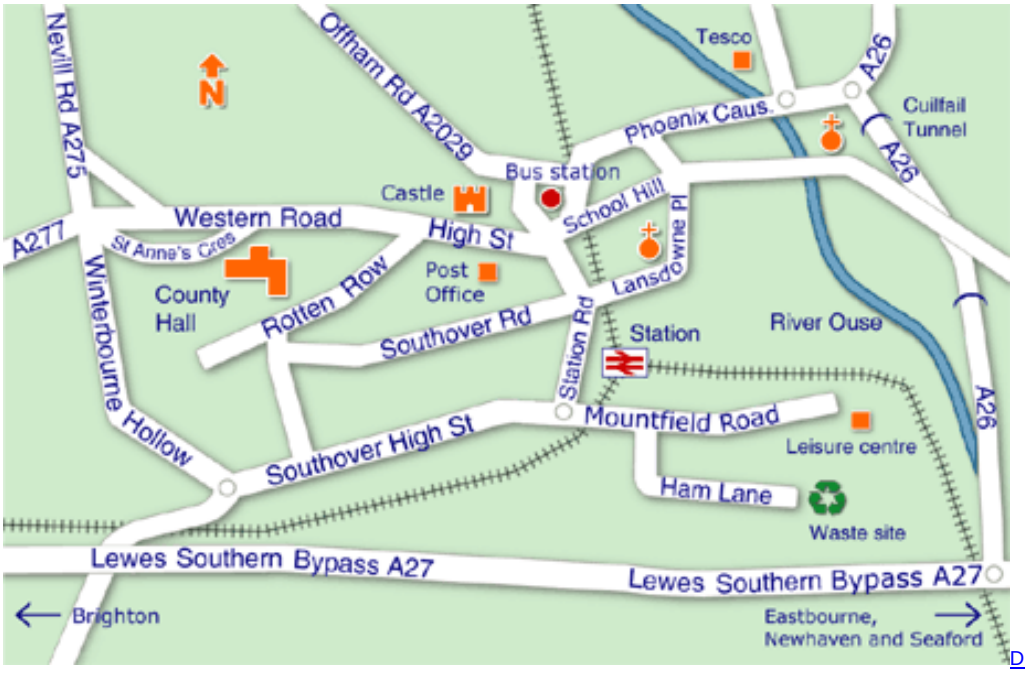

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121 – South Chailey, Chailey, Newick, Fletching
122 – Barcombe Mills
123 – Newhaven, Peacehaven
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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DRAFT MINUTES of a meeting of the Health Overview and Scrutiny Committee (HOSC) held at County Hall, Lewes on 27 November 2014

PRESENT:

East Sussex County Council Members
Councillors Michael Ensor (Chair), Ruth O'Keeffe (Vice-Chair), Frank Carstairs, Peter Pragnell, Alan Shuttleworth, Bob Standley and Michael Wincott

District and Borough Council Members
Councillors John Ungar (Eastbourne Borough Council), Sue Beaney (Hastings Borough Council), Jackie Harrison-Hicks (Lewes District Council), Angharad Davies (Rother District Council), and Mrs Diane Phillips (Wealden District Council)

Voluntary Sector Representatives
Julie Eason (SpeakUp)
Jennifer Twist (SpeakUp)

ALSO PRESENT:

NHS Trust Development Authority
Ravi Baghirathan, Senior Delivery and Development Manager

NHS England Surrey and Sussex Area Team
Pennie Ford, Director of Operations and Delivery

Eastbourne, Hailsham and Seaford Clinical Commissioning Group (CCG) / Hastings and Rother CCG
Amanda Philpott, Chief Officer

High Weald Lewes Havens CCG
Wendy Carberry, Chief Officer
Kim Grosvenor, Senior Project Manager – Dementia Transformation
Ashley Scarff, Head of Commissioning and Strategy

East Sussex Healthcare NHS Trust
Darren Grayson, Chief Executive
Dr Amanda Harrison, Director of Strategic Development and Assurance

East Sussex County Council/CCGs
Martin Packwood, Head of Joint Commissioning (Mental Health)

Maidstone and Tunbridge Wells NHS Trust
Glenn Douglas, Chief Executive

SCRUTINY OFFICER:
Claire Lee, Scrutiny Lead Officer

23. MINUTES

23.1. The minutes of the meeting held on 18 September 2014 were agreed as a correct record.

24. APOLOGIES

24.1. There were none.

25. DISCLOSURE OF INTERESTS

25.1. There were none.

26. URGENT ITEMS

26.1. There were none.

27. REPORTS

27.1. Copies of the reports dealt with in the minutes below are included in the minute book.

28. CHALLENGED HEALTH ECONOMY

28.1. The Committee considered a report of the Assistant Chief Executive on the implications of Challenged Health Economy status for East Sussex and the nature and outcomes of the work arising from this designation.

Perspective of NHS England and the NHS Trust Development Authority

28.2. Pennie Ford, Director of Operations and Delivery at NHS England Surrey and Sussex Area Team and Ravi Baghirathan, Senior Delivery and Development Manager at the NHS Trust Development Authority (TDA), gave a presentation to HOSC regarding the designation of East Sussex as a Challenged Health Economy.

28.3. Ravi Baghirathan explained that the Challenged Health Economy programme required designated health economies to access additional external support such as financial analysis. The national Challenged Health Economy Board procured the services of Price Waterhouse Coopers (PWC), a consultancy already working in the county, to undertake this analysis in East Sussex.

28.4. The financial analysis was carried out in two phases. The first phase focussed on the financial situation of the health economy at a strategic level and was planned as a short piece of work. As this analysis generated no obvious solutions to the financial challenges, it was decided to focus the second phase of work on a more detailed diagnosis of the underlying financial challenges affecting East Sussex Healthcare NHS Trust (ESHT).

28.5. The primary purpose of both phases of the financial analysis was to produce data that would help:

- ESHT develop its five-year sustainability plan (a new plan that all acute trusts must now produce);
- Clinical Commissioning Groups (CCGs) develop their local commissioning plans (in particular, to inform the East Sussex Better Together programme).

28.6. PWC has now completed the second phase of analysis and the data is being checked and validated with ESHT and will be shared in the near future.

28.7. Ravi Baghirathan explained that the goal of the analysis was not to provide solutions for the financial issues facing ESHT, nor was PWC briefed to write a report on its findings

28.8. Pennie Ford added that none of the analysis would supersede local decisions and it was for use by the CCGs and ESHT at their own discretion to inform their planning.

Selection of 'challenged' areas

28.9. Pennie Ford clarified that selection of the 11 areas in England by NHS England, NHS TDA and Monitor as Challenged Health Economies was based on a combination of factors. These included them being areas with long term financial difficulties with no obvious single solution, and areas which would benefit from extra short term input. It was a financially based decision.

Composition of the analytical team

28.10. In response to HOSC questioning whether a fresh team would have brought a different perspective to the work, Ravi Baghirathan said that, as the financial analysis was a relatively short and analytically focused piece of work, the national Challenged Health Economy Board agreed that it would be more effective to use a team that had knowledge of the East Sussex health economy. Consequently, the PWC team comprised a number of accountants who were already working with local health and social care commissioners on the locally commissioned East Sussex Better Together Programme.

CCG Perspective

28.11. Amanda Philpott, Chief Officer, Eastbourne, Hailsham and Seaford (EHS) CCG and Hastings and Rother (H&R) CCG, and Wendy Carberry, Chief Officer, High Weald Lewes Havens (HWLH) CCG, provided HOSC with the CCGs' perspective on the Challenged Health Economy work.

28.12. Amanda Philpott said:

- As part of the East Sussex Better Together programme, the CCGs are developing improved 'whole care pathways' across health and social care that will take shape in early 2015.
- Once it is available, the Challenged Health Economy analysis will be used by the CCGs to inform East Sussex Better Together. It should be a useful piece of information for understanding the financial situation of acute and community services in East Sussex, which comprise two thirds of the health budget.
- The Challenged Health Economy work has focused primarily on ESHT but commissioners recognise that this does not provide a complete picture of the whole health economy which includes social care, mental health, primary care and patient flows to the acute hospitals at Pembury and Brighton.
- The Challenged Health Economy process has given the TDA, Monitor and NHS England a greater understanding of the complex and difficult health issues in East Sussex and addressed a myth that there are too many badly organised services which could be reconfigured to solve the problems.
- The CCGs have not yet seen PWC's report on the second phase of analysis of ESHT's finances, but they expect it to provide pointers towards how ESHT can become affordable in the context of the overall picture of care in East Sussex.
- CCGs see value in being able to incorporate the outcomes of the analysis into the East Sussex Better Together programme which aims to spend the whole health and social care budget in the most effective way.

28.13. Wendy Carberry supported Amanda Philpott's comments and added that:

- The financial analysis provided by the Challenged Health Economy work will be a core piece of information for the East Sussex Better Together programme.
- As 80% of patients in the High Weald Lewes Havens CCG area receive healthcare outside of the county, the CCG also has to consider issues in the Brighton & Hove and Kent health economies, both of which have different health challenges to East Sussex.

ESHT perspective

28.14. Darren Grayson, Chief Executive of ESHT, provided HOSC with the Trust's perspective:

28.15. Mr Grayson said that there are historical financial issues in East Sussex dating back over 20 years that affect both commissioners and acute providers. These issues are well recognised, if not well described and understood.

28.16. The 11 Challenged Health Economies were selected in February 2014. If the selection was made now, there would be many more health economies that could be considered 'challenged' as the financial position of the NHS, particularly on the provider side, has deteriorated substantially. The majority of acute trusts are now in deficit and the majority do not have five-year strategic plans in place to achieve sustainability.

28.17. ESHT has an extremely good understanding of its own finances and is very transparent with its financial reports. The Trust has well developed financial reporting and in-house analytics that can account for its daily £1million expenditure and all of its income sources. However, ESHT has never had the capacity to undertake the forensic analysis that is necessary to understand precisely *why* the national tariff does not adequately recompense a Trust of ESHT's configuration. Mr Grayson said that ESHT has therefore been very welcoming of the Challenged Health Economy financial analysis, which will help the Trust and commissioners develop a realistic five-year sustainability plan.

Purpose of financial analysis

28.18. HOSC asked a number of questions in order to better understand the nature of the analysis undertaken and its outcomes.

28.19. Darren Grayson described how the first phase of the financial analysis was to take a high level look at the estimated demand for healthcare in East Sussex in 2018/19, taking into account commissioning plans across a number of healthcare service areas, and to work out:

- what resources ESHT would need to meet this demand for healthcare; and
- whether ESHT could reconfigure its services to meet these demands in a sustainable way.

28.20. The analysis identified that there would be a financial deficit of up to £40m 2018/19 (compared to £18.5m in 2014/15) and that reconfiguring services would not reduce the deficit to a sustainable level.

28.21. The purpose of the second phase of the Challenged Health Economy analysis was to understand why there has been a long term gap between ESHT's financial needs as an acute trust and its funding entitlement under the NHS national tariff payment system. This phase involved PWC taking a forensic look at ESHT's finances.

28.22. Darren Grayson assured HOSC that the report of the second phase is now close to completion, but has not yet been seen by ESHT's Trust Board.

Future provision of services

28.23. In response to HOSC's requests for assurances that services will continue to be available to meet the needs of East Sussex residents in the context of the challenging

financial projections, Darren Grayson highlighted that ESHT's Board had agreed a deficit budget in order to ensure the right services continued to be provided for patients. He suggested that this offered assurance that ESHT put patient needs first and is willing to take difficult decisions in order to do this. Mr Grayson added that assurances about the future availability of NHS services need to be sought at national level as the East Sussex challenges are not unique. The issues have recently been set out in NHS England's five year 'Forward View'.

28.24. Amanda Philpott concurred that many of the local issues reflect national trends. She reiterated that the commissioning plans for whole system transformation being developed through the East Sussex Better Together programme remain the best route for providing assurance for the future.

ESHT Clinical Strategy Full Business Case (FBC)

28.25. HOSC requested an update on progress with the Trust's FBC which had been with the TDA for assessment for some time. Darren Grayson explained to HOSC that the £30m of capital funding that was identified in the FBC for ESHT's clinical strategy would be released by the TDA once it was satisfied that the Trust has a deliverable five-year sustainability plan in place.

28.26. The £30m of capital funding will go towards improving the Trust's services and building stock, some of which is no longer fully weatherproof. ESHT's annual capital budget of £12m is used to its fullest but it is insufficient to maintain the Trust's buildings in an adequate state of repair. The TDA demonstrated its support of ESHT on this issue by making £5m of additional capital available for 2013/14.

28.27. Ravi Baghirathan confirmed that the TDA now requires a five year sustainability plan to be in place, which is a longer timeframe than Trusts had previously been working to, hence further work being undertaken by the Trust in conjunction with CCGs. The TDA will look at this plan and the FBC together.

28.28. RESOLVED to:

1) note the report and presentation;

2) agree to carry out future scrutiny of the Challenged Health Economy as part of wider scrutiny of the East Sussex Better Together programme. This is on the understanding that the Challenged Health Economy analysis will be used to inform East Sussex Better Together commissioning plans;

3) request a report on the East Sussex Better Together programme in March 2015.

29. DEMENTIA SERVICE REDESIGN

29.1. The Committee considered a report by the Assistant Chief Executive providing an update on dementia service redesign, including outcomes of Memory Assessment Service pilots, the development of a business case for future provision of dementia assessment beds and High Weald Lewes Havens (HWLH) CCG's development of a new dementia pathway.

Memory Assessment Services

29.2. Martin Packwood, Head of Joint Commissioning (Mental Health), said that the CCGs have undertaken a comprehensive evaluation of the Memory Assessment Service (MAS) pilot services. This included the collection of quantitative data from the providers of the pilots and qualitative data such as GP and patient surveys. The evaluation of the pilot was based principally on the quantitative data.

29.3. The quantitative data that providers were asked to record included noting every single diagnostic episode and keeping a workbook of every patient containing:

- their personal details;
- the date of their referral to the MAS;
- when they were first seen;
- which healthcare professionals saw them; and
- the duration of their attendance.

29.4. The purpose of this data was to allow the CCGs to take a detailed look at how the service was functioning, for example, how often patients were being seen by doctors compared to nurses and the effect that this had on the value for money of the service.

29.5. Martin Packwood said that the qualitative data included surveys of GP surgeries in each of the three pilot sites. Mr Packwood's interpretation of the survey results was that the pilot in Hastings and Rother CCG provided by the GP consortium had developed a better level of communication with the local referring GPs.

29.6. Mr Packwood acknowledged that the results of the GP survey could be subjective but he assured HOSC that it was only viewed by the CCGs within the wider context of the quantitative data and that it was a worthwhile exercise.

29.7. Mr Packwood said that the patient satisfaction survey results were "inconclusive" because too few patients filled them out to be able to draw firm conclusions. The survey results were broadly similar across the providers and expressed a generally high level of satisfaction with the pilots.

29.8. Martin Packwood said that at the start of the MAS pilots in 2012/13, the CCGs set a target for 2017/18 of 70% of the estimated population of people living with dementia receiving a diagnosis (from a baseline of 30%). The Government has since introduced an interim target of 67% by 2014/15. The MAS has currently achieved a diagnosis rate of 50% and the CCGs will continue to make attempts to improve it, although it is comparable to the rates of other CCGs in Surrey and Sussex.

29.9. Another key objective was to make a diagnosis earlier in the progression of the illness. Mr Packwood stated that there was evidence to suggest this had happened as 40% of diagnoses are now at the mild to moderate stage, compared to 20% before the pilots. In addition, the GP survey reported earlier and increased referral to MAS.

29.10. Martin Packwood responded to HOSC's concerns about the tendering process for the MAS pilots. He clarified that the CCGs had adopted a competitive tender approach, but it was designed to select a range of providers in order to test different approaches, rather than to appoint a single provider. This helped to ensure that there was more innovation in the proposed models. Mr Packwood confirmed that the bids were assessed against the market to ensure that they were competitively priced and of a high standard.

29.11. The MAS pilots are now being re-procured. Martin Packwood reassured HOSC in relation to the potential conflict of interest in a GP-led CCG deciding whether to commission a GP consortium to provide a service. He stated that the evaluation panel for the re-procurement process has a number of different members, including a GP representative, representation from the finance department, a CCG representative (Martin Packwood) and a representative from a carers organisation. Each panel member was required to sign declaration of interest form.

Dementia assessment beds

29.12. Ashley Scarff, Head of Commissioning and Strategy at HWLH CCG, said that the CCGs needed to be confident that the new model for the dementia assessment bed-based service had been properly tested to ensure that it was financially sustainable and able to deliver the right service to patients. Consequently, the timeline for developing a business case has been extended beyond that which was originally envisaged in December 2013.

29.13. Mr Scarff said that the CCGs are acutely aware of the potential capital costs – and the time it may take to make the funds available – for building a new facility, or reconfiguring existing buildings, to house the dementia assessment beds. Therefore, the CCGs are proactively testing options around what a unit would look like, the size it would need to be, its optimal configuration and the infrastructure services that would be needed for the unit to operate safely and effectively. In addition, the supporting step-up/step-down facilities in the community also need to be developed, hence the desire to take additional time to look across the whole pathway.

29.14. The next major step in the process (in early 2015) will be take a draft business case to the CCG Governing Bodies. In the meantime the two existing units remain open. It is recognised that the units are not ideal and CCGs are working closely with the provider to monitor safety and quality.

29.15. Ashley Scarff assured HOSC that the CCGs had significant data on bed capacity and were taking capacity modelling very seriously. Mr Scarff said that having a bed occupancy rate of 85-90% would ensure built-in flexibility to deal with surges in demand, although there could be rare occasions where there is an exceptional surge in demand that will exceed this capacity.

High Weald Lewes Havens CCG dementia pathway

29.16. Kim Grosvenor, Senior Project Manager – Dementia Transformation for HWLH CCG, told HOSC that the dementia pathway had moved from the concept/evidence-base stage to the design and testing stage (which involves designing and consulting on new services and writing a business case).

29.17. Ms Grosvenor explained that the CCG had put the experience of the dementia patient and their carer at the centre of the dementia pathway. She explained that the focus on carers as well as patients was in recognition that one of the key reasons why patients with dementia go into care at inappropriate times is because of carer 'burn out'.

29.18. The emerging model is predicated on timely diagnosis followed by ongoing support based on a long term conditions approach. This model recognises that most people with dementia have a number of other health conditions and that this requires services to work in a network around the patient rather than in silos. The aim is to blend universal and specialist services, retaining specialist multi-disciplinary teams where needed but also embracing the dementia friendly community initiative to maximise participation in mainstream services.

29.19. The CCG will continue to work with carers' services and the Alzheimer's Society to develop and refine the dementia pathway and a full engagement programme is planned with colleagues in the community and voluntary sector. A tool produced by the Carers' Trust has already been used to look at the journey through dementia from the starting point of patients and carers, together with a timeline produced by a former carer which identifies what a good service looks like.

29.20. The dementia pathway business case will include an outcomes framework backed by a national evidence base. The CCG will use the National Institute of Health and Care Excellence (NICE) ten quality standards for dementia as the basis of its outcomes framework. The outcomes will also be heavily informed by a local perspective from patients, who will be asked what it means to 'live well' with dementia in East Sussex.

