

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY, 10 SEPTEMBER 2020

10.00 AM COUNTY HALL, LEWES

++Please note that this meeting is taking place remotely++

MEMBERSHIP - East Sussex County Council Members
Councillors Colin Belsey (Chair), Angharad Davies, Deirdre Earl-Williams,
Sarah Osborne, Peter Pragnell (Vice Chair), Alan Shuttleworth and Vacancy

District and Borough Council Members
Councillors Councillor Mary Barnes, Rother District Council
Councillor Stephen Gauntlett, Lewes District Council
Councillor Johanna Howell, Wealden District Council
Councillor Amanda Morris, Eastbourne Borough Council
Councillor Mike Turner, Hastings Borough Council

Voluntary Sector Representatives
Geraldine Des Moulins, SpeakUp
Jennifer Twist, SpeakUp

AGENDA

1. **Minutes of the meeting held on 28 November 2019** *(Pages 7 - 16)*
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. **NHS Response to Covid-19 in East Sussex** *(Pages 17 - 30)*
6. **East Sussex Healthcare NHS Trust (ESHT) future plans** *(Pages 31 - 38)*
7. **Eastbourne Station Health Centre** *(Pages 39 - 40)*
8. **HOSC future work programme** *(Pages 41 - 48)*
9. **Any other items previously notified under agenda item 4**

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

2 September 2020

Contact Harvey Winder, 01273 481796,
01273 481796
Email: harvey.winder@eastsussex.gov.uk

Next HOSC meeting: 10am, Thursday, 10 December 2020, County Hall, Lewes

NOTE: As part of the County Council's drive to increase accessibility to its public meetings, this meeting will be broadcast live on its website and the record archived. The live broadcast is accessible at: www.eastsussex.gov.uk/yourcouncil/webcasts/default.htm

Map, directions and information on parking, trains, buses etc

Map of County Hall, St Anne's Crescent, Lewes BN7 1UE



County Hall is situated to the west of Lewes town centre. Main roads into Lewes are the A275 Nevill Road, the A2029 Offham Road and the A26 from Uckfield and Tunbridge Wells. The A27 runs through the South of the town to Brighton in the West, and Eastbourne and Hastings in the East. Station Street links Lewes train station to the High Street.

Visitor parking instruction

Visitor parking is situated on the forecourt at County Hall – please ensure you only park in this bay

If we have reserved a space for you, upon arrival press the buzzer on the intercom at the barrier and give your name. This will give you access to the forecourt.

Visitors are advised to contact Harvey Winder on 01273 481796 a couple of days before the meeting to arrange a space. Email: harvey.winder@eastsussex.gov.uk

By train

There is a regular train service to Lewes from London Victoria, as well as a coastal service from Portsmouth, Chichester & Brighton in the West and Ashford, Hastings & Eastbourne in the East, and Seaford and Newhaven in the South.

To get to County Hall from Lewes station, turn right as you leave by the main exit and cross the bridge. Walk up Station Street and turn left at the top of the hill into the High Street. Keep going straight on – County Hall is about 15 minutes walk, at the top of the hill. The main pedestrian entrance to the campus is behind the Parish Church of St Anne, via the lane next to the church.

By bus

The following buses stop at the Pelham Arms on Western Road, just a few minutes walk from County Hall:

28/29 – Brighton, Ringmer, Uckfield, Tunbridge Wells

128 – Nevill Estate

121 – South Chailey, Chailey, Newick, Fletching

122 – Barcombe Mills

123 – Newhaven, Peacehaven

166 – Haywards Heath

VR – Plumpton, Ditchling, Wivelsfield, Hassocks, Burgess Hill.

The main pedestrian entrance to the campus is behind the Parish Church of St Anne, via the lane next to the church.

Disabled access

There is ramp access to main reception and there are lifts to all floors. Disabled toilets are available on the ground floor.

Disabled parking

Disabled drivers are able to park in any available space if they are displaying a blue badge. There are spaces available directly in front of the entrance to County Hall. There are also disabled bays in the east car park.

This page is intentionally left blank

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 28 November 2019

PRESENT:

Councillor Colin Belsey (Chair), Councillors Bob Bowdler, Jim Sheppard, Ruth O'Keeffe, Sarah Osborne, Peter Pragnell and Alan Shuttleworth (all East Sussex County Council); Councillors Councillor Mary Barnes (Rother District Council), Councillor Christine Brett (Lewes District Council), Councillor David Watts (Wealden District Council), Councillor Amanda Morris (Eastbourne Borough Council), Councillor Mike Turner (Hastings Borough Council), Geraldine Des Moulins (SpeakUp) and Jennifer Twist (SpeakUp)

WITNESSES:

Jessica Britton, Executive Managing Director, Eastbourne, Hailsham and Seaford Clinical Commissioning Group (CCG) / Hastings and Rother CCG
Terry Willows, Executive Director of Corporate Governance, East Sussex CCGs
Joanne Chadwick-Bell, Chief Operating Officer, East Sussex Healthcare NHS Trust
Mark Stainton, Assistant Director, Adult Social Care, Operations

LEAD OFFICER:

Harvey Winder, Democratic Services Officer

16. MINUTES OF THE MEETING HELD ON 26 SEPTEMBER 2019

16.1 The minutes of the meeting held on 26 September 2019 were agreed as a correct record.

17. APOLOGIES FOR ABSENCE

17.1 Apologies for absence were received from Cllr Amanda Morris.

17.2 The following substitutes attended the meeting:

- Cllr Jim Sheppard for Cllr Angharad Davies
- Cllr Bob Bowdler for Cllr Phil Boorman
- Cllr David Watts for Cllr Johanna Howell.

18. DISCLOSURES OF INTERESTS

18.1 There were no disclosures of interest.

19. URGENT ITEMS

19.1. The Committee considered a verbal update from Joe Chadwick-Bell on the recent Care Quality Commission (CQC) inspection of East Sussex Healthcare NHS Trust (ESHT).

19.2. Joe Chadwick-Bell explained that the trust provided considerable information to the CQC ahead of the inspection. The CQC then undertook a three-day inspection between the 6th and 8th of November.

19.3. The CQC focussed on community services, including the Irvine unit at Bexhill; pharmacy; outpatients at Conquest Hospital; the full paediatric service at both hospital sites; and both community and hospital end of life care. NHS England and NHS Improvement also inspected the trust's efficiency under the 'use of resources' domain on behalf of the CQC. The inspection of the trust's leadership under the 'well-led' domain was also due to take place from the 10th to 11th of December.

19.4. Joe Chadwick-Bell said that the Trust expected to see a copy of the CQC's report in late January to allow time for accuracy checking and that the final report should be published in the middle of February. She said feedback so far from the CQC had been limited but largely positive, for example, around the outpatient transformation and end of life care.

19.5. The Committee RESOLVED to note the update.

20. WINTER PLANNING IN EAST SUSSEX

20.1. The Committee considered a report on the plans across East Sussex to deal with seasonal demand surges, extreme weather and other issues associated with the winter months. The Committee then asked the witnesses present a number of questions.

20.2. The Committee asked how much additional funding had been made available for the winter period and whether it was designated for specific areas of spend, for example, improving Delayed Transfer of Care (DTOC) rates

20.3. Mark Stainton explained that local authorities and the NHS both receive separate allocations of winter funding from the Department of Health in recognition that there is a need to increase resources in both social care and health to maintain patient flow. Jessica Britton said that the Local Accident & Emergency Delivery Board (LAEDB) agrees jointly how the funding is allocated. She said she would confirm to the Committee the exact allocation the Clinical Commissioning Groups (CCGs) in East Sussex received for the winter period via email.

20.4. Mark Stainton confirmed that East Sussex County Council (ESCC) had received approximately £2.3m of winter funding to be spent on reducing DTOC. He said that DTOC had now been consistently low in East Sussex for a long period of time, so the money was being directed towards the cohort of patients who are not yet DTOC patients but who, if nothing is done, could become classified as such. These are the patients who are medically optimised to be moved through the Discharge to Assess pathways, so the winter money was being spent on increasing the capacity of the Discharge to Assess pathways via spot purchasing nursing home beds and increasing homecare capacity.

20.5. Joe Chadwick-Bell said that the contract agreement between East Sussex Healthcare NHS Trust (ESHT) and the CCGs included dedicated winter funding of approximately £4-5m. This money has been allocated by the trust to a number of schemes, such as opening additional acute and community beds; recruiting additional therapy staff to assist with the Discharge to Assess pathway; and extending the opening hours of pharmacies on the acute hospital sites to seven days.

20.6. The Committee asked what additional capacity will be available for the Discharge to Assess pathways

20.7. Mark Stainton explained that ESCC is purchasing 10 additional nursing home beds from the independent sector for the duration of the winter period. This will increase the capacity of the Discharge to Assess pathway for people with a range of more complex needs who can be discharged from a hospital bed but need to be assessed in an intermediate bed before being discharged back home or to residential care. He said some of the beds were already opened and the remainder would be opened on 24th December alongside ESHT's additional acute and community beds.

20.8. Mark Stainton added that for the Home First Discharge to Assess pathway – discharging people directly to their own homes for assessment – the winter money was being spent on broadening the eligibility criteria for patients to receive an assessment at home, allowing more patients to be seen in that way.