29.21. Once the business case is complete, HWLH CCG will begin to look at options for how best to commission the new dementia pathway services.

29.22. Ashley Scarff confirmed to HOSC that the dementia pathway is an integral part of the East Sussex Better Together Programme because dementia is a cross-cutting issue between health and social care. He argued that if an effective, evidence based dementia

pathway was put in place it would help to ensure the success of other health and social care services.

29.23. RESOLVED to:

1) note the report;

2) request that more detailed data on the evaluation of the MAS pilots is circulated to the Committee;

3) request an update in March 2015 on the progress on the proposals for reconfiguration of dementia assessment beds; and

4) request an update in 12 months time on the progress of the HWLH CCG dementia pathway and the MAS.

30. MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST – OVERVIEW

30.1. The Committee considered a report by the Assistant Chief Executive providing an overview of the Maidstone and Tunbridge Wells NHS Trust (MTW). Glenn Douglas, Chief Executive of the Trust, gave a presentation to HOSC about its services, performance, challenges and future plans. Mr Douglas covered several areas that are of particular interest to HOSC:

Future plans for stroke services

30.2. Glenn Douglas said that MTW provides a full stroke service at both Maidstone Hospital and Tunbridge Wells Hospital (TWH). The Sentinel Stroke National Audit Programme (SSNAP) data, which measures the effectiveness of an acute trust's stroke service, currently ranks both hospital sites towards the bottom end of an average rating. It is the current understanding of MTW that the SSNAP rating will be difficult to improve without addressing the current configuration of stroke services.

30.3. MTW is in an early engagement phase for a new stroke service and is looking at a case for change, a model of care and possible delivery options. There is currently no hyper acute stroke unit in Kent and there may be an opportunity for the Trust to develop the first. It is possible that this will see MTW engage in a public consultation on stroke services by summer 2015. HOSC's involvement in the process will be important as the Committee represents the interests of the 30% of stroke patients at TWH who are from East Sussex.

Community services tender

30.4. Glenn Douglas said that MTW has put in an expression of interest to the High Weald Lewes Havens (HWLH) CCG tender for community services. MTW will likely put in a formal bid with partner organisations. MTW will need to develop a bid that will support consistent pathways for Kent and East Sussex patients, particularly in relation to discharge from hospital. The Trust has a particular interest in intermediate care and the Minor Injury Unit (MIU) at Crowborough Hospital operating effectively as this relieves pressure on TWH.

30.5. Ashley Scarff advised that the CCG expected the procurement process to reach the stage of having a preferred bidder by summer 2015, with services due to go live from the autumn of that year. Wendy Carberry clarified that the scope of the tender included Minor Injury Units and intermediate care beds at community hospitals and that any successful provider would need to ensure appropriate pathways are in place.

Crowborough Birthing Centre

30.6. Glenn Douglas explained that the number of births in the MTW area has increased by 10% in the past year and there are now 6,000 births in total, with over 5,000 at Tunbridge Wells Hospital (TWH). The TWH has a very large maternity unit and has the capacity to deliver more than 5,000 births if needed.

30.7. Glenn Douglas argued that part of the reason for this increase in births is that the fragmented nature of maternity care in the Crowborough area has led many women to opt to give birth at TWH. Mr Douglas illustrated this point with a current anomaly in the system: pregnant woman living in Crowborough have a community midwife provided by ESHT and they can choose to give birth at the Crowborough Birthing Centre (CBC). If there is an emergency, they will be taken by blue light ambulance to TWH, but if there is a non-emergency reason to transfer a patient to a consultant-led unit (such as for pain relief) then they will probably be taken to Conquest Hospital in Hastings.

30.8. Mr Douglas said that whilst MTW is delighted to welcome these mothers, MTW would prefer to work in conjunction with the CBC to ensure that there is a viable midwife-led unit for mothers with low risk pregnancies from East Sussex and Tunbridge Wells. MTW is currently working with ESHT to try and make sure that the two maternity services work better together.

30.9. HOSC asked Glenn Douglas whether MTW would want to take over the running of CBC. Mr Douglas said that if the CCGs and/or ESHT wanted MTW to take over CBC, the Trust would be willing to do so. In Mr Douglas' opinion, the best solution would be for MTW to run the service as they could provide a more seamless maternity service for people in the north of East Sussex and Tunbridge Wells that could offer both midwife and consultant-led care.

30.10. Mr Douglas reassured HOSC that the Trust would have a vested interest in the success of CBC regardless of whether it was to run the birthing centre, because it will take the pressure off of the TWH and improve the experience for patients in East Sussex and Tunbridge Wells.

30.11. Wendy Carberry said that the CCGs are developing a maternity pathway as part of the Better Beginnings process. Ms Carberry said that the maternity pathway would need to be developed first before the CCGs could consider which organisations would be best placed to provide the various maternity services. Ashley Scarff said that the maternity pathway is likely to be completed by summer 2015.

30.12. RESOLVED to:

1) note the report and the presentation;

2) request continued updates on the progress of the proposed changes to the MTW stroke services (Kent HOSC to be kept informed of the Committee's engagement with MTW);

3) request to be kept informed of the HWLH CCG procurement of community services including a formal report to HOSC provisionally scheduled for June 2015.

31. HOSC WORK PROGRAMME

31.1. It was agreed that the following items should be progressed in addition to the reports already requested for future meetings:

- A letter to request information from NHS England and the CCGs on the GP vacancy rates in East Sussex, for example, the reported 1 in 5 vacancy rate in Hastings.
- A request to ESHT to clarify whether any service changes or developments are anticipated in urology services;
- Cllr Ensor to discuss with the Health and Wellbeing Board Chair the issue of bowel cancer screening and its impact on the diagnosis and treatment of bowel cancer;
- To propose two issues - thresholds for eligibility and access to mental health services and staff survey results - for the agenda of the joint Sussex HOSCs meeting with Sussex Partnership NHS Foundation Trust in January 2015.

31.2. RESOLVED to note and update the work programme.

The Chair declared the meeting closed at 1.05pm.

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Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date:	**26 March 2015**
By:	**Assistant Chief Executive**
Title of report:	**East Sussex Better Together**
Purpose of report:	**To provide an introduction to the East Sussex Better Together programme.**

RECOMMENDATION

HOSC is recommended to 1) consider the presentation; 2) agree any lines of enquiries it may wish to pursue.

1. Background

1.1. Attached as appendix 1 is a presentation on the East Sussex Better Together (ESBT) programme to be given to HOSC by Paula Gorvett, Programme Director, ESBT.

1.2. The presentation covers:

- Background and overview of East Sussex
- East Sussex Better Together: Vision & Framework
- Whole system transformation in 150 weeks
- The ultimate aim
- The challenges we face
- Next Steps.

1.3. The Committee is recommended to 1) consider the presentation; 2) agree any lines of enquiries it may wish to pursue.

PHILIP BAKER
Assistant Chief Executive, Governance Services

Contact Officer: Paul Dean Tel No: 01273 481751

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Transforming health and social care in East Sussex

East Sussex Better Together

Presentation to the Health Overview and Scrutiny Committee
26th March 2015

East Sussex Better Together

What will we cover today?

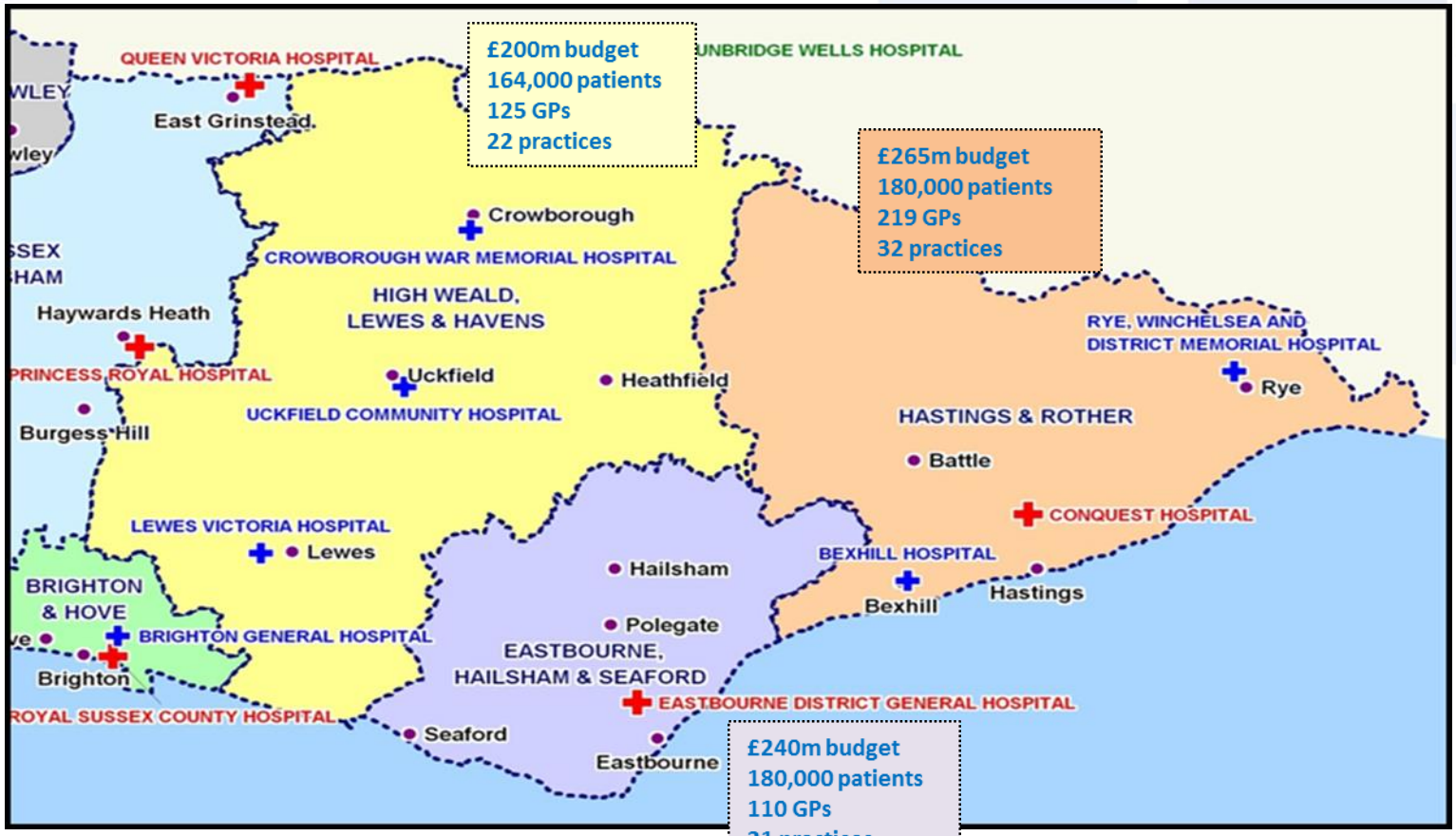
- Background and overview of East Sussex
- East Sussex Better Together: Vision & Framework
- Whole system transformation in 150 weeks
- The ultimate aim
- The challenges we face
- Next Steps

Background & Context

Background to East Sussex

- Across the County Council and Clinical Commissioning Groups we spend around **£935 million** every year on commissioning health and social care (planning and buying the majority of local services)
- The services we provide at the moment, whilst often good, are not always the services that best meet the needs of how we live our lives today
- More than half the total spend is for people over 65 years (for health spend it is 54%). Patients over 85 years use on average health and social services equivalent to £8,180 per year as compared with £1,740 average for all other age groups in East Sussex
- **Our population is growing, people are living much longer and developing multiple long term conditions** – the demand for local health and care services is growing faster than our budget

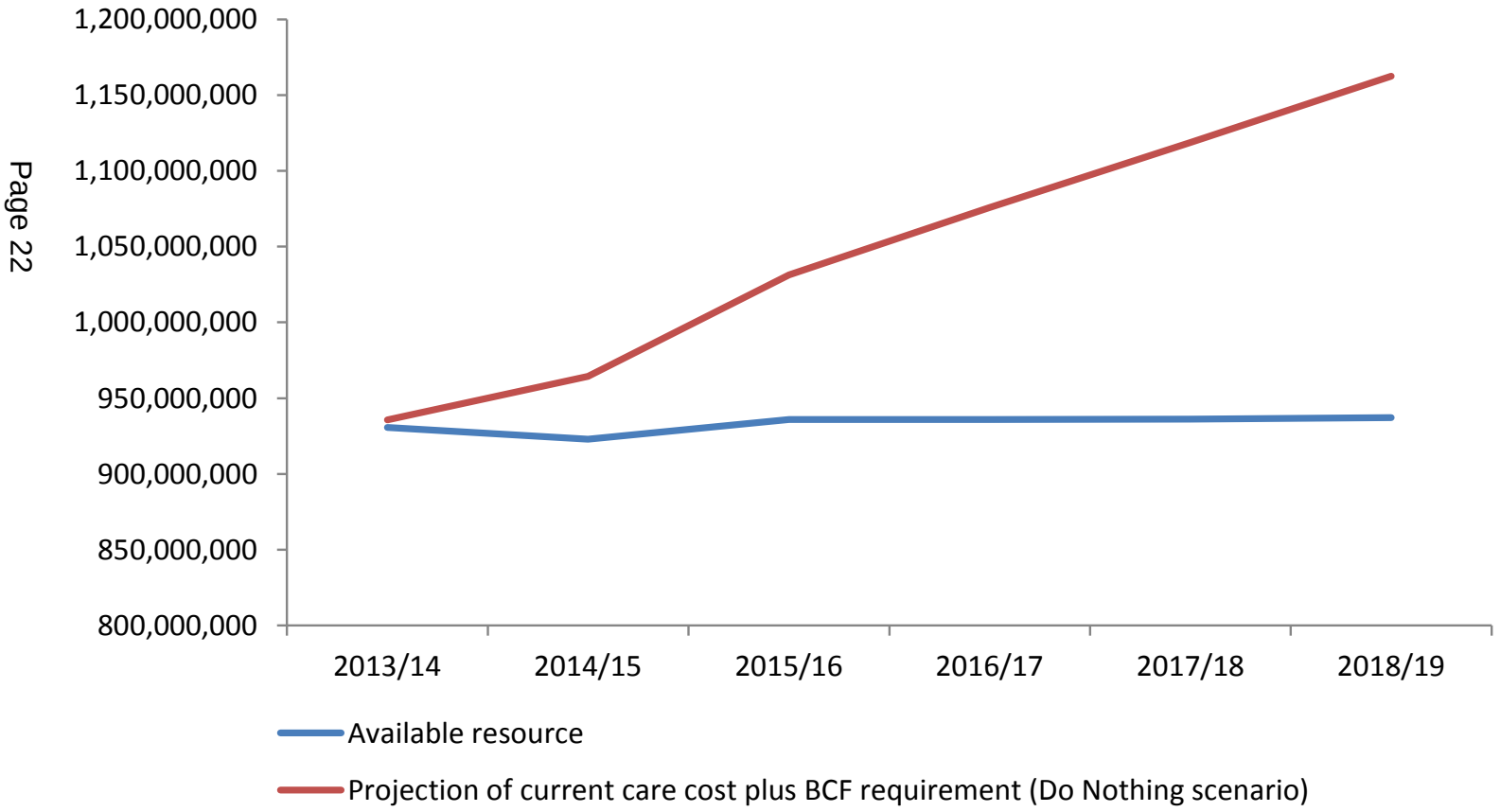
County Council and CCG boundaries



NHS Hastings and Rother Clinical Commissioning Group
NHS Eastbourne, Hailsham and Seaford Clinical Commissioning Group
NHS High Weald Lewes Havens Clinical Commissioning Group

East Sussex County Council

Projection of current resource use in a ‘do nothing’ scenario highlights challenge ahead for East Sussex



East Sussex Better Together

Vision, Framework & Engagement

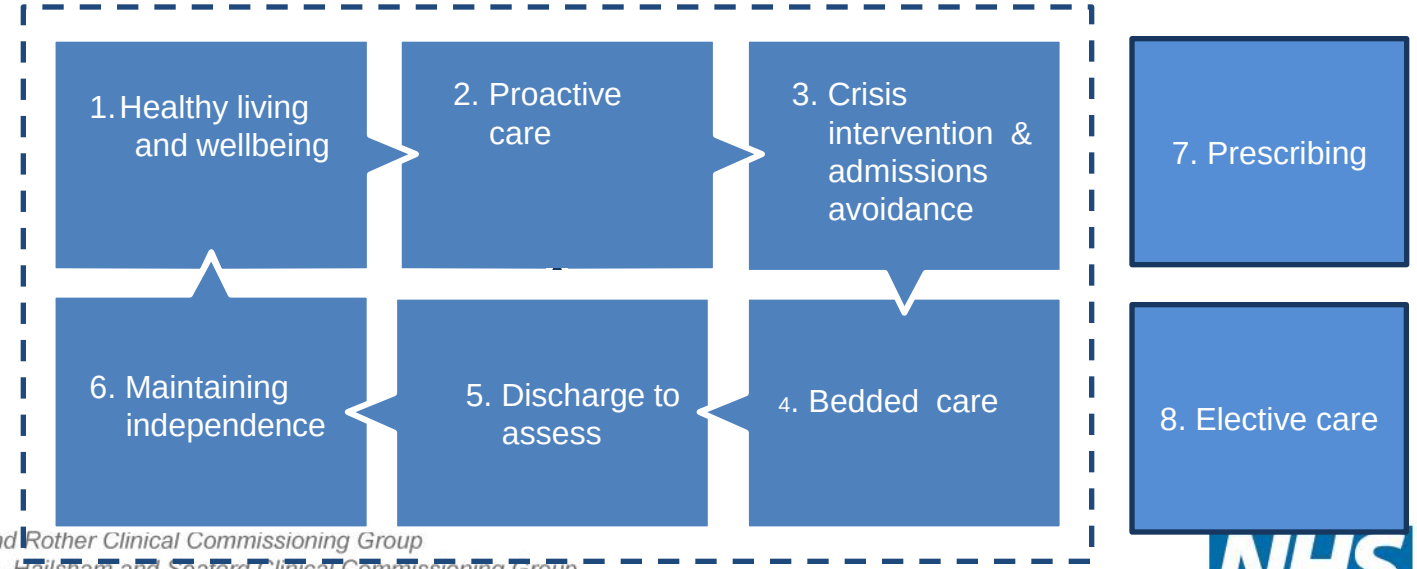
East Sussex Better Together Vision

Our vision is to create a **sustainable** health and social care system that promotes health and wellbeing whilst addressing quality and safety issues, in order to **prevent ill health** and deliver **improved patient experience and outcomes** for our population. This will be delivered through a focus on population needs, better prevention, self care, improved detection, early intervention, **proactive and joined up responses** to people that require care and support **across** traditional organisational and geographical boundaries.

East Sussex Better Together Framework

A single framework to cover 100% of what we do, bringing together the entire spectrum of services people need to be fully supported at every stage of their health and social care needs

- The first six boxes bring together our aspirations to focus on proactive care in order to meet people's needs, make sure services are joined-up and prioritise services that help people be more independent.
- The second two focus on the very important aspects of 'prescribing' and 'elective care' (e.g. surgery and other planned care) where we believe we can make big improvements in value and service quality



NHS Hastings and Rother Clinical Commissioning Group
NHS Eastbourne, Hailsham and Seaford Clinical Commissioning Group
NHS High Weald Lewes Havens Clinical Commissioning Group

A snapshot of public engagement so far

We want to make sure local people help shape local services

MAR 14

East Sussex Better Together public engagement focus group

APR-MAY 14

NHS CCG Shaping Health Services public and stakeholder engagement event

AUG 14

Public and voluntary organisation representation at East Sussex Better Together care design group

OCT 14

NHS CCG Shaping Health Services public and stakeholder events with the County Council

JAN 15

Urgent care services event including over 60 representatives from organisations that currently deliver services across the county

FEB 15

- Formation of the Engagement and Communications Advisory Group incorporating a wide range of community and voluntary organisations from across the county
- Workshop for the community and voluntary organisaiton focusing on the future role of the sector

Partnership Working

- Shaping Health and Social Care and service design groups
- Patient participation group forums,
- Critical Friends Partnership,
- Partnership Boards,
- Client and carer forums,
- East Sussex Seniors Association Health and Community Care Theme Group
- Individual working group forums

Outcome of Care Design Group meetings

Priorities for Whole System Transformation

Words into action
Care Design Groups

The way we are bringing the 6+2 box model to life for local communities is through a Care Design Group (CDG) approach.

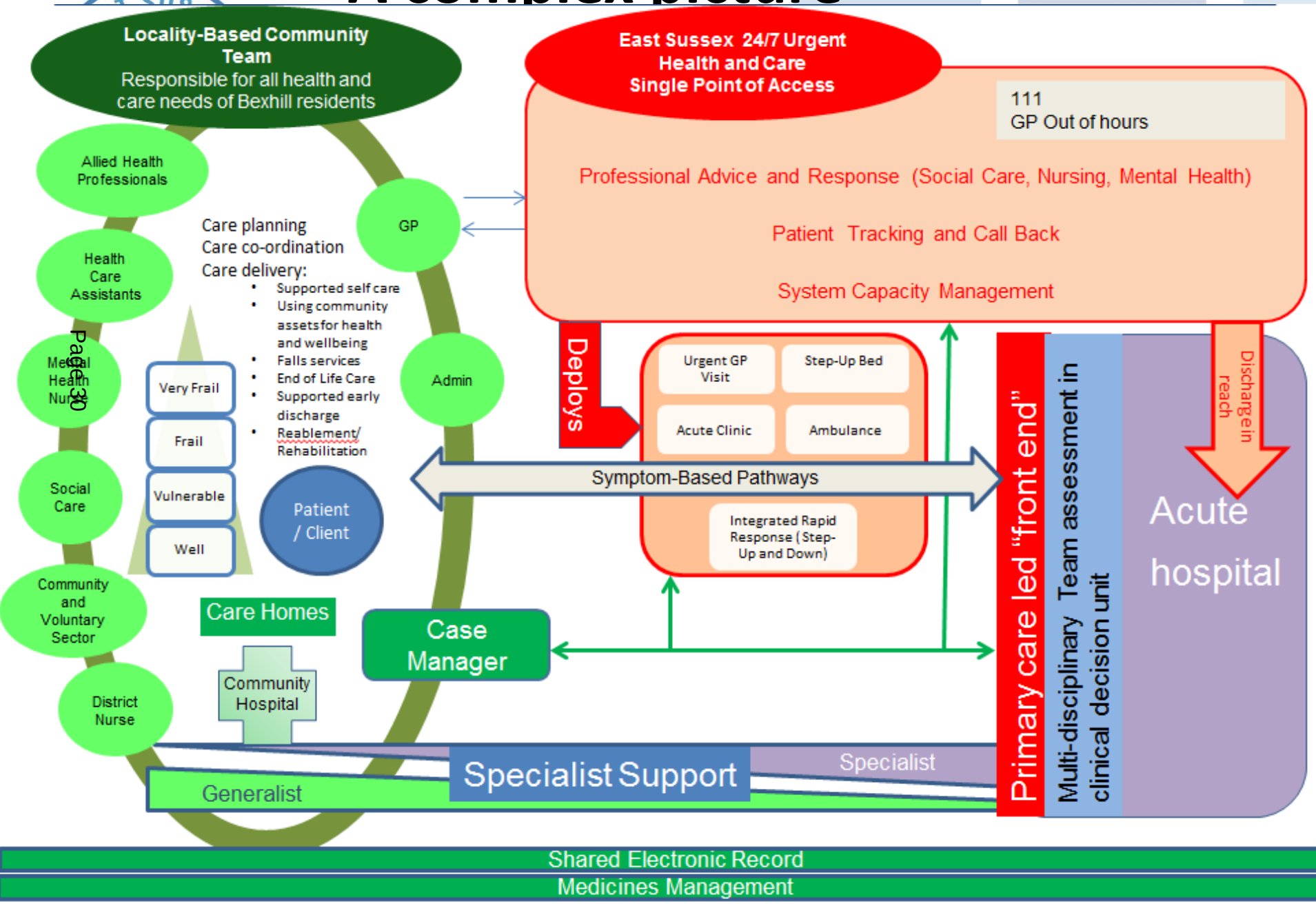
- Over 40 health and social care professionals, voluntary sector and patient and public representatives have come together in a care design group

- This is a process that helps us to review peoples health and care needs and look at services we need to commission to meet these needs

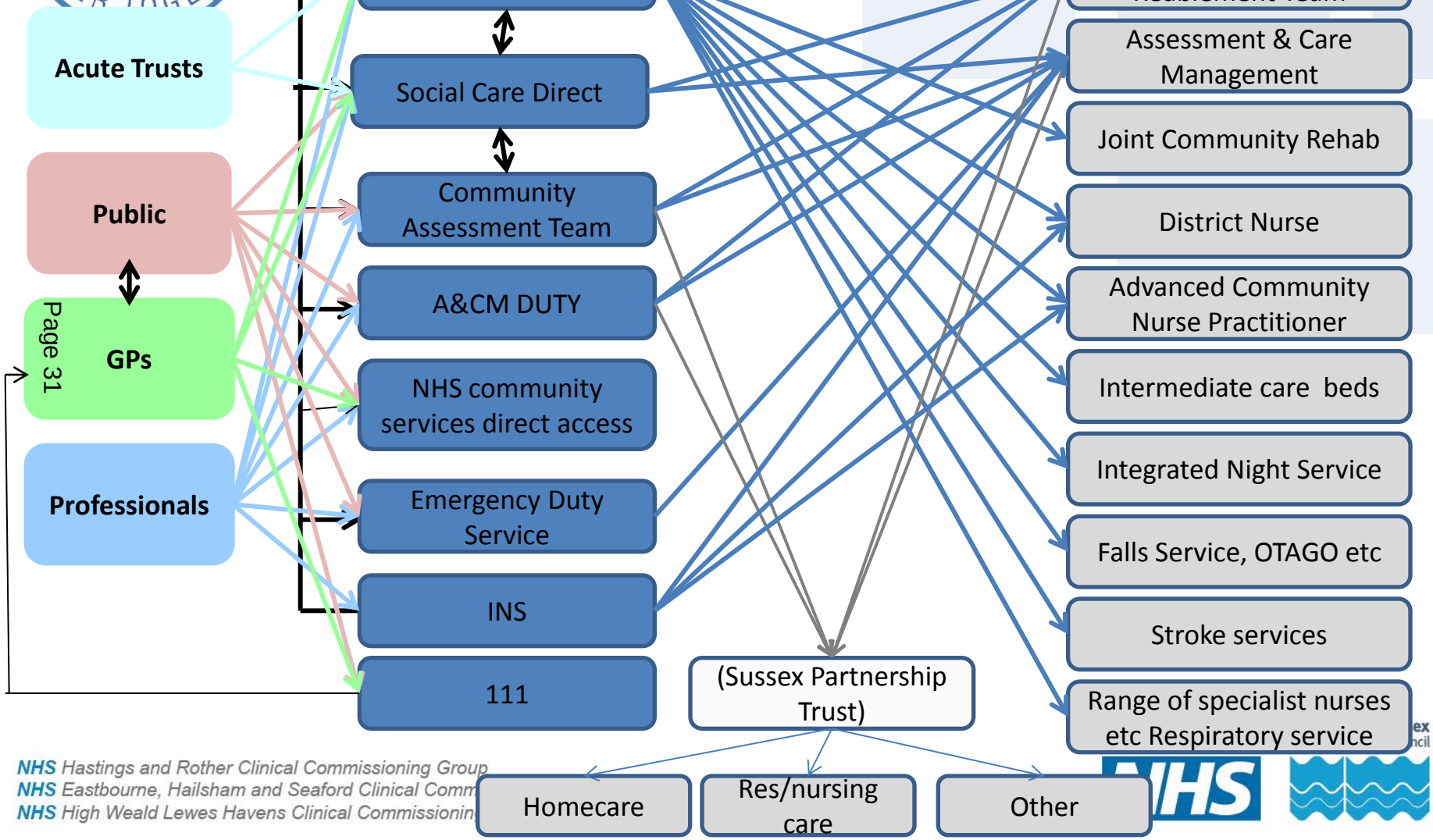
Priorities for development:

- How to make access to services easier
- How to better design services for people around a community
- How to access services on an urgent basis or in an emergency

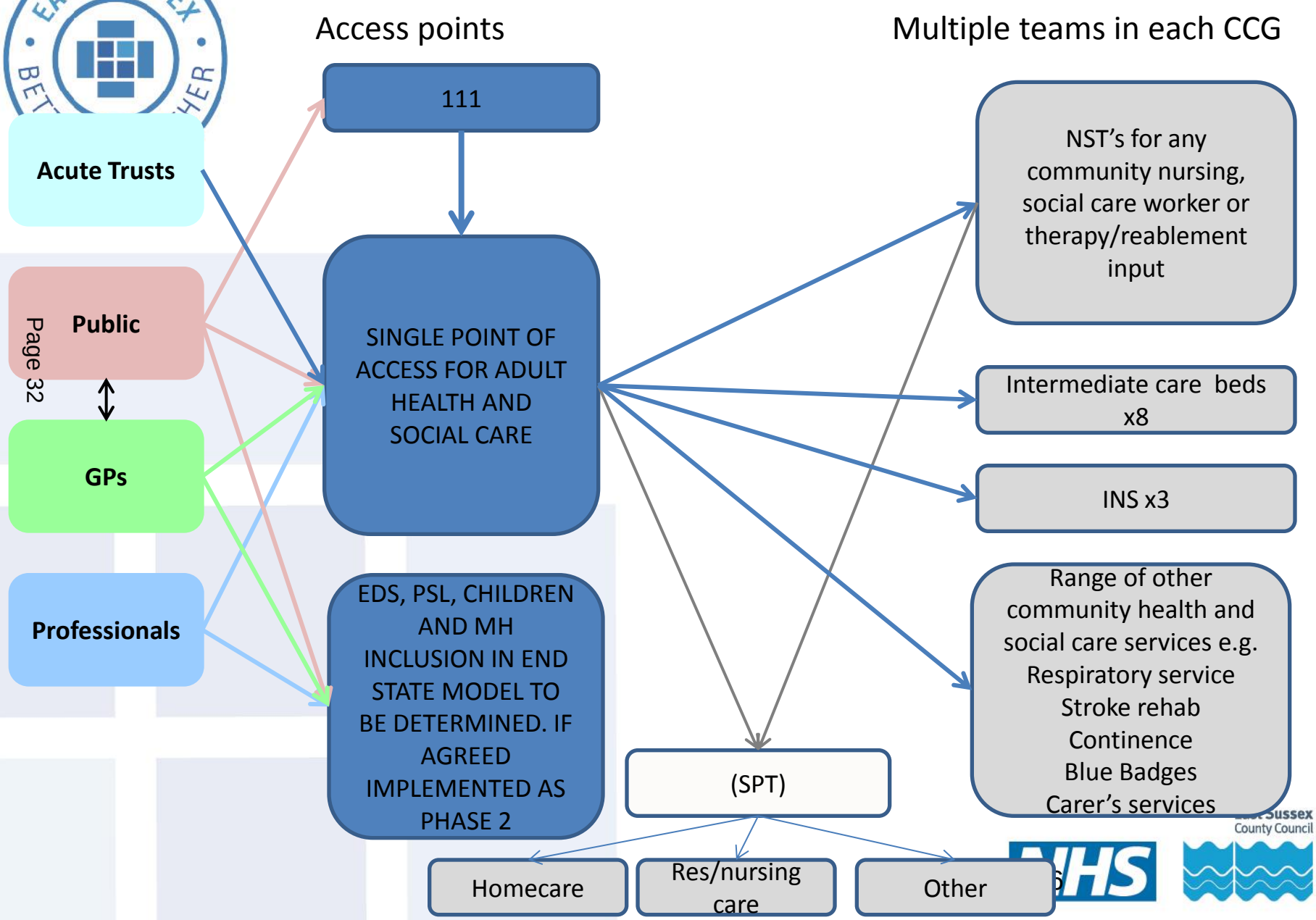
A complex picture



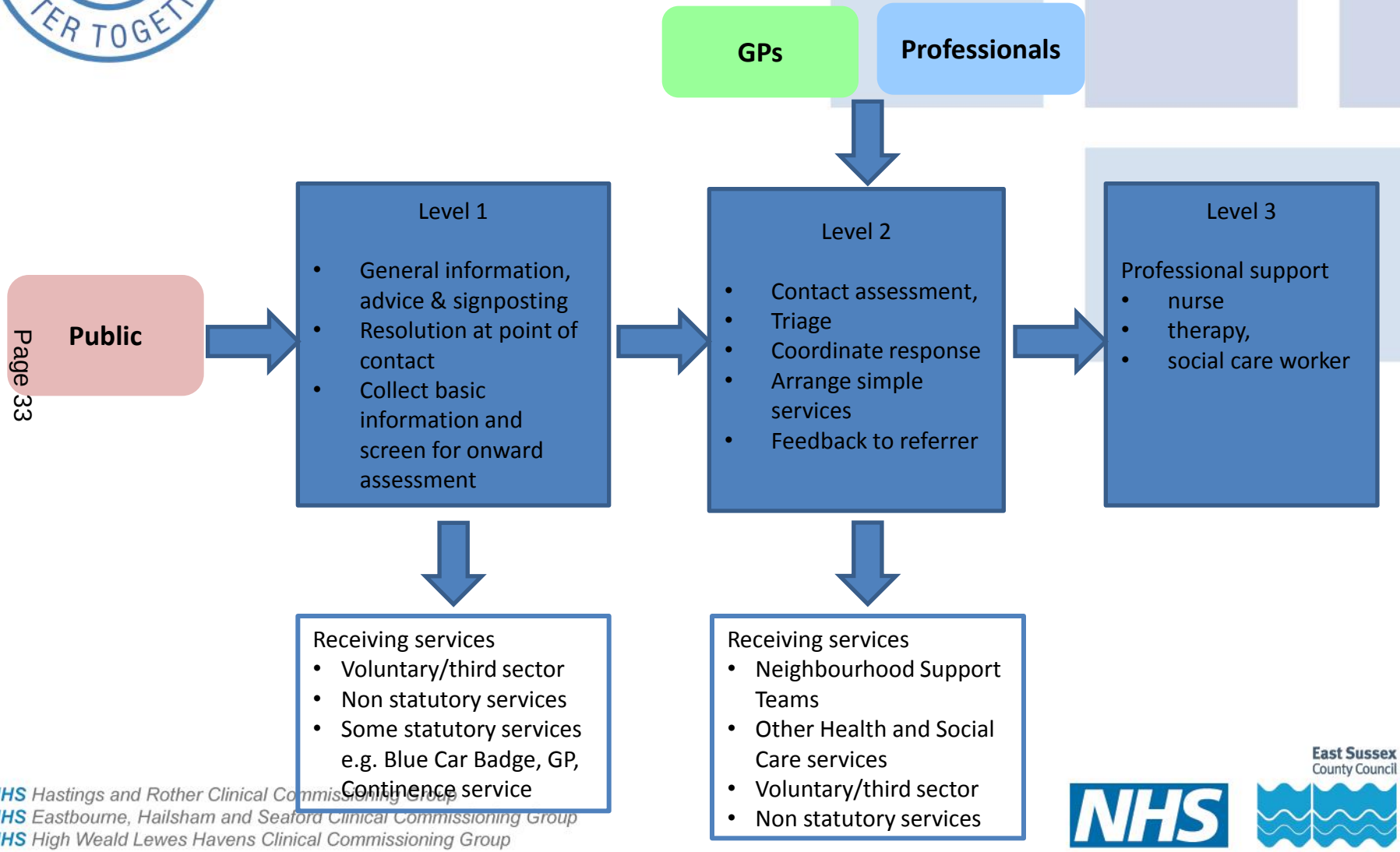
"Simple" version of current services in East Sussex



Future access model Phase 1 - Adults



Future Single Point of Access delivery model



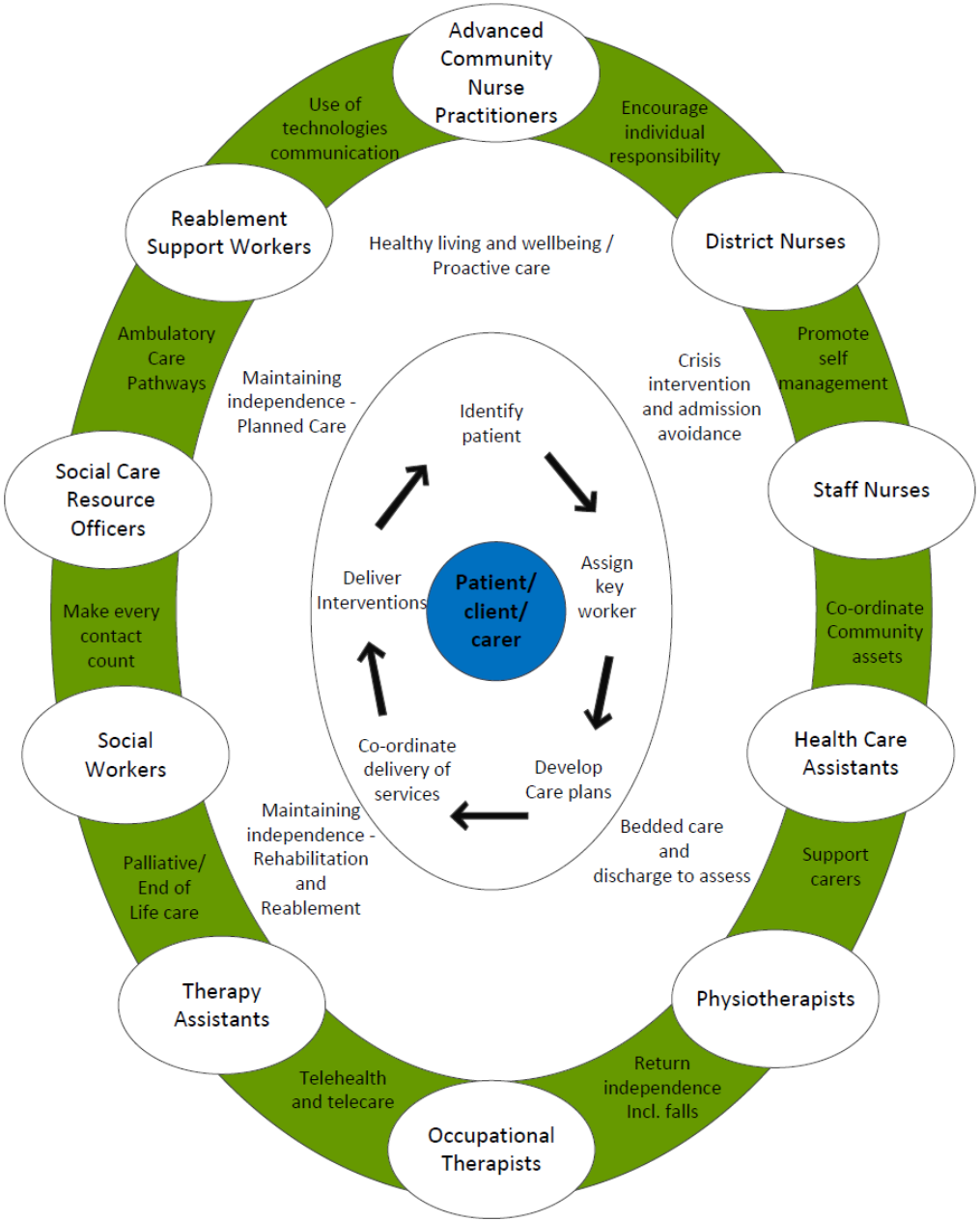
NHS Hastings and Rother Clinical Commissioning Group
NHS Eastbourne, Hailsham and Seaford Clinical Commissioning Group
NHS High Weald Lewes Havens Clinical Commissioning Group