20.9. Funding is also being used to enable assessments to be carried out seven-days per week at all acute sites East Sussex patients may have been admitted to, including the hospital sites run by Brighton & Sussex University Hospitals NHS Trust (BSUH) and Maidstone and Tunbridge Wells NHS Trust (MTW).

20.10. The Committee asked whether all additional capacity would become available by opening additional beds rather than converting surgical beds to medical beds

20.11. Joe Chadwick-Bell confirmed that the winter plan involved opening all available acute beds on both hospital sites during the winter, as both hospital sites have a number of beds that are closed during most of the rest of the year. At Eastbourne District General Hospital (EDGH), for example, this included opening a 10-bed ward and increasing the capacity of a 14-bed ward to 28 beds. The community-based beds opened by ESHT comprise additional beds at Bexhill and Rye Hospitals closed during the rest of the year.

20.12. The Committee asked whether there are more falls during winter and whether this affected the number of cancelled elective surgeries

20.13. Joe Chadwick-Bell said incidents of cancellation of elective surgery due to an influx of trauma patients are rare, happening only 2-3 times per year, and would tend to take up consultant operating time rather than beds. Trauma patients would only be taken to the Conquest Hospital in Hastings and not the EDGH – and major trauma cases would go to Royal Sussex County Hospital (RSCH) in Brighton – so increased falls would not affect elective surgery at EDGH. Trauma patients at Conquest are also likely to be patients with orthopaedic trauma, such as fractured hips, rather than internal organ trauma, so elective general surgery would not be affected. Joe Chadwick-Bell added that there does not tend to be many additional falls during winter as people tend to stay inside due to the weather; Easter was the time of year for increased numbers of accidents as it coincides with the improved weather.

20.14. The Committee asked about what happens to planned surgical admissions during the winter period

20.15. Joe Chadwick-Bell explained that there had effectively been a zero-tolerance approach to cancelling elective surgery in place at ESHT for the past three years. This approach is based on the view that patients on the elective list are as important as emergency patients, so elective procedures should not be cancelled to make way for emergencies unless there are very exceptional circumstances.

20.16. All proposed cancellations of elective surgery must be approved by Joe Chadwick-Bell herself, as Chief Operating Officer, with the only exceptions allowed being when either an elective patient would be taking the final Intensive Care Unit (ICU) bed; or where there was a

large influx of trauma patients who would need to take precedence in the operating theatres, meaning elective patients would end up waiting unnecessarily in hospital beds for their surgery. Both events happen only two-three times per year and affect only a few patients.

20.17. The Committee asked whether there are sufficient staff to cover the additional beds opening at ESHT during the winter period, and whether agency staff would be required.

20.18. Joe Chadwick-Bell explained that the trust is confident that the additional beds, which will open from 24 December, can be staffed. The trust helps to ensure as many staff are available as possible during the winter period by ensuring leave is spread out throughout the year, staff rotas are finalised eight weeks in advance of the winter period, and staffing levels are monitored on a weekly basis.

20.19. Joe Chadwick-Bell confirmed that the trust will require agency and bank staff to staff the additional wards opened during winter, however, they are also used during day-to-day running of the trust and are used by all NHS trusts in England. The winter beds are staffed by substantive nurses and clinicians in the first instance, with agency and bank staff used where there is not sufficient cover available. Additional wards open during winter are also always led by a substantive member of staff and at least one of them will be on duty in each ward during every shift.

20.20. The Committee asked whether ESCC has sufficient staff in place over the winter period

20.21. Mark Stainton said that staffing remains a challenge, but early planning and dialogue helps to ensure appropriate staffing support can be put in place. Leave arrangements for ESCC employees, such as social workers and care managers, are spread appropriately across the year so that staffing levels over Christmas will not be significantly different to the rest of the year. The Department of Health's early announcement of the winter pressures money to fund the additional independent sector capacity has allowed time for these organisations to put leave arrangements in place and employ additional staff for a fixed period of time on temporary contracts to meet that anticipated increase in demand.

20.22. The Committee asked about what the key risks were and what mitigating actions were in place

20.23. Joe Chadwick-Bell said that ESHT's biggest risk is whether it has sufficient beds, but she was confident that the trust had everything in place to mitigate against this risk. Demand for beds is expected to peak during January.

20.24. The trust carries out frequent bed modelling to anticipate bed occupancy levels. The two variables that affect the bed occupancy levels are the number of patients coming into the hospital and the length of stay of those patients. Joe Chadwick-Bell clarified that there did not tend to be many more patients during winter, but those who do get admitted tended to stay longer. The number of patients coming into the hospital is greater than the same time last year, but this was anticipated in the bed modelling. The length of stay of patients, which is monitored at a speciality level, is largely matching what the models predicted but with a couple of variances in elderly care and general medicine.