Integrated Community Health & Social Care teams - Adults

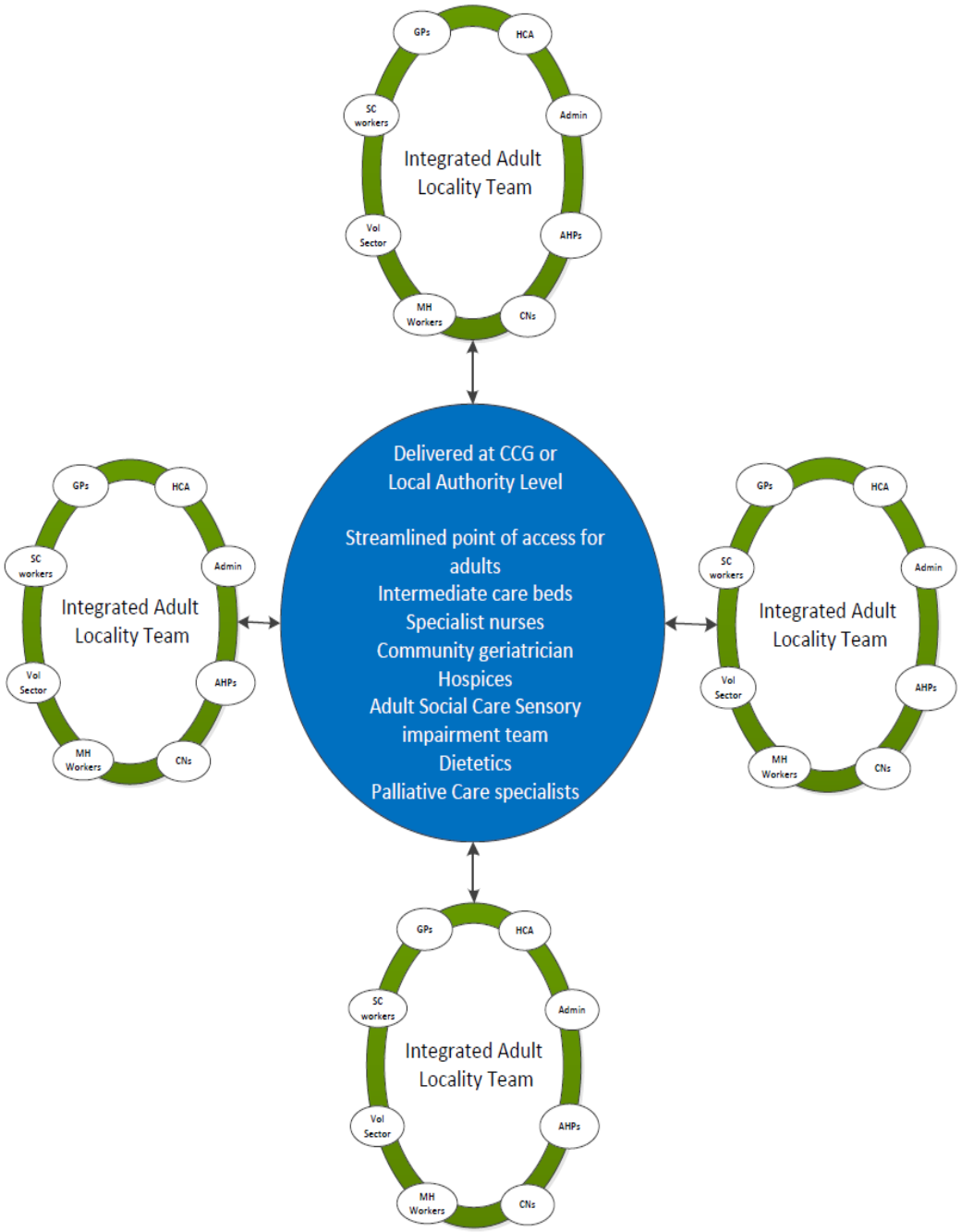
Overarching proposal to change the way services are provided to deliver proactive joined up care; promote independence and improve outcomes for adults in locally defined communities

- Proactive care to actively identify people with complex needs and help people to manage their long term conditions more effectively
- Crisis intervention and admission avoidance
- In-reach into bedded care and supporting discharge to reduce length of stay in hospital
- Maintaining independence – rehabilitation and reablement integrated across health and social care
- Maintaining independence – planned and routine care by nurses and social care

The core integrated locality adult team

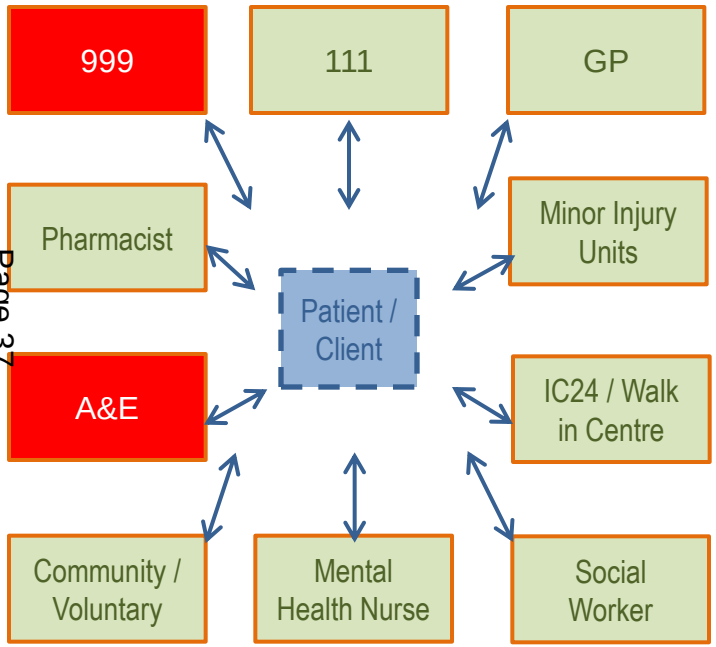


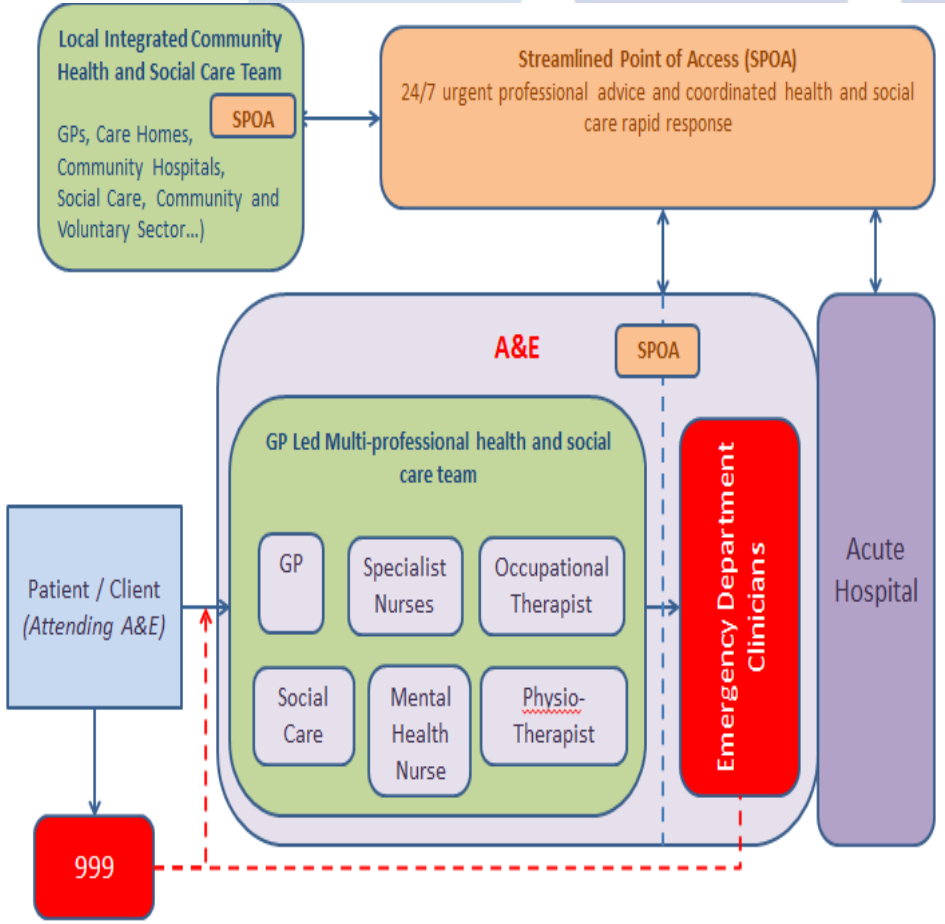
Overview of locality team made up of nursing, therapy and social care delivering full range of functions for that locality



Locality teams fit into the broader adults community services and pull on services delivered at a CCG or county level

Current and proposed urgent care landscape





Maintaining the pace

Whole system transformation in 150 weeks

Delivering the 6 Boxes		2015/16
Streamlined Points of Access	Phase 1 (Adults) Go-live:	Q1
Integrated Locality Teams	Phase 1 (Adults) Go-live	Q3
Whole System Urgent Care	Options Appraisal	Q1
Self-care and Prevention	Scoping of existing services, apps & technology	Q1

Delivering the 'Plus 2' Boxes		2015/16
Medicines Optimisation	New services agreed	Q2
Planned Care	Programme Plan agreed	Q2

Nine Enablers		
Patient Public Engagement	Governance and Decision Making	Strategic Planning
Innovation and Research	Financial Planning	Workforce Planning
Primary Care Strategy	Provider Landscape	IM&T

East Sussex Better Together

The ultimate aim of the programme

A fully integrated health and social care economy in East Sussex that makes sure people receive proactive, joined up care, supporting them to live as independently as possible

What will this look like?

- Improved health and well being with reduced health inequalities
- a sustainable approach to community resilience and primary and secondary prevention
- Our experiences of using services will be better
- Our staff will be working in a way that really makes the most of their dedication, skills and professionalism
- The cost of care will have been made affordable and sustainable

We will have secured the future of our NHS and social care for the next generation

NHS Hastings and Rother Clinical Commissioning Group
NHS Eastbourne, Hailsham and Seaford Clinical Commissioning Group
NHS High Weald Lewes Havens Clinical Commissioning Group

East Sussex County Council

CHALLENGES AND NEXT STEPS

Challenges

- Sustaining and improving current services during a period of transformation
- Meeting the immediate requirements of the Better Care Fund to reduce demand on hospitals whilst ensuring any service developments support the delivery of our strategic goals
- National organisational changes to the NHS and social care
- Significant budget reductions to social care
- Sustaining a focus on health and wellbeing and prevention
- Delivering significant cultural, behaviour and organisational change

Maintaining a locally led programme of transformation which delivers the best possible outcomes within available resources

Next Steps - Engagement

- Strong communication and engagement group to ensure appropriate input as we continue to co-design services
- Working with Healthwatch to develop a Public Reference Group to ensure we engage as many people of East Sussex as possible
- Working with all stakeholders to develop and refine the proposed new service models
- Building local partnerships with community based teams

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date:	**26 March 2015**
By:	**Assistant Chief Executive**
Title of report:	**Better Beginnings: reconfiguration of maternity and paediatric services**
Purpose of report:	**To consider an update on implementation of decisions made by East Sussex Clinical Commissioning Groups (CCGs) in relation to the configuration of maternity, paediatric and gynaecology services provided by East Sussex Healthcare NHS Trust.**

RECOMMENDATIONS

HOSC is recommended:

1) To consider and comment on the progress of the implementation of the reconfiguration of maternity and paediatric services; and

2) To identify any specific arrangements for future reporting to HOSC on implementation.

1. Background

1.1 In June 2014 the three East Sussex Clinical Commissioning Groups (CCGs) made decisions about the future configuration of three services they commission from East Sussex Healthcare NHS Trust (ESHT), specifically:

- Maternity services
- Inpatient paediatric (children's) services
- Emergency gynaecology services.

1.2 In summary, the CCGs unanimously agreed the following future service configuration:

- Midwife-led unit and short stay paediatric assessment unit (SSPAU) to be provided at Eastbourne District General Hospital
- Consultant-led obstetric service, inpatient paediatrics, special care baby unit, SSPAU and emergency gynaecology to be provided at the Conquest Hospital in Hastings.
- Midwife-led unit to be provided at Crowborough Hospital.

1.3 The CCGs' decisions followed a period of public consultation and a formal consultation with HOSC as required under health scrutiny legislation (when proposals are considered to be substantial change). The report prepared by HOSC, following a detailed review, was taken into account by the CCGs, which also agreed to implement HOSC's recommendations as part of the wider implementation of the service reconfiguration.

1.4 In July 2014, HOSC considered the decisions made by the CCGs, including their response to HOSCs report, and the committee agreed that the reconfiguration is in the best interests of local health services. This agreement meant the service changes could be implemented. The report is published on the HOSC website.

1.5 In September 2014, HOSC considered an early update report on the progress of the reconfiguration. HOSC agreed to hold a data workshop with the CCGs and ESHT to consider the data available for monitoring the quality of maternity and paediatric services and what the Committee would like to receive as part of future progress reports on changes to maternity and paediatric services.

2. Data

2.1 The data workshop was held at which it was agreed that future update reports should provide:

- A narrative report giving an overview of developments in the services since the last report to HOSC (see **appendix 1 & 2**).
- A table showing action taken or ongoing in relation to HOSC's recommendations (see **appendix 3**).

2.2 It was also agreed that it would be helpful to include the following elements in the narrative report:

- Any exceptional issues, challenges and achievements in the services.
- Update on the work to develop new maternity pathways.
- Update on the development of paediatric services post-reconfiguration, including community paediatrics.
- Any developments in the information given to patients to inform choices and expectations of services.
- A summary of any significant changes to the way ESHT and the CCGs are monitoring the services, for example, if a new maternity dashboard is introduced.

3. Conclusion and recommendation

3.1 HOSC is asked to 1) consider and comment on the progress of the implementation of the reconfiguration of maternity and paediatric services and 2) identify any specific arrangements for future reporting to the Committee on implementation.

PHILIP BAKER
Assistant Chief Executive

Contact Officer: Paul Dean, Member Services Manager
Tel No: 01273 481751, Email: Paul.dean@eastsussex.gov.uk
Please contact for paper copies of any of the reports mentioned above

Eastbourne, Hailsham and Seaford CCG
Hastings and Rother CCG
High Weald Lewes Havens CCG

Report:	**Better Beginnings reconfiguration of maternity and paediatric services:** progress report on the implementation of the service reconfiguration
To:	East Sussex Health Overview and Scrutiny Committee (HOSC)
From:	Amanda Philpott, Chief Officer for Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG Wendy Carberry, Chief Officer for High Weald Lewes Havens CCG
Date:	26 March 2015
Recommendations:	The HOSC is asked to note the improvements outlined in the report and the action to address recommendations made by HOSC in implementing the agreed service configuration as an outcome of Better Beginnings.

1. Glossary

A&E	Accident and Emergency Department
BBA	Born Before Arrival / Assistance
BSUH	Brighton and Sussex University Hospitals NHS Trust
CBC	Crowborough Birthing Centre
CCG	Clinical Commissioning Group
EDGH	Eastbourne District General Hospital
EMU	Eastbourne Midwifery Unit
ESHT	East Sussex Healthcare NHS Trust
HOSC	East Sussex Health Overview and Scrutiny Committee
LOS	Length of Stay
MLU	Midwifery Led Unit
MSW	Maternity Support Worker
MTW	Maidstone and Tunbridge Wells NHS Trust
NHS	National Health Service
SSPAU	Short Stay Paediatric Assessment Unit

2. Background

2.1 Throughout 2012, the NHS Sussex Together programme reviewed maternity and paediatric services across Sussex as part of their programme of work. They concluded that there was a pressing need to change maternity services at East Sussex Healthcare NHS Trust (ESHT) to ensure that patients using these services received high quality, safe and sustainable levels of care. The “pressing need to change maternity services in ESHT“ was recommended due to particular

pressures on middle grade staffing, medical trainee numbers and experience, and the number of Serious Incidents.

2.2 The CCGs in East Sussex led a review of maternity and paediatric services in the County. This included an extensive programme of clinical and public engagement which commenced in July 2013. In March 2013, ESHT took a decision to temporarily reconfigure its maternity and paediatric services on the grounds on patient safety; this was implemented in May 2013.

2.3 In 2014, the three CCGs in East Sussex held the 'Better Beginnings' public consultation on the sustainable future of maternity, inpatient paediatric and emergency gynaecology services. A review of the clinical evidence, and of the findings from the public consultation, resulted in the CCGs' Governing Bodies unanimously agreeing on the following configuration of services:

- Birthing services retained at all three current sites (Crowborough, Eastbourne and Hastings)
- Consultant-led maternity services provided at the Conquest Hospital, Hastings
- Two midwife-led birthing units provided at Crowborough and Eastbourne
- Short-stay paediatric assessment units provided at both Eastbourne and Hastings
- Inpatient (overnight) paediatrics, the special care baby unit and emergency gynaecology co-located at the same site as the consultant-led maternity service.

2.4 This was supported by HOSC, who agreed this decision was in the best interests of local health services.

2.5 Following the agreement of the configuration of services, the CCGs created a 'Better Beginnings Improvement Board.'[1] The Board gathered the recommendations of the HOSC and feedback from the public into an action plan to support both the CCGs and the Trust in improving services, which the Improvement Board has been overseeing through regular meetings and delegated workstreams. Progress on the action plan is included at Appendix 3.

2.6 In addition to overseeing service improvements, the CCGs continue to monitor the quality and performance of all commissioned services, including maternity and paediatrics, with a particular emphasis on gaining assurance about the on-going safety and sustainability of these services.

3. Purpose

3.1 The purpose of this report is to update the HOSC on service improvements to date (most of which have now been completed), and remaining improvements that are incorporated into Trust delivery plans.

3.2 The CCGs and the Trust continue to monitor the quality and safety of services, and for the assurance of the HOSC a *Quality and Safety Report*[2] is appended.

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[1] The Better Beginnings Improvement Board includes clinical and executive membership from each of the three CCGs in East Sussex, East Sussex Healthcare NHS Trust (ESHT) and a HOSC councillor member.

[2] Appendix 3: Maternity and Paediatrics *Quality and Safety Report,* March 2015

This provides summary quality information and evidence of the impact of the agreed configuration.

4. Key areas for action

4.1 This section of the report is divided into key areas for action that have been grouped into:

- Midwifery Care Pathways
- Access to urgent paediatric care
- Communications plans to support the changes.

Midwifery Care Pathways

4.2 A key finding from the consultation and also a recommendation from the HOSC was that the maternity pathways for women in the North Weald should be improved to reflect women's cross-border scanning and birthing choices.

4.3 The Better Beginnings Improvement Board established a Midwifery Care Pathways Working Group[3] which has worked with local providers to evaluate and improve midwifery care and pathways for all women in East Sussex, including a review of the care pathways for the MLUs in Eastbourne and Crowborough.

4.4 Together with providers and a patient representative, the group has designed and agreed a pathway that is intended to support an excellent service for women in East Sussex, regardless of whether their care pathway crosses county borders.

4.5 The Group has also explored ways that the current issues might be helped in the short-term, for example improved access to sonography and clearer choices for women around ante and postnatal care or preferred place of birth.

4.6 The midwifery teams will continue to work to minimise issues with cross boundary care. Information for women and their partners has been developed and improved, including information about the birthing options available to them and what would happen in the event of a transfer being required. A final agreement from all providers regarding the improved pathway of care is anticipated in April 2015. It is expected that the new pathway will address the key issues raised during consultation, for women in the North Weald choosing to give birth at Crowborough.

4.7 The midwifery led unit in Eastbourne is working well and there are mitigations in place to support cross-border working for both low and high risk Seaford women booked at BSUH. This includes women receiving local antenatal care from ESHT midwives after attending BSUH-run clinics in Peacehaven to book at the Royal Sussex County Hospital in Brighton. Routine scans are done by ESHT's sonographers, with bloods and any additional scanning undertaken by BSUH.

[3] The Midwifery Care Pathways Working Group is chaired by Dr David Roche (GP and Governing Body Member of High Weald Lewes Havens CCG). Membership includes patient representation and the Heads of Midwifery from ESHT, MTW and BSUH.

Local scanning is already available at EDGH for women booked with ESHT, and this will remain in place. Learning from this is informing progress on developing pathways between providers for women in the Crowborough area.

4.8 Other actions that were already in place, or have been implemented since the CCGs' decision include:

- risk assessments are undertaken throughout the antenatal pathway to establish preferred place of birth and birth plan in line with clinical need and women's choice
- a named midwife system is in place
- obstetric clinics continue to be provided at all three sites, unchanged from the pre-reconfiguration model
- facilities are available on all three sites to allow partners to stay overnight
- space is available where women in early labour can stay, rather than going home, where appropriate
- a workforce development plan is in place which supports the recruitment of midwifery and obstetric (and paediatric staff)
- at the Conquest there are two reserved parking slots immediately outside the delivery suite for women in labour and increased short stay bays close to the maternity entrance.

Access to Emergency Paediatrics

4.9 The Better Beginnings Programme Board established a Paediatrics Working Group[4] to review how and when patients were accessing inpatient paediatric and SSPAU services, and to consider how access could be improved in line with patients' needs.

4.10 A detailed review of the data was undertaken to test whether children were being seen in the most appropriate setting for the care that they needed. This assessment indicated that many children could be managed more comfortably by paediatric nurses in the community (e.g. those coming in for planned treatment such as IV antibiotics or wound dressings). Similarly, many children with minor conditions would be most appropriately managed in primary care or in the community, if the right services were available.

4.11 Key findings from the group's work included:

- Peak times of demand for the SSPAU tend to be between 9am and 11am and 3pm and 8pm

[4] The Paediatrics Working Group was chaired by Dr Mark Barnes (GP and Governing Body Member for Eastbourne, Hailsham and Seaford CCG). Membership includes clinical and executive representation from the CCGs and the Trust.

- The length of time children spent on the SSPAU ranged from 10 minutes to 8 hours
- The majority of children spent around 2-3 hours in the SSPAU
- Weekend activity at the SSPAU is small with an average of 8 children attending the unit over a full weekend
- On average 22 children per month are transferred from the EDGH SSPAU to the Conquest Hospital. This figure is in line with previous information provided to the HOSC
- The majority of child transfers occur towards the end of SSPAU opening times if, following treatment, overnight care is required.
- Of the children admitted to the inpatient unit, over 50% stay in hospital for under one day.

4.12 This gave rise to a wider piece of work that has been initiated to ensure that the approach incorporates how children and families access urgent services more generally, so a comprehensive pathway is developed that includes:

- enhanced GP and primary care provision
- enhanced community paediatric nursing provision
- enhanced paediatric provision in A&E

4.13 This whole model will ensure that children are treated appropriately in the right setting for their care. The work is progressing with a view to agreeing the model by the summer of 2015.

4.14 The agreed current services, including the opening hours of the SSPAU, remain unchanged in the interim and the quality and safety of the service continues to be monitored.

4.15 Other actions that were already in place, or have been implemented since the CCGs' decision include:

- a GP Education Programme on common illnesses requiring paediatric care and paediatric pathways is being rolled out across East Sussex
- a review of community paediatric nursing provision, including a review of the hours this service is available
- outreach staff in place as a point of contact between parents and hospital consultants through the children's community nursing services
- stay-over beds available as appropriate for parents with children at the inpatient unit.

Communications and Engagement

4.16 The CCGs developed a communications and engagement strategy which was supported by the HOSC. The agreed outcomes of the communications and engagement strategy have been completed, with the exception of a final wider piece of communications work which will be undertaken to inform stakeholders how the actions relating to the HOSC and consultation recommendations have been delivered, and to conclude the Better Beginnings programme.

- A birthing choices leaflet has been designed and tested with the patient group; the leaflet includes:
  - Information about birthing choices
  - Information on transfer protocols, explaining what happens if a transfer is required during labour
  - The promotion of normal births
  - Guidance for partners on staying overnight with their partners
  - Information on when to travel and early labour

- The CCGs are commissioning the development of an information app for healthcare services in East Sussex which will include appropriate information about maternity and paediatric services.

- The Trust website is under on-going review; the following updates have been made:
  - virtual tours of the maternity sites (these are also being updated)
  - breastfeeding information is up to date (the Trust has also successfully recruited a feeding specialist)
  - support regarding birth planning
  - the promotion of normal births
  - up to date information regarding paediatric services and pathways

- There is also improved communications for families and users of maternity and paediatric services, including:
  - appropriate information regarding travel to and from services
  - information about the loan of baby seats

5. High quality, safe, sustainable services

5.1 The CCGs and ESHT continue to monitor these services and agreed indicators across a range of measures are regularly reported to the CCGs' Governing Bodies and the Trust board. These quality reports demonstrate that the safety and quality of services has been sustained since the reconfiguration are publicly available on the organisations' websites. A report including the indicators agreed with HOSC can found at Appendix 3.

Maternity and Paediatric Quality and Safety report: data to December 2014

1. Glossary

BBA	Born Before Arrival
BSUH	Brighton and Sussex University Hospitals NHS Trust
CBC	Crowborough Birthing Centre
CCG	Clinical Commissioning Group
CTG	Cardiotocographs
CQ	Conquest Hospital
EDGH	Eastbourne District General Hospital
EMU	Eastbourne Midwifery Unit
ESHT	East Sussex Healthcare NHS Trust
HOSC	East Sussex Health Overview and Scrutiny Committee
HIE	Hypoxic Ischaemic Encephalopathy
LSCS	Lower Segment Caesarean Section
MLU	Midwifery Led Unit
MSW	Maternity Support Worker
MTW	Maidstone and Tunbridge Wells NHS Trust
NICU	Neonatal Intensive Care Unit
RCOG	Royal College of Obstetricians and Gynaecologists
RSCH	Royal Sussex County Hospital
NHS	National Health Service
SCBU	Special Care Baby Unit
SI	Serious Incident
SSPAU	Short Stay Paediatric Assessment Units
TWH	Tunbridge Wells Hospital

2. Summary

2.1 Measurable safety improvements demonstrated within Trust Obstetric and Maternity services following the temporary reconfiguration of services in May 2013 and the subsequent decision post consultation have been sustained.

2.2 The Trust has reported significantly fewer maternity related Serious Incidents (SIs) following the reconfiguration of 07 May 2013 and similar incidents are not recurring.

2.3 The Trust has systems in place to undertake analysis of all incidents, and to feedback learning to all relevant staff. The quality of Serious Incident reporting has improved which provides further assurance around the Trust's ability to manage and implement learning.

2.4 The Trust has sustained a higher level of consultant presence on the labour wards (was 48hrs pre-configuration and is now 72hrs). This has translated into increased consultant involvement in decision making, increased consultant performance of operative obstetric procedures and direct supervision of junior doctors performing these procedures.

2.5 Safety has improved post reconfiguration as middle grade medical staff are now able to call upon the support and direction of the Consultant medical

body in a timely manner. This is a result of the fact that these staff groups are now working on the same site. There is now a more advanced support structure for middle grade medical staff resulting in better outcomes for mothers and babies.

2.6 Reconfiguration has led to a significant decrease in the use of locum medical staff who are unfamiliar with Trust protocols, procedures and the physical environment of the maternity wards. This has led to fewer incidents, improved middle grade medical decision making and contributed to a safer environment for mothers and babies.

2.7 Maternity staffing issues such as short term sickness have occasionally affected the operational effectiveness of the midwifery led units leading to diverts and closure. Following reconfiguration the Trust is better placed to manage issues as they arise, redeploy staff and utilise assets more effectively. The Trust has demonstrated that they are able to achieve this in a safe, considered and systematic fashion.

2.8 The Trust is taking active steps to address midwifery staffing issues and has demonstrated improvements following reconfiguration in managing staff sickness.

2.9 One of the key improvements relating to maternity staffing levels is that post reconfiguration the Trust is no longer reliant upon the use of agency midwives. There is a stronger cadre of midwifery staff who are familiar with team processes, Trust protocols, guidelines and the physical environment which is crucial for providing a safe and quality service for mothers and babies.

2.10 The Trust continues to monitor both scheduled and unscheduled Lower Segment Caesarean Section (LSCS) rates and is not exceeding the national goal of 23% when measured over the year. Following the reconfiguration the middle grade medical staff decision making process and Consultant oversight has improved in relation to complications arising from Caesarean section.

2.11 The Trust continues to report babies Born Before Arrival (BBAs) when they occur. There has been no impact on mothers living in the Eastbourne area with regard to BBAs as a result of the reconfiguration. There continues to be an increase of BBAs reported in the Hastings and Rother area for mothers booked to give birth at the Conquest.

2.12 For those mothers who have experienced a BBA the Trust has confirmed that mothers and babies are triaged by a Community Midwife and if clinically indicated are advised to be transferred to the relevant maternity unit. The overwhelming majority of mothers who experienced a BBA underwent a homebirth and chose not to be admitted to hospital post-delivery. There have been no Serious Incidents post 07 May 2013 as a result of a BBA.

2.13 Patient experience continues to be reviewed and monitored by both the Trust and Commissioners in relation to both Maternity and Paediatric services.

Themes and trends resulting from patient feedback are reviewed and incorporated into service provision. Analysis of patient feedback indicates no complaints related directly to the quality and safety of the maternity and paediatric configuration. This area continues to be monitored by both the Trust and Commissioners.

3. Monitoring the impact of the new configuration of services

The driver for the temporary and subsequent permanent single siting of obstetric and inpatient paediatric services was to ensure sustainably safe services. The CCGs have continued to monitor the quality and safety of the services currently being delivered, with an enhanced focus on key indicators that are most likely to be impacted by a change in service reconfiguration.

3.1 It should be noted that these form part of a wider set of indicators that continue to be monitored as part of the CCGs' clinical quality review meetings, and reported to the CCG Governing Bodies. ESHT also reports regularly to their Trust Board.

3.2 This report provides information against each of the key indicators agreed with the HOSC in January 2015.

Maternity Services

4. Serious incidents (SIs)

Position since 07 May 2013: **IMPROVED**

4.1 SIs are reported via the Trust DATIX system. All reported SIs are subjected to a full Root Cause Analysis (RCA). The Trust undertakes a review of contributory factors which have led to the occurrence of Serious Incidents.

4.2 The reduction in Serious Incidents following reconfiguration has been sustained

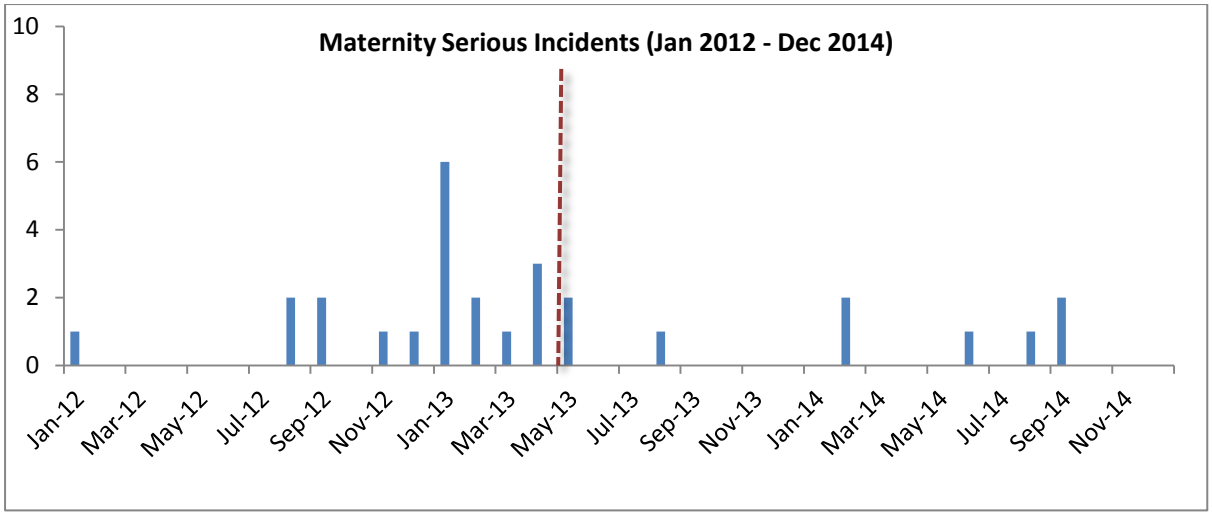
4.3 There have been no maternal deaths reported by the Trust since the reconfiguration of 07 May 2013.

4.4 There has been a decrease in babies with Hypoxic Ischaemic Encephalopathy (HIE) and the maintenance of the traditionally low perinatal mortality rate.

4.5 Prior to reconfiguration a trend had been identified as a contributing factor to Serious Incidents occurring relating to the lack of substantive medical and midwifery staff. This led to an over reliance on middle grade locum doctors and agency midwives. This position has improved following reconfiguration and continues to be sustained.

4.6 Following reconfiguration there has been no key trends identified relating to medical and midwifery staffing levels

4.7 Graph 1: Maternity Serious Incidents (Jan 2012 - Dec 2014)



4.8 Table 1: Serious Incidents by month (Jan 2012 – December 2014)

January 2012 – December 2012												TOTAL
J	F	M	A	M	J	J	A	S	O	N	D	7
1	**0**	**0**	**0**	**0**	**0**	**0**	**2**	**2**	**0**	**1**	**1**	
January 2013 – December 2013												**TOTAL**
J	F	M	A	M*	J	J	A	S	O	N	D	12 (3*)
6	2	1	3	2	0	0	1	0	0	0	0	
January 2014 – December 2014												**TOTAL**
J	F	M	A	M	J	J	A	S	O	N	D	6
0	2	0	0	0	1	0	1	2	0	0	0	

* *3 reported SIs from 07 May 2013 (May to Dec 2013)*

5. Lessons Learned

5.1 Learning to prevent Serious Incidents continues to be embedded within the Trust. Some examples of learning by theme are cited below:

Staffing

5.2 All incidents are reviewed and there have been no trends relating to medical staff and supervision following reconfiguration

5.3 Consultant presence on labour ward is sustained at 72 hours per week

Training

5.4 All staff undertake either K2 or the Royal College of Obstetricians and Gynaecologists (RCOG) CTG training package and this training is monitored

5.5 Additional training has been put in place for the paediatricians to support them in intubation and resuscitation of babies and discuss the details regarding preparation of babies who are to be retrieved to a Neo-natal Intensive Care Unit (NICU)

5.6 CTG training for all midwifery and medical staff is provided on a monthly basis. There is a comprehensive teaching programme for all staff who attend this session.

5.7 Monitoring of staff in terms of mandatory and additional updating is done by both midwifery supervision for midwives and by the annual appraisal for all staff

Root Cause Analysis (RCA)

5.8 Completed RCAs of Serious Incidents continue to be sent to all those involved in a case and shared with doctors and midwives at training sessions

5.9 RCAs continue to be sent to all midwifery matrons to share with their teams and discuss the learning points and recommendations

5.10 Multidisciplinary incident review meeting to discuss incidents from the previous 48-72 hours continues. This helps to ensure that if an incident is deemed to be serious it can be escalated promptly.

6. C-section rates (total, scheduled and unscheduled)[1]

Position since 07 May 2013: **NEUTRAL**

6.1 The Trust actively monitors C- Section activity in line with national guidance. The graphs below indicate the Trusts position against the:

- total C-Section rate
- scheduled C- Section rate
- unscheduled C- Section rate

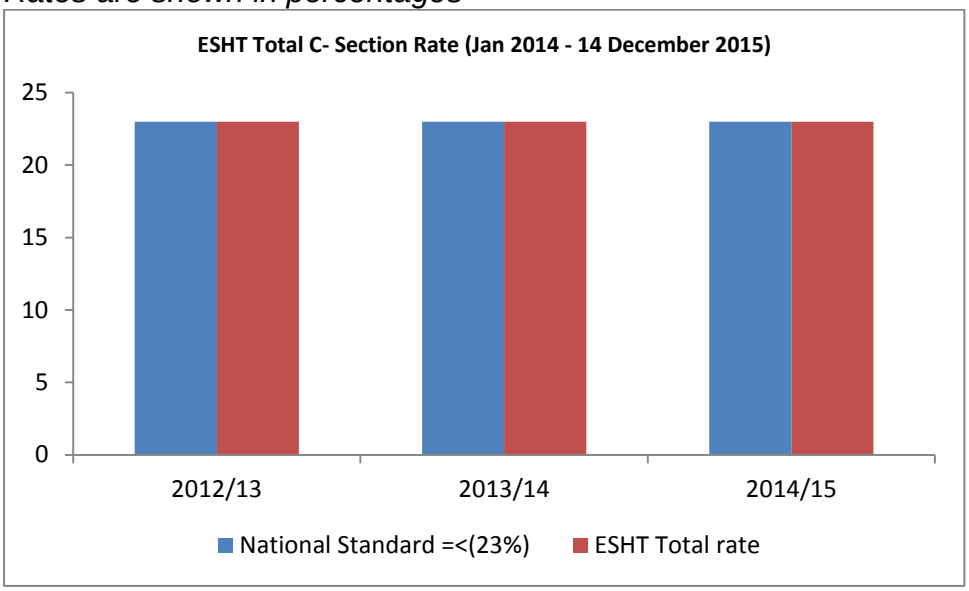
6.2 In 2012/13 and 2013/14 all three rates of total, scheduled and unscheduled were achieved at the level of the required national target standard

6.3 So far in 2014/15 for which the data is only complete up to and including November 2014 the planned rate is down by 1% and the emergency rate is up by 1%

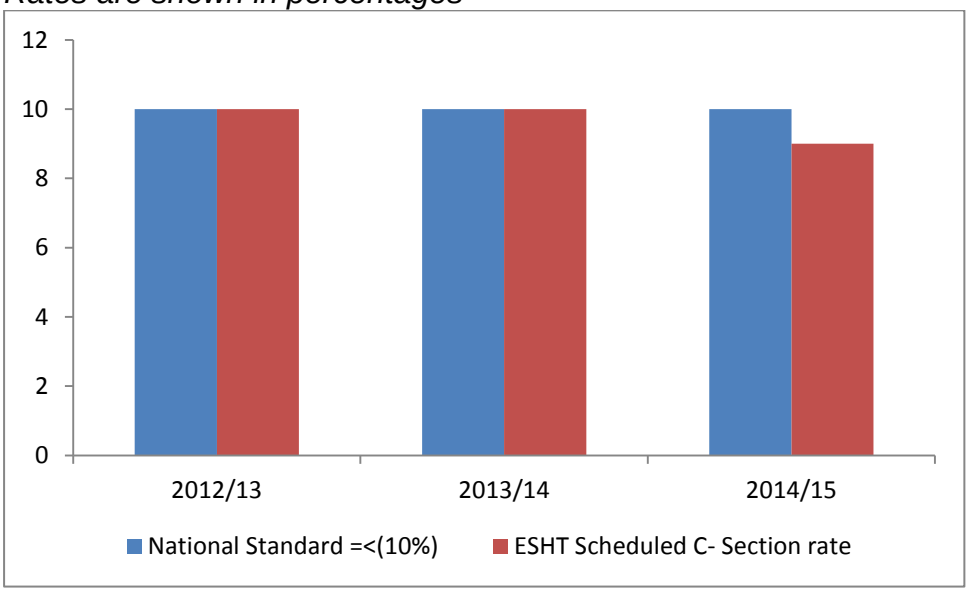
6.4 Despite an upward trend in LSCS rates throughout the country and also in ESHT prior to reconfiguration, ESHT has maintained a steady LSCS rate and within national goals of 23%. This rate has not been impacted by the reconfiguration.

[1] Source: Euroking extracts, January 2012 – 14 December 2014

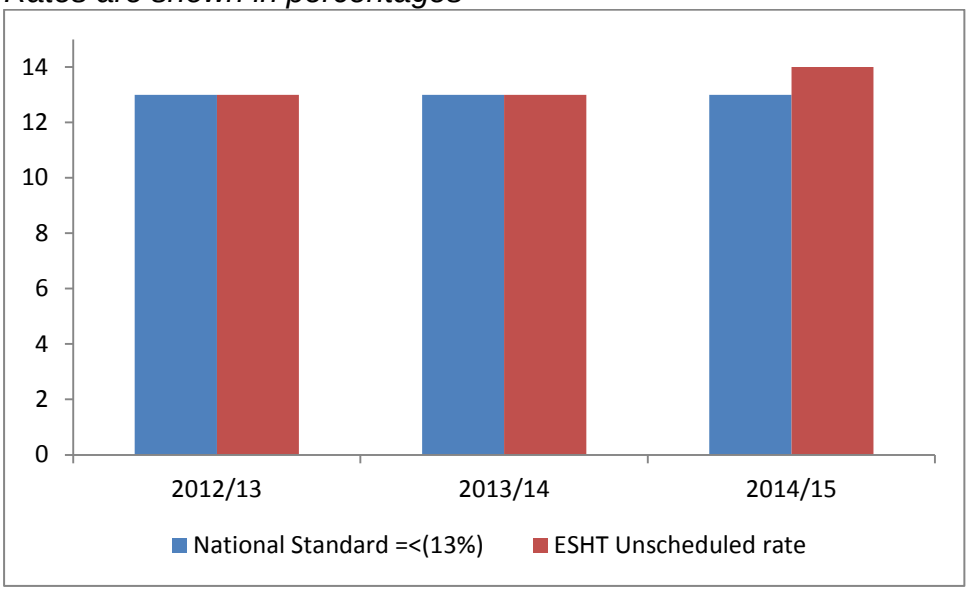
Graph 2: ESHT Total C- Section Rate (Jan 2012 - 14 December 2015)
Rates are shown in percentages



Graph 3: ESHT Scheduled C- Section rate (Jan 2012 - 14 December 2015)
Rates are shown in percentages



Graph 4: ESHT Unscheduled C- Section rate (Jan 2012 - 14 Dec 2015)
Rates are shown in percentages



7. Babies born before arrival (BBAs)[2]

Position since 07 May 2013: **NEUTRAL**

7.1 There is no nationally agreed definition for a baby born before arrival. For the purpose of this report the BBA definition refers to those babies born before the arrival of a midwife; as a result, even if a paramedic is in attendance it will still be a BBA. It should be noted this can give rise to slightly different figures being reported.

7.2 To address this the Trust has taken action to ensure that BBAs are reported in a consistent manner with sub categories of birth (for example, Born in transit in a car and Born in transit in an Ambulance), together with a conclusion as to whether the BBA was either “avoidable” or “unavoidable”. This will be fully implemented from 01 April 2015.

7.3 Following a BBA the mother and baby are reviewed by a Community Midwife. If clinically indicated both mother and baby will be transferred to the most appropriate maternity unit otherwise they remain at home.

7.4 The information below is the latest iteration of BBAs up until the end of December 2014. This information may differ slightly from the data supplied in the previous Quality update to the HOSC for the reasons cited above.

7.5 The **key headlines** in relation to BBAs are:

- No adverse outcomes for mothers or babies have been reported in relation to BBAs (some babies will have been transferred into maternity

[2] Source: ESHT Head of Midwifery records based upon Euroking extracts and DATIX entries January 2012 – 14 December 2014

units for observation checks or "warming up" in line with standard practice)

- The two key themes in relation to BBAs occurring include births taking place quicker than expected and expectant mothers not seeking advice from a midwife in good time.

- Following review the Trust has not identified proximity to a birthing unit as a significant factor in reported BBAs taking place

7.6 Table 2: Women who experienced a BBA and were booked to birth at the Crowborough Birthing Centre

	J	F	M	A	M	J	J	A	S	O	N	D	Total
2012	0	0	0	0	0	0	0	0	0	2	0	2	**4**
2013	0	1	0	1	0	0	1	1	1	0	0	0	**5**
2014	0	0	1	0	0	1	0	0	1	1	0	0	**4**

Key points:

- No adverse outcomes were seen for any of these babies

- In 2012, three woman chose to remain at home post-delivery and one was transferred into CBC

- In 2013 all six women chose to remain at home post delivery

- In 2014 two women chose to remain at home post-delivery, one was transferred into CBC as was born in the car park outside CBC and three were transferred to Tunbridge Wells Hospital

7.7 Table 3: Women who experienced a BBA and were booked for birth at the EDGH/EMU

	J	F	M	A	M	J	J	A	S	O	N	D	Total
2012	2	0	1	0	4	4	0	1	0	2	2	2	**18**
2013	1	1	1	0	1	1	1	0	1	0	1	0	**8**
2014	0	3	0	1	3	0	1	0	1	3	0	3	**15**

Key points:

- No adverse outcomes were seen for any of these babies

- These figures refer mostly to women with an Eastbourne, Hailsham and Seaford (EHS) CCG postcode

- In 2012, thirteen women chose to remain at home post-delivery of which two were delivered by paramedics, one born in hospital corridor so transferred into the ward, two transferred to the Eastbourne District General Hospital (EDGH), one baby transferred to the Special Care Baby Unit (SCBU) and one baby born in transit in hospital with a paramedic

- In 2013, five chose to remain at remain at home post-delivery, two were transferred into EDGH and one was transferred to SCBU as pre term. All women were booked to give birth at the EDGH/EMU.

- In 2014, fourteen remained at home and one was transferred to Brighton from Seaford due to maternal condition.

7.8 Table 4: Women who experienced a BBA and were booked to give birth at the Conquest Hospital

	J	F	M	A	M	J	J	A	S	O	N	D	Total
2012	1	1	2	1	3	0	3	1	2	1	1	0	**16**
2013	3	1	0	4	2	3	1	1	1	1	1	2	**20**
2014	1	1	2	3	2	2	5	1	3	0	2	4	**26**

Key points:

- No adverse outcomes were seen for any of these babies

- The majority of mothers who experienced BBAs continue to reside in the Hastings, Bexhill, St Leonards and Robertsbridge areas.

- In 2012, eight women chose to remain at home post-delivery, five transferred to Conquest, two delivered in the car so transferred into Conquest and one baby went to the SCBU

- In 2013, five women chose to remain at home post-delivery, seven were transferred into Conquest, two babies went to SCBU and six babies were born in transit – three in cars, one on the door step as leaving for the hospital and two in ambulances delivered by paramedics. One out of area when William Harvey Ashford was on divert and 1 en route to Conquest

- In 2013, four out of the twenty women who experienced a BBA were from the EHS CCG area (postcode areas include Hailsham and Eastbourne). These BBAs took place from the 10 May 2013.

- In 2014, thirteen women chose to remain at home post-delivery, nine transferred into the Conquest, four mothers gave birth in transit (three in the ambulance and one in a car en route to Conquest)

- In 2014, 3 out of the twenty six women who experienced a BBA were from the EHS CCG area (postcode areas include Hailsham and Eastbourne)

8. Midwife to birth ratio

Position since 07 May 2013: **NEUTRAL**

8.1 The national standard set by Birthrate Plus is to have a ratio of 1:29 or lower and the locally agreed indicator is 1:30.

8.2 The midwife to birth ratio is measured across all sites where the Trust provides maternity services.

8.3 When broken down into site specific data, midwife to birth ratio is significantly different. This measure is similar for all Trusts that provide services across multiple MLU sites

8.4 The midwife to birth ratio will always be higher at an MLU which has to be staffed 24 hours a day to respond to intrapartum activity whenever it happens but with fewer births than at the acute site (this means the staffing levels at MLUS will be lower due to the reduced number of births)

8.5 At each of the MLUs, staff not only provide intrapartum care but also antenatal and postnatal care

8.6 At the Conquest the ratio is higher and is a consequence of staffing two MLU's with much lower birthing activity

8.7 Staffing is reviewed daily to ensure the safety of women and babies

8.8 Table 5: Midwife to birth ratio, 2012 – 2014 (National Standard – 1:29)

	2012	2013	2014
Trust Level (Average)	**1:32**	**1:27**	**1:30**
EDGH*	1:32	1:20	1:18
CBC	1:18	1:18	1:15
Conquest	1:38	1:33	1:38

** EMU from 07 May 2013*

9. Diverts and site closures

Position since 07 May 2013: **IMPROVED**

9.1 From 07 May 2013 the Conquest has not closed or gone onto divert up to and including February 2015.

9.2 The reconfiguration has ensured a sustainable, safe obstetric-led service.

9.3 In 2012 and early 2013, divert procedures were instigated on over seventy occasions between the EDGH and Conquest for the reasons related to capacity, medical or midwifery staffing.

9.4 Following reconfiguration, occasional closures and diverts continue to occur in the MLUs. A unit can be closed for a small amount of time and often no women are affected.

Table 6: Closures and Diverts (2013)[3]

2013	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
CBC closed	0	0	0	1	1	3*		
No. women diverted				0	0	0		
Where to				CQ	CQ	CQ		

Key Points 2013

- All diverts were overnight except * 31/10 07.30 until 4/11/13 10.00 CBC on divert – **no women diverted**

- During these diverts the Midwife and Maternity Support Worker (MSW) on duty were re-located to Conquest.

Table 7: Closures and Diverts (2014)[4]

2014	J	F	M	A	M	J	J	A	S	O	N	D
CBC closed	1		2		2	1	2	1(*)	2		1	6($)
EMU closed	0					1			1	1		3
No. women diverted	0		0		1	0	1	3	1 from EMU	1	0	2 from CBC
Where to					EMU		TWH	EMU PRH TWH	CQ			TWH x2

Key points 2014

- All diverts were overnight except (*) 22/08 – 25/08/14 and ($) CBC diverted during the day due to staffing issues and one woman diverted to Tunbridge Wells Hospital (TWH) – **very few women (9) diverted**

- During these diverts the Midwife and Maternity Support Worker (MSW) on duty were re-located to Conquest

10. Transfers from MLUs to Obstetric Units

Position since 07 May 2013: **NEUTRAL**

10.1 No babies transferred from an MLU to an Obstetric Unit have been born en route.

10.2 The average transfer time meets the agreed standard (from making the decision to handover, to the receiving unit within our area) of 80 minutes.

10.3 The Trust has confirmed that all local transfers for first births continue to be achieved within the national average of 36%[5] .

[3] Source: Euroking extracts, January 2012 – 14 December 2014
[4] Source: Euroking extracts, January 2012 – 14 December 2014

11. Maternity Staffing[6]

Position since 07 May 2013: **IMPROVED**

11.1 The quality of midwifery staffing has improved with significantly less reliance on agency midwifery staffing compared with pre – 07 May 2014.

11.2 Midwife maternity leave and long term sickness and vacancies are reducing. Existing mitigations stay in place with regular bank and agency midwives who are familiar with Trust protocols and processes and ad hoc diverts enacted from the MLU's as required. Midwifery recruitment is on-going and the Head of Midwifery is investigating overseas recruitment from Europe as required.

11.3 The Trust has undertaken an analysis of midwifery staffing levels from the perspective of midwives in post against establishment for 2014. This has been undertaken for the Conquest, EMU and CBC sites. The Trust has provided commissioners with assurance that whilst the maternity led units are not always staffed to their full establishment rate there is sufficient flex within the system to maintain a safe service at the Conquest hospital by moving midwifery staff around the system as required.

12. Obstetric Medical Staffing

Position since 07 May 2013: **IMPROVED**

12.1 The Trust has demonstrated a sustained higher level of consultant presence on the labour wards than when the previous configuration was in place (was 48hrs and is now 72hrs). This has translated into increased consultant involvement in decision making, increased consultant performance of operative obstetric procedures and direct supervision of junior doctors performing these procedures. The elective caesarean lists now have a specific consultant supervisor separate from the labour ward consultant.

12.2 Safety has improved as a result of the reconfiguration as middle grade medical staff are now able to call upon the support and direction of the Consultant medical body after 1700 for direct supervision on site. This means that there is now a more advanced support structure for middle grade medical staff which has resulted in better outcomes for mothers and babies.

12.3 In line with the maternity staffing experience the reconfiguration has led to a decreased use of locum medical staff and the use of locum staff who are unfamiliar with Trust protocols, procedures and the physical environment of the maternity wards has reduced significantly.

12.4 Following reconfiguration any absence or sickness has been covered by doctors in substantive posts, in a minority of instances external known

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[5] Source: Telephone conversation between CCG Quality Manager and Trust Head of Midwifery, 17 March 2015

[6] Source: Email from ESHT Head of Midwifery to East Sussex CCGs, 11 March 2015 and Head of Midwifery Establishment vs Post figures, 11 March 2015

locums have been utilised in low-risk clinical areas with adequate supervision.

12.5 There have been less serious incidents being reported as a result with improved middle grade medical decision making and contributed to a safer environment for mothers and babies.

13. Maternity Patient Feedback[7]

Position since 07 May 2013: **IMPROVED**

13.1 The operational quality and safety forum for ensuring the review of key quality areas with the Trust is the monthly Clinical Quality Review Group where Maternity services are a regular agenda item. This meeting also reviews aspects of patient experience in relation to Trust services, including Maternity (which included the Friends and Family Test).

Key points:

- The Trust is also performing well in relation to feedback from the Friends and Family Test and has consistently scored above the minimum standard.

- Patient feedback from the Maternity Friends and Family Test include staff attitude on the antenatal wards, more affordable antenatal classes, requests for showers in baths, a request to keep the CBC open, a request to move obstetric services back to the EDGH, discharge planning and general staff attitude.

- The number of complaints have reduced post reconfiguration. The same themes persist regarding standards of care and provision of services, which reflect national trends.

14. Births by site

14.1 Information relating to the number of births by site does not relate to the quality and safety of the service but does provide activity information as requested by the HOSC

14.2 The overall birth rate within ESHT has decreased by 7.1% in 2013 and a further 8.6% in 2014. This is in line with anticipated trajectories following reconfiguration.

14.3 Activity at the Conquest has increased following the single siting happened on 07 May 2013. Eastbourne data cannot be compared as EMU data has only been collected for one full calendar year.

Following the service reconfiguration of 07 May 2013 the numbers of births at the EDGH has decreased with clinically screened “high risk” pregnancies

[7] Source: Email from ESHT Head of Midwifery to East Sussex CCGs, 25 February 2015

being redirected to the Conquest as the safety of mothers and babies is the first concern for the Trust.

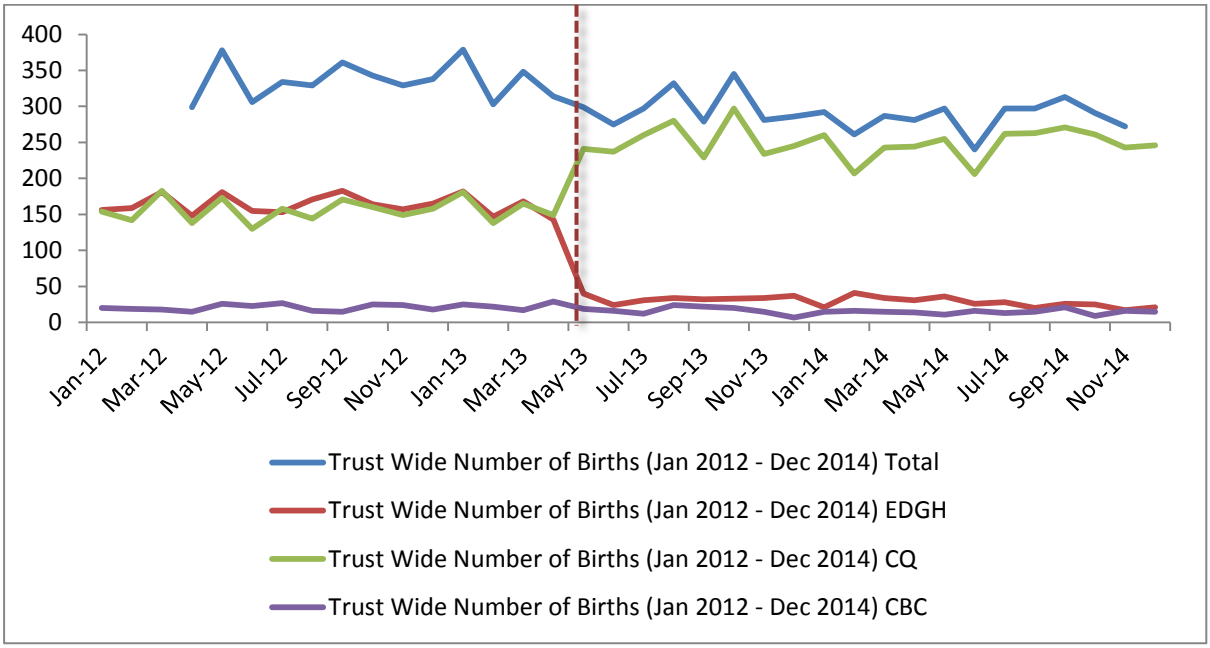
14.4 The tables below indicate the number of births by site by year for each of the three East Sussex maternity units in line with a previous request from the East Sussex HOSC.

Table 8: Births by site by year

Site	2012	2013	2014
Conquest	1860	2656	2961
Eastbourne *	1973	905	326
Crowborough Birthing Centre (CBC)	246	228	176
Total of births at ESHT	4079	3789	3463

* EMU only from 07 May 2013

Graph 5: Trust wide number of births by month (Jan 2012 - Dec 2014)



Paediatric Services

15. Paediatric Staffing[8]

Position since 07 May 2013: **IMPROVED**

[8] Source: Email from Head of Nursing, Women's and Children Clinical Unit to Children, Young People and Maternity Services Joint Commissioning Manager, 25 February 2015

15.1 The Trust has confirmed that the inpatient paediatric nursing staffing levels are in line with the required establishment.

15.2 A number of staff members made the personal decision to move to Kipling Ward at the Conquest Hospital permanently whilst others decided to work across both sites. This option has enhanced working at the Conquest Short Stay Paediatric Unit (SSPAU).

15.3 An additional clinical nurse educator role has been secured to support workforce, training and development.

15.4 Four newly qualified staff nurses joined Kipling ward in September 2014.

15.5 A healthcare assistant is currently seconded to undertake her nurse training demonstrating that the Trust is "growing their own" staff and looking forward to succession planning.

15.6 In relation to Neonatology, a Band 6 sister now has protected time in a clinical nurse educator role for one day per week to support workforce, training and development on the unit. The Trust has reported that the workforce is stable with one member of staff currently on maternity leave. A newly qualified nurse will join the team in June 2014 after an internal rotation.

16. Paediatric Serious Incidents
Position since 07 May 2013: **NEUTRAL**

16.1 There have been zero paediatric Serious Incidents reported to Commissioners as a result of the reconfiguration since the 07 May 2013 to the time of writing this report.

16.2 There has been one paediatric Serious Incident reported since 07 May 2013 to the time of writing this report which did not relate to the safety and quality of paediatric services

17. Summary of Paediatric Service Feedback[9]
Position since 07 May 2013: **NEUTRAL**

17.1 There was an initial increase in complaints following reconfiguration related to the provision of services however these have significantly decreased during 2014 (from eighteen to nine for period 07 May 2013 - 30 September 2013 and 07 May 2014 - 30 September 2014).

17.2 These complaints relate predominately to provision of services, communication, standards of care and staff attitude

[9] Source: Email from Head of Nursing, Women's and Children Clinical Unit to Children, Young People and Maternity Services Joint Commissioning Manager, 24 February 2015

18. **Paediatric Transfers from EDGH to Conquest Hospital**[10]

18.1 Information relating to the number of admissions by site does not relate to the quality and safety of the service but does provide activity information as requested by the HOSC.

18.2 The Trust have confirmed that between January 2014 and December 2014 a total of 6935 paediatric admissions took place at Trust level

18.3 Of this number 4608 were admitted to the Conquest Hospital and 2327 were admitted to the EDGH.

18.4 Of the 2327 EDGH total, 267 transfers took place from the EDGH SSPAU to the Conquest Hospital. This averages a monthly total of 22 and is in line with information previously reported to the HOSC where the average reported was 20.

19. Conclusion

19.1 **T**he configuration agreed by the three CCG Governing Bodies in East Sussex, and supported by the HOSC, has resulted in sustained improvements in safety and quality for maternity and paediatric services.

19.2 The CCGs and the Trust continue to monitor the safety and quality of all services as part of on-going organisational business.

March 2015

-end-

[10] Source: ESHT Business Intelligence Paediatric Activity (December 2013 to December 2014), 12 February 2015

PROGRESS AGAINST ACTION PLAN – Updated March 2015

These actions are jointly owned by Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG and High Weald Lewes CCG.

	Recommendation		Action Required	Timescale	R.A.G.	Update
1a	**Configuration of Services:** The future configuration of maternity services in East Sussex should provide for the best geographical spread of locations across the County whilst ensuring safe and sustainable services. Options 1, 2, 3 and 4 limit the choices of locations available therefore none of these four options should be selected.	1a (i)	To ensure that HOSC recommendations are available to the Governing Bodies as part of a suite of information and evidence.	25-Jun-14	Complete	HOSC recommendations were included in the Governing Bodies papers for decision making. Governing Bodies unanimously agreed on Option 6.
1b	**Configuration of Services:** The choice of service configuration should take account of a range of factors including: financial viability; population size and growth; the needs of specific population sub-groups; deprivation and associated risk factors	1b (i)	Information and evidence packs, including finance paper, health needs analysis, updated equality analysis and Options Appraisal Report are published in advance of meetings to ensure Governing Body members have enough time to read the contents	25-Jun-14	Complete	Papers for the Governing Bodies meetings on 25 June 2014 were published and provided to members one week in advance of the meetings. At the Governing Bodies meetings, following verbal presentations of the clinical case for change, the development of the options and other evidence and information, Governing Body members also took time to ask many questions regarding the evidence, several in relation to the factors highlighted by the HOSC recommendation, to assure that informed decisions were made. In addition, the options appraisal process that provided a report to the Governing Bodies considered all of the issues raised in detail as part of assessing the options against the appraisal criteria.
		1b (ii)	Governing Body demonstrate an understanding of the evidence and information provided to them, to support their decisions	25-Jun-14		
1c	**Configuration of Service:** Changes to the configuration of maternity services should include	1c (i)	The Better Beginnings Service Implementation Group will deliver its agreed objectives, including	08/04/2014	Complete	The implementation of Option Six is supported by an investment plan, including allocated spend for upgrading

	Recommendation		Action Required	Timescale	R.A.G.	Update
	upgrading and modernising facilities, with due consideration given to the number of beds required across all type and location of unit. HOSC wishes to see excellent, modern Obstetric and Gynaecological services that put the needs of women and babies at the heart of these services in East Sussex.		- The development of an investment plan, including capital expenditure for upgrading of facilities, to be published prior to close of consultation in order to support options appraisal and decision making.			and modernising of services. This investment plan was published on the Better Beginnings website, and included capital expenditure for upgrading and modernising of hospital environments. The assignment of costings to the upgrading and modernisation of facility was informed in part by feedback from staff during consultation. The provision of a modern service was a key consideration of the options appraisal panel.
			Following HOSC decision on 28/07/2014, to develop a full implementation plan, informed by Staff and Service User feedback.	31/08/2014	Complete	The Improvement Board developed a full implementation plan following the HOSC decision on 28/07/2014.
			The working group will ensure that the implementation plans for reconfiguration includes upgrading and modernising of services, and that facilities are fit for purpose.	31/08/2014	Complete	ESHT continuously monitor bed numbers and adjust as appropriate, as part of normal ESHT operational business. The CCGs continue to monitor the quality of services as part of formal commissioning mechanisms. As part of this, the CCGs actively seek assurance that - environments are fit for purpose - capacity is appropriate to demand - access is appropriate to demand. The Better Beginnings Service Implementation Group delivered the financial costings for each option as part of the group objectives. The implementation of service upgrades was overseen by the Improvement Board. A focus group with clinicians in relation to

	Recommendation		Action Required	Timescale	R.A.G.	Update
						the SSPAU was held in August 2014, with the aim of improving Paediatric services in hospital, primary care and in the community.
				Ongoing	Ongoing	Improvements have taken place within the Conquest hospital and further action that may require capital investment is included as part of usual trust investment planning (2015/16 capital plan).
			Close working with the head of engagement to ensure that the needs of women and babies are at the heart of services in East Sussex.	31/08/14	Complete	Service User and Staff feedback continues to inform the ongoing development of services. Feedback from focus groups and staff input has been fed into the working groups.
2	**Maternity Services in High Weald:** The maternity care pathway for women in Crowborough and the North Weald needs to be addressed as a matter of urgency to include provision for reconnecting community midwifery with the birth choices now being made in practice by High Weald women: • Women should have the opportunity to give birth at CBC midwife-led unit with the option to go to Pembury seamlessly should an Obstetric service be required or desired • The administrative pathway barriers, such as formats of patient notes and booking arrangements operating differently in different trusts, must be resolved	2 (i)	A working group, led by a GP Governing Body Member for High Weald Lewes Havens CCG, and including clinical membership from ESHT and MTW will be established:	31/08/2014	Complete	Prior to the agreement to establish the Midwifery Care Pathway Working group, a meeting took place involving the Heads of Midwifery for ESHT and MTW, to begin discussions around the care pathway for women wishing to use maternity pathways between Crowborough Birthing Centre and Pembury. Dr David Roche, GP Governing Body Member for HWLH CCG, was identified as the Lead for the Working Group. The inaugural meeting took place in August 2014 and has met regularly since.

	Recommendation		Action Required	Timescale	R.A.G.	Update
	• Activity levels at CBC should be improved pending longer term management decisions such as reinstating Obstetric scanning services at CBC • The 'emergency transfer link' from the High Weald and Crowborough Birthing Centre (CBC) to Tunbridge Wells Hospital at Pembury must be strengthened as reflected in existing practice for women in distressed labour at CBC.		To identify, raise and resolve pathway issues and barriers (not already raised during consultation) relating to maternity services and transfer protocols in the High Weald, ensuring good clinical governance, communication and record keeping	31/8/2014	Complete	Transfer by ambulance from CBC to Pembury for women requiring 'Hot' transfer (e.g. Risk to life) has been established for many years and has proven to be robust. Women who have booked with ESHT, but decide then to travel to Pembury, can do so. These assurances will be tested as part of the CBC Working Group's objectives and are identified in the Communications Plan as information that will be used to market and promote the service. Protocols for transfer by ambulance from CBC to Pembury for women of less urgency (e.g. for pain relief) is an objective of the HWLH Maternity Care Pathway Working group Midwifery pathways that are intended to support an excellent maternity service (regardless of cross-boundary care) have been agreed by all providers.
			To ensure that the pathways for High Weald women reflect demand	31/03/2015	Ongoing	Midwifery pathways that are intended to support an excellent maternity service (regardless of cross-boundary care) have been agreed by all providers. *Ongoing work to be incorporated into High Weald Lewes Havens CCG and Trust planning.*
			To review booking processes and patient notes to improve maternity services for both providers		Ongoing	Improved liaison between providers in place. *Ongoing work to be incorporated into CCG and Trust planning.*
			To Actively promote the use of CBC, with the support of the communications and engagement		Complete	The marketing of CBC (and the EMU) was identified as an action in the Communications Strategy. The delivery

	Recommendation		Action Required	Timescale	R.A.G.	Update
			working group and consider how activity at CBC might be improved.			of the Communications and Engagement Strategy has been overseen by the Improvement Board, including the promotion of the MLUs and normal birth, and improvements to information given to mothers and partners about their birthing choices.
			Recognising that emergency transfer links, pathways and protocols are currently in place, to test that pathways are robust and known to staff		Complete	Robust transfer protocols are in place and staff are aware.
			To feed into the communications and engagement working group with regards to updates to services and pathways, so that the concerns of patients that were raised during consultation are addressed, and services are further promoted.		Complete	The Maternity Care Pathway Working Group has fed into the communications and engagement working group.
			The CBC Working Group will report into the Improvement Board, where progress against actions and milestones will be measured.	Ongoing	Complete	The Maternity Care Pathway Working Group has reported into, and been overseen, by the Better Beginnings Improvement Board
3	**Paediatric Services:** Both Eastbourne DGH and the Conquest need a Short Stay Paediatric Assessment Unit (SSPAU) that provides a level of service that is better aligned with peak periods of need than the current service. This will require :- a review of SSPAU opening hours, - consideration of how services can be provided outside normal opening hours and - a robust protocol on transfers to ensure that,	3 (i)	The Better Beginnings Service Implementation Group, led by a GP Governing Body member and including senior clinicians and managers from the CCGs and ESHT, have identified the following objectives as part of their remit: - To identify, raise and resolve pathway issues and barriers (not already raised during consultation) relating to Paediatric services and transfer protocols, ensuring good	To be agreed following implementation of preferred option.	Ongoing	The Better Beginnings Service Implementation Group has completed an in-depth analysis of the activity and case mix of children using the SSPAUs. The analysis reviews current opening hours of both SSPAUs against demand. Further work is being carried out to identify the optimum opening hours and to consider how Paediatric services might be better aligned with other services, such as A&E. Through this analysis and as part of the working group

	Recommendation		Action Required	Timescale	R.A.G.	Update
	for example, the intended destination is clearly communicated and agreed amongst all parties in a timely manner.		clinical governance, communication and record keeping- To analyse the activity and casemix of the SSPAUs, to better understand how the service might be developed- To be informed by the communications and engagement working group, in relation to the needs of service users and their families- To identify how Primary Care and Community pathways and services might be enhanced, supporting the development of the Paediatric service. - To meet with and be informed by Paediatric clinical staff when considering how services should be developed- To identify the different models of care for the SSPAUs that would support an excellent Paediatric service in East Sussex and to present these to the Governing Bodies for agreement- To oversee implementation of service development in the community and in the local hospitals and to work closely with GPs, with the support of the CCGs' locality engagement team, on the enhancement of Paediatric care in primary careThe Better Beginnings Service Implementation Group has been established for several months and has supported the programme by developing an investment plan for the options,			objectives, the working group has begun to develop the potential models of SSPAUs. A meeting has taken place between the GP Lead and the Paediatric clinical staff, and feedback has been captured. A second, follow-up meeting with a smaller group of consultants took place in August for some more detailed work on how the service might be developed. The working group has now completed the SSPAU assessment and is developing models of care for access to urgent paediatrics that includes GPs, community paediatric services and A&E. The CCGs' Governing Bodies will be presented with the findings of the working group, to agree on the best model of care for Access to Urgent Paediatric Care. This recommendation is expected in Summer 2015.

	Recommendation		Action Required	Timescale	R.A.G.	Update
			which focussed on providing a sustainable, modern service. The implementation group will continue to report into the Better Beginnings Programme Board, where progress against milestones is measured.			
4a	**Paediatric Services:** Co-locating inpatient Paediatric services with a consultant-led Obstetric unit is appropriate based on the evidence available.	4a (i)	Ensure that clinical evidence supporting the colocation of Obstetric and Inpatient Paediatric Services is available to Governing Body members.	25/06/2014	Complete	The CCGs agree with and accept this recommendation which is reflected in their final decisions.
4b	**Paediatric Services:** The operation of the Special Care Baby Unit (SCBU) should be reviewed with the strategic clinical network to see whether Level 2 services would be more appropriate in future.	4b (i)	Liaise with the Strategic Clinical Network regarding a review of the SCBU level, and inform the HOSC of the SCN Response. Work closely with the Sussex and Surrey Area Team who commission specialist services, including neonatal care, on all matters relating to the neonatal services, to ensure the needs of East Sussex are fully reflected.	28/07/2014	Complete	The response from the SCN in relation to a review of the SCBU is attached to the CCGs Report to the HOSC (28/07/2014). The response includes a description of the different levels of SCBU and what each level provides. 'The Neonatal Network has been involved throughout the East Sussex process and has consistently reviewed activity as with all services in region; at present the activity would not suggest a higher level of unit is required or sustainable.' The CCGs will continue to work closely with the Sussex and Surrey Area Team through regular meetings, during which the neonatal activity will continue to be reviewed.
5a	**Implementation**The evidence and arguments supporting the CCGs' options have failed to convince the campaigning organisations and many individuals of the need to change the configuration of the services. This	5a (i)	The Communications and Engagement Working group will develop a Communications strategy for Implementation. The delivery of strategy milestones will be the responsibility of the working	28/07/2014	Complete	A communications strategy has been developed by the Communications and Engagement Working Group, and has been shared with HOSC members in advance of HOSC meeting (28/07/2014). Lessons Learned from independent

	Recommendation		Action Required	Timescale	R.A.G.	Update
	points to the requirement, whichever option is selected, for an effective and innovative communications strategy to be in place in advance of full implementation.		group, but will be overseen by the Better Beginnings Improvement Board, which will build on the strategy used for consultation. The communications strategy will be shared with the HOSC and ratified by the Better Beginnings Programme Board. The plan will be initiated once the implementation of the option has been agreed. A process will be established to ensure that the outputs from the strategy (e.g. findings from service users or clinical engagement) will feed into the appropriate working groups to ensure that each workstream informs the other.			analysis have been incorporated into the strategy. The strategy aims to address the needs of all stakeholders, including members of the public, service users, targeted groups, GPs, providers, schools and interested bodies. The chair of the communications and engagement working group is also a member of the Better Beginnings Service Implementation Group and the Better Beginnings Programme Board. The actions outlined in the delivery plan were initiated immediately following HOSC decision on 28/07/2014, for example briefing stakeholders on the outcome of the meeting. The strategy and action plan was agreed and monitored by the Better Beginnings Improvement Board. Most actions have now been complete. Further actions on raising awareness of access to urgent paediatric care is aligned with that work stream and will be implemented upon agreement of model of care. This action is agreed as complete, with remaining actions to be incorporated as part of business planning for any further implementation of models.
5b	The (Communications) strategy needs to be targeted particularly at future users of the service to provide clearer information and advice about: risks, safety, choices of birth location, travel and transfers; and emphasise how and why longer travel times do not necessarily equate with increased	5b (i)	Stakeholder mapping to be undertaken to ensure communications strategy is appropriately targeted, with specific focus on the factors highlighted in the HOSC recommendation.	28/07/2014	Complete	The Communications Strategy, as shared with the HOSC (28/07/2014) aims to address the needs of all stakeholders, including members of the public, service users, targeted groups that might be differently impacted by service change, GPs, providers, schools and other interested bodies. Many elements of the

	Recommendation		Action Required	Timescale	R.A.G.	Update
	risk.					strategy are particularly focussed on ensuring that current and potential service users are informed and have knowledge of how to access services. The strategy draws out each of the factors highlighted by the HOSC and shows the communication channels that will be used to inform and address concerns. These include, for example, use of the maternity pages on ESHT website. The strategy also considers how best to inform people and address concerns, in relation to a range of groups, for example those who do not access information through internet use, and those who mainly access information via smartphones.
		5b (ii)	Delivery plan to be initiated. Various messages to media prepared in response to potential HOSC decisions.	28/07/2014	Complete	The actions outlined in the delivery plan were initiated immediately following HOSC decision on 28/07/2014, for example briefing stakeholders on the outcome of the meeting.
		5b (iii)	The strategy will be agreed by the Better Beginnings Improvement Board on 20/08/2014	20/08/2014	Complete	The strategy has been agreed and overseen by the Better Beginnings Improvement Board.
6a	Significant importance should be attached to understanding and communicating the lessons resulting from serious incidents; such learning and resulting actions should be included in future monitoring reports to HOSC.	6a (i) and 6b (i)	The CCGs will continue to monitor quality of the service through regular clinical quality review meetings and through assessment of the data that is provided to the CCGs by Providers. A nationally agreed process is in place to enable CCGs and Trusts to follow up on lessons learned from Serious Incidents to ensure	28/07/2014	Complete	The CCGs continue to monitor the quality of services and to analyse provider data. The CCGs and the Trust continue to monitor the quality and safety of services and have reported the ongoing improvements in quality and safety of maternity and paediatric services to the HOSC. This action is marked as complete, as
6b	A 'clinical safety champion' should be appointed for Obstetrics and Gynaecology who would liaise with the Royal Colleges and other bodies					

	Recommendation		Action Required	Timescale	R.A.G.	Update
	to collate clinical, safety and outcomes data and ensure that safety lessons are effectively put into practice.		mitigating actions are put in place, where possible. Any trends identified in serious incidents will be highlighted to the HOSC, by the CCGs. The Head of Quality continues to review and report on: - BBAs - Caesarean Rates - Serious Incidents (Maternity and Paediatrics) - Induction Rates - Medical Staffing (Maternity and Paediatrics) - Midwifery Staffing - Patient Experience and Feedback (Maternity and Paediatrics) - Complaints (Maternity and Paediatrics) - Activity (Maternity and Paediatrics) - Transfers (Maternity and Paediatrics) - Information relating to other trusts The ESHT Clinical Director will continue to liaise with Royal Colleges and other bodies, and with the Head of Quality as clinical champion to ensure that safety lessons are effectively put into practice, using a nationally approved process. A copy of the approved process for			this now forms part of business as usual for both the Trust and the CCGs.

	Recommendation		Action Required	Timescale	R.A.G.	Update
			monitoring, reporting and learning from serious incidents to be included in the report to the HOSC (28/07/2014)			
7a	A strategy should be put in place to 'vision' a centre of excellence that will successfully attract training grade clinicians to Obstetric and Paediatric services in East Sussex.	7a (i)	The Head of Quality will monitor the improvement of clinical training and supervision, through reports from the Royal Colleges and other bodies. The Head of Quality will monitor the use of locums and temporary clinical staff as part of Quality review. The Head of Human Resources, the Clinical Director and the Head of Midwifery for ESHT will link with the Programme to ensure that any concerns around staffing are highlighted early and to identify any actions required to mitigate staffing concerns. The delivery of the communications strategy and this action plan will support ESHT in becoming the employer of choice for midwives, training grades and other Obstetric and Paediatric clinicians, including the marketing and promotion of East Sussex Healthcare Trust as a preferred employer of choice. The communication strategy will identify actions to recognise and promote the skills of midwives in East Sussex and will engage with midwives to ensure that any development to services is informed by them. Protocols for	As per action plans (ongoing)	Complete	The models of care for Maternity, Paediatrics and Gynaecology were developed with a focus on improving services in East Sussex, with aspirations to becoming a centre of excellence. Improvements to clinical staff training and supervision, and reductions in the use of locum and temporary medical staff, have been reported by the Royal Colleges. These improvements will continue to be reviewed and reported by the Head of Quality. The marketing of ESHT as an employer of choice has been identified as an action in the communications strategy. The Head of HR for ESHT, the Clinical Director and the Head of Midwifery are members of the Better Beginnings Implementation Group. The implementation plan for medical staffing is agreed as an objective of this group. The communications and engagement working group, and the service implementation group, are monitored in the delivery of their objectives by the Better Beginnings Programme Board. ESHT midwives currently use the nationally regarded Maternity Early Warning System (MEWS) tool to assess the most appropriate place for women to deliver. Any changes to this will be made in line with national guidance. The Head of Quality monitors
7b	Being able to retain and develop the skills of midwives is critical to providing a sustainable and safe maternity service in East Sussex. HOSC will require evidence that the significant role undertaken by midwives is given widespread recognition and especially that: • Protocols are established to ensure that midwives can make consistently accurate assessments of place for delivery and provide safe and effective antenatal risk assessments. • A strategy is put in place to ensure the effective support and retention of midwives in East Sussex.					

	Recommendation		Action Required	Timescale	R.A.G.	Update
			accurate assessments of place for delivery and risk levels of pregnant women are established and tested nationally.			the quality of the maternity service. Any risks identified relating to midwife assessments will be reported and managed following the appropriate policies and procedures, and where appropriate, any trends in serious incidents will be reported to HOSC. The agreed option, which includes two standalone midwifery led units, promotes East Sussex as an innovative and desirable place for midwives to work. The trust has a workforce strategy and action plan in place of which maternity and paediatric recruitment and retention is part. The trust monitors staff satisfaction through a range of measures and acts on any findings. A review by the deanery has stated that the trust now offers much improved training opportunities.

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**26 March 2015**
By:	**Assistant Chief Executive**
Title:	**Dementia service redesign**
Purpose:	**To consider progress on the development of a business plan for the future provision of NHS dementia assessment beds in East Sussex.**

RECOMMENDATIONS

HOSC is recommended to consider and comment on the progress of the development of a business plan for the future provision of NHS dementia assessment beds in East Sussex.

1. Background

1.1. Within East Sussex there are currently two acute psychiatric assessment wards for older people with dementia. These are St Gabriel's ward within the St Anne's Centre on the Conquest Hospital site in Hastings and the Beechwood Unit at Uckfield Community Hospital. The wards are provided by Sussex Partnership NHS Foundation Trust (SPFT) and they contain 34 beds in total (18 at St Gabriel's and 16 at Beechwood).

1.2. The intended role of the wards is to provide a specialist dementia assessment service for people (either diagnosed or undiagnosed) with acute or challenging needs which mean they are not able to be assessed at home (which is the preferred approach). The intention is for them to be relatively short stay wards, assessing the person's needs and designing a plan for their future care which could be at home with additional support, or in a residential setting.

1.3. In June 2013 HOSC received a report from the East Sussex Clinical Commissioning Groups (CCGs) which outlined a planned review of these beds to determine whether the currently commissioned services remain appropriate for meeting the needs of the population. HOSC determined that proposed options for the future included some which would constitute 'substantial variation or development to the provision of services' which would require formal consultation with the Committee under health scrutiny legislation.

1.4. A HOSC Mental Health Task Group (Councillors Carstairs, Ensor and Standley) was established to review the options and deliver a report and recommendations for consideration by HOSC. The Task Group's report was endorsed by the full HOSC on 21 November 2013.

1.5. A decision on the preferred future service model was taken by CCG Governing Bodies on 11 December 2013, taking into account a range of evidence which included HOSC's report and a wider consultation. They agreed unanimously that Option 4, to close both sites and create a wholly new model of bed-based dementia services, was the preferred option for implementation. High Weald Lewes Havens CCG Governing Body recommended a specific caveat that the model of care was subject to a full business case process, including Governing Body sign off prior to the closure of the existing sites, and that neither of the existing sites was precluded from consideration when identifying the future location for the new model of care.

1.6. The CCGs intended to establish a working group to develop the new model of care, options for delivery and a business case to be reviewed by the three CCGs during 2014. Clinicians and stakeholders were to play an integral part in this process of designing safe and sustainable services which reflect the needs of people who require bed-based dementia assessment, now and in the future.

1.7. In January 2014 the Committee reviewed the CCGs' decision and agreed to consider the business case when it had been produced. The Committee noted that, in the interim, the services would continue on both the current sites, although neither of the ward environments is ideal in terms of the facilitation of good quality dementia care. SPFT had responded to some of the difficulties by increasing some of the staffing ratios.

1.8. In November 2014, HOSC received an update on the progress of the new model of care. The Committee was told that the next major step in the process in 2015 will be to take a draft business case to the CCG Governing Bodies. HOSC requested a progress update for 26 March 2015.

2. Progress update

2.1. An update on the progress of the development of the draft business case for the dementia assessment beds is attached as appendix 1 and includes the revised timescales for finalising the business case. HOSC is recommended to consider and comment on the progress.

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East Sussex Health Overview and Scrutiny Committee
Meeting on 26th March 2015

Progress report on the development of a business case for the future provision of NHS dementia assessment beds in East Sussex.

Introduction and Background

Members will recall that a HOSC Task Group was set up to 'review the proposals for the provision of NHS beds for the admission and assessment of people with Dementia', and that it's Report, conclusions and recommendations were approved by the full HOSC at its meeting in November 2013.

The conclusions and recommendations of HOSC were that:

1. There appears to be a sound rationale for reducing the number of dementia assessment beds (34) currently located at the Beechwood ward in Uckfield Community Hospital and at the St Gabriels ward in the St Anne's Centre at the Conquest Hospital in Hastings
2. There appears to be a sound rationale for locating the dementia beds at a single site. However, any reconfiguration to a single site should not be undertaken before a suitable site has been identified with appropriate physical surroundings, facilities and levels of care for patients
3. Consideration should be given, where practicable to locating the single site near to an acute hospital so that the multiple health needs of this group of patients can be better handled
4. The innovative ideas emerging around alternative models of support (including step-down facilities), need further development and must be in place before the reconfiguration can be undertaken.

These conclusions and recommendations were made available, and taken into account when Clinical Commissioning Group (CCG) Governing Bodies agreed at their meetings in December 2013, to pursue a "wholly new model of bed-based dementia services" following formal public consultation on options.

This decision was taken in the context of NHS dementia beds being under-occupied on two sites, and opportunities to consolidate on a single site with reinvestments in a new and wider range of community-based 'urgent care' services, aimed at providing alternatives to admission.

CCG Governing Bodies also recommended that a Working Group be established bringing together GP clinical commissioners and Trust clinicians, tasked with developing:

- The New Model of Care
- Options for Delivery
- Business Case

In parallel with meetings of the Working Group held between March and July 2014, others took place with Stakeholder Groups within the same timescales to gain their views on each of these pieces of work.

A Business Case incorporating proposals based on the outcomes from both the Working Group and Stakeholder Groups, for the new model of care and delivery options, was initially prepared in August 2014.

Further discussions and negotiations were subsequently held between CCGs and Sussex Partnership NHS Foundation Trust (SPFT). The purpose was to clarify and resolve a number of details in relation to the new model of care, and secure the support of Trust clinicians that the proposals were both capable of delivery and would meet the needs of East Sussex patients.

This had the effect of delaying a further clinically endorsed version of the Business Case being produced until early in 2015.

Timescales for Approvals Processes

More recently, and due in part to the potential scale of capital funding requirements, it has been decided that a final recommendation for locating NHS dementia beds in East Sussex, should be subject to an inclusive process involving further clinical and patient engagement in the appraisal of different options.

Similarly collaborative development will take place of innovative new urgent-care services, such as step-down facilities providing alternatives to admission, in parallel with other improvements in pro-active care which reduce crises occurring, in line with the recommendations of the HOSC Task Group. These engagement processes will continue through to full implementation of any reconfiguration.

The revised timescales for finalising the Business Case for NHS dementia assessment beds and other new urgent-care services, and obtaining all necessary approvals through CCG governance structures is set out below.

- CCG Joint Commissioning Group for Dementia – March 2015
- Option Appraisal for locating NHS dementia beds – April to July 2015
- Finalisation of Business Case – August 2015
- HWLH CCG Clinical Executive Committee – September 2015
- EHS and H&R CCG Senior Management Team – September 2015
- CCG Governing Body Meetings – October 2015

Members of the HOSC will be invited to comment in advance once proposals are to be brought forward to CCG Governing Bodies, in the context of the approved recommendations made by the HOSC Task Group, and these will be taken in to account by CCG Governing Bodies when reaching their decisions.

HOSC will then be invited to consider the decisions made by CCG Governing Bodies.

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date:	**26 March 2015**
By:	**HOSC Chair**
Title of report:	**Joint HOSC update on acute mental health inpatient beds in Sussex**
Purpose of report:	**To update the Committee on the Joint HOSC meetings with Sussex Partnership NHS Foundation Trust (SPFT) on the issue of the demand for acute mental health inpatient beds and the Trust's capacity to meet that demand.**

RECOMMENDATION

HOSC is recommended to 1) consider the report; 2) formulate questions for the nominated HOSC members to raise at future meetings with Sussex Partnership NHS Foundation Trust (SPFT).

1. Background

1.1. Patients with functional mental health illnesses (such as Schizophrenia) who require urgent assessment and treatment in a safe environment may be admitted to an acute mental health inpatient unit. Sussex Partnership NHS Foundation Trust (SPFT), the mental health provider, runs six acute mental health inpatient units in facilities across Sussex including Mill View Hospital in Hove and Langley Green Hospital in Crawley.

1.2. In recent years there has been an increase nationwide in the number of reported incidents of patients being admitted to privately run or out-of-county acute mental health inpatient units because their local mental health trust has no available beds.

1.3. In late October 2013, a significant increase in the number of patients requiring admittance to inpatient mental health units led to multiple patients being admitted to private and NHS-run facilities outside of the county. The incident was reported widely in the local media at the time.

1.4. After hearing about the incident, the three health scrutiny committees in Sussex (East Sussex, West Sussex and Brighton and Hove) agreed to meet with SPFT to discuss the challenges facing mental health services across Sussex. The East Sussex representatives were Cllrs Michael Ensor, Peter Pragnell and Michael Wincott.

1.5. The HOSC representatives have met with SPFT on two occasions. The issues discussed at the most recent meeting were:

- **Capacity and demand of services,** particularly for inpatient mental health services;
- **Performance and Quality of services**;
- **Plans for future service change or developments** across Sussex;
- **The financial constraints** SPFT is operating within.

1.6. The Members of the three HOSCs agreed to continue to meet with SPFT on a six-monthly basis to discuss Sussex-wide mental health issues. Individual HOSCs will continue to look at mental health issues affecting their local area.

2. Next steps

2.1. HOSC is recommended to consider the report and formulate questions that the East Sussex HOSC members could raise at the next joint HOSC meeting with SPFT.

2.2. The East Sussex Members will report back to HOSC at a future meeting with their findings and recommendations for further actions.

2.3. The next meeting with SPFT is expected to cover the CQC report and SPFT's 2020 Vision.

COUNCILLOR MICHAEL ENSOR
Chair
Health Overview and Scrutiny Committee

Contact Officer: Paul Dean Tel No: 01273 481751

East Sussex Health Overview and Scrutiny Committee (HOSC): Work programme at a glance

UPDATED: January 2015

Please note that this programme is correct at the time of updating but may be subject to change. The order in which items are listed does not necessarily reflect the order they will appear on the final agenda for the meeting.

Issue	***Objectives and summary***	***People providing evidence***
25 June 2015		
Provisional: Recommissioning of community health services in High Weald Lewes Havens	*To understand future plans for community health services in the High Weald Lewes Havens Clinical Commissioning Group area following a procurement process.*	*Ashley Scarff, HWLH CCG*
24 September 2015		
Items TBC		
26 November 2015		
Dementia Strategy	To consider a progress report on the development of dementia services in East Sussex, including Memory Assessment Services and the dementia pathway work in HWLH.	Jessica Britton, EHS/H&R CCGs and Ashley Scarff, HWLH CCG Martin Packwood, ESCC ASC/CCGs

Potential future scrutiny issues

This table lists issues which have been identified for potential inclusion in the Committee's work programme. Initial investigation is often undertaken (e.g. by requesting further information) to determine whether further work, or an agenda item, is needed.

Issue	***Objectives / Evidence***	***People / HOSC timescale***
GP vacancies	To investigate recent media reports of high levels of GP vacancies, notably in the Hastings area. Initial information request to be sent to NHS England and CCGs.	Letter to NHS England – December 2014
HIV diagnosis	To consider the approach being taken to maximising HIV diagnosis in East Sussex	16 January 2015 – meeting of Cllr O'Keeffe with public health commissioners. Cllr O'Keeffe to report back to Committee.
CQC inspections	To submit evidence (as available), contribute to Quality Summit and review outcomes of CQC inspections of local Trusts: • ESHT – inspection September 2014, Quality Summit and report expected early 2015. • MTW – Quality Summit and report expected early 2015 • SPFT – inspection January 2015, Quality Summit and report dates tbc	Ongoing – liaise with CQC and Trust leads
Maidstone and Tunbridge Wells NHS Trust Clinical Strategy	To consider any proposed service changes arising from the Trust's strategy which would impact on East Sussex residents, for example any proposed changes to stroke services at Tunbridge Wells Hospital.	MTW to keep HOSC informed of proposed changes. Ongoing liaison with Kent HOSC
ESHT Clinical Strategy	Ongoing monitoring of clinical strategy implementation, including progress of reconfigured services (stroke, general surgery and orthopaedics) and Full Business Case for capital funding. Visit to EDGH stroke unit to be arranged	Data workshop to be held to consider ongoing monitoring requirements – date tbc Date tbc
Bowel Cancer Screening	To consider how East Sussex compares to other areas in terms of implementation of the national screening programme.	Information request tbc
Lewes Victoria Hospital clinics	To check the situation regarding reported withdrawal of pacemaker and audiology clinics at the hospital.	Information request to HWLH CCG – December 2014

Documents circulated for information

This table lists significant documents/briefings which have been circulated to the Committee since the last HOSC meeting, or which remain 'active' because further action is anticipated.

Issue	***Summary and date***	***Contact***
Integrated musculoskeletal (MSK) service commissioning	Briefing on the MSK service in High Weald Lewes Havens and Eastbourne, Hailsham & Seaford CCG areas. Procurement process from autumn 2013-summer 2014. *14 August 2013: circulated by email to HOSC.* *29 August 2014: update briefing circulated to HOSC detailing the new contract.* *November 2014 – CCG response to HOSC Chair's questions circulated by email to HOSC.*	Ashley Scarff, HWLH CCG
HWLH CCG recommissioning of community health services	Stakeholder briefing circulated – December 2014 Further stakeholder briefings to be circulated as available. Outcome of procurement process expected spring/summer 2015 – see provisional agenda item above.	Ashley Scarff, HWLH CCG

If you have any comments to share about topics HOSC will be considering, as shown above, please contact:
HOSC Support Officer: Paul Dean, 01273 481751 or paul.dean@eastsussex.gov.uk

Acronyms

A&E – Accident and Emergency department
ASC – Adult Social Care
AT – Area Team (of NHS England)
BSUH – Brighton and Sussex University Hospitals NHS Trust
EDGH – Eastbourne District General Hospital
CCG – Clinical Commissioning Group
CQC – Care Quality Commission
EHS – Eastbourne, Hailsham and Seaford
ESCC – East Sussex County Council
ESHT – East Sussex Healthcare NHS Trust
H&R – Hastings and Rother
HOSC – Health Overview and Scrutiny Committee
HWLH – High Weald, Lewes, Havens
MTW – Maidstone and Tunbridge Wells NHS Trust
NHS – National Health Service
SECAMB – South East Coast Ambulance Service NHS Foundation Trust
SPFT or SPT – Sussex Partnership NHS Foundation Trust
TBC – to be confirmed
TDA – Trust Development Authority