20.25. Joe Chadwick-Bell said that the mitigations against the increased winter length of stay of patients include:

- the Integrated Discharge Team focussing on reducing the time from when a patient is medically fit to being ready to leave through the Discharge to Assess Pathway;

- the increased use of the ambulatory care unit to manage emergency care patients to prevent them needing to be admitted to a hospital bed, including the opening of a new unit at the Conquest Hospital's Emergency Department (ED) on 20 December;
- investing £1 million into the trust's frailty teams, resulting in additional staff being recruited ahead of Christmas;
- holding weekly meetings with the CCGs and ESCC to go through every element of the winter plan, risk assess and identify any mitigations that need to be put in place.

20.26. The Committee asked what additional demand and capacity for mental health care would be during winter across the whole of East Sussex

20.27. Joe Chadwick-Bell explained that in the area of East Sussex covered by ESHT there were examples of joint working between the ESHT and the mental health trust, Sussex Partnership NHS Foundation Trust (SPFT), that had been in place for some time that were beginning to be rolled out elsewhere, for example, a mental health crisis response team that is in attendance at the two hospitals' EDs 24/7, and emergency lounges at both hospital sites' mental health units that act as designated places of safety. The emergency lounges are used by patients who have been sectioned by the Police under Section 136 of the Mental Health Act and need to attend a place of safety, or patients who attend ED and are displaying mental health symptoms.

20.28. Jessica Britton offered to provide the Committee with details of how BSUH and SPFT are working together to provide services for residents in the west of the county.

20.29. The Committee asked for confirmation that ambulance response times would not be affected by increased handover times at the hospital sites during winter.

20.30. Jessica Britton said that South East Coast Ambulance NHS Foundation Trust (SECamb) undertook detailed demand and capacity modelling as part of its winter planning. The LAEDB has confidence that the modelling is accurate and SECamb's plans are sufficient to meet the winter demand. Jessica Britton offered to provide more details of SECamb's winter plans via email.

20.31. Joe Chadwick-Bell explained that handover delays are caused by patients not being flowed from the EDs to wards elsewhere in the hospitals, causing a lack of available beds in ED and preventing handovers from occurring. She said there were some hospital handover delays at ESHT, but improvements had been made over the past two years and East Sussex is performing very well compared to other areas nationally.

20.32. Joe Chadwick-Bell said that ESHT works very well with SECamb and is clear it is aiming to meet the national 15-minute target and an absolute maximum of 30 minutes, including ambulance wrap-up time, for the handover of patients from the care of SECamb's ambulance crews to the ED staff at ESHT's two main hospital sites during winter.

20.33. Joe Chadwick-Bell detailed some of the plans in place to achieve the handover time target, including:

- putting in place in the past year a 'full capacity protocol' that aims to ensure all patients are moved quicker from ED onto wards and from the wards out into discharge lounges, should the ED department beds all become full;
- providing ESHT staff with access to SECamb's ambulance screen, enabling them to see ambulance demand increase and allow them time to plan for additional patients being brought into the EDs;

- allowing ESHT staff to monitor the handover time of all ambulance crews, allowing them to determine whether action needs to be taken to move patients through the hospital quicker; and
- inviting the National Emergency Care Intensive Support Team to visit the ED departments and talk to staff about the importance of handover times and impact on ambulance services if their crews are not released in a timely manner.

20.34. Mark Stainton explained that more alternatives were being developed in the community setting to conveying a patient to a hospital ED via ambulance, where appropriate. This is a better outcome for the patient and frees up ambulance capacity. They included the Crisis Response Team and rapid access to district nursing within 2 hours.

20.35. The Committee asked what the average length of stay was at the acute trusts was and whether it had increased over the last two years

20.36. Joe Chadwick-Bell said that length of stay has been reduced by approximately 2.5 days over the past three years across both hospital sites. This has enabled the hospitals to absorb the additional patient activity. The average national length of stay is four days and is currently 3.7 days at the Conquest Hospital and 3.9 days at Eastbourne District General Hospital (EDGH). Each individual speciality, such as stroke services, had also seen reduction of length of stay. Joe Chadwick-Bell offered to provide further details to the Committee via email.

20.37. The Committee asked whether patients are sent home early during winter.

20.38. Joe Chadwick-Bell explained that the trust aims to make sure each discharge is appropriate and safe. Readmission rates are monitored and show that, although the length of stay of patients has been falling, readmissions have not been increasing. Furthermore, a clinical review of readmissions is carried out every month and the majority of cases of readmission are for unrelated issues to that which they had been treated for and discharged previously, or planned readmissions.

20.39. The Committee asked about plans in place to support staff during the winter period when they are under extra strain

20.40. Joe Chadwick-Bell said that staff wellbeing is key to the trust's success and is monitored throughout the year. The Trust has a number of wellbeing offers to staff experiencing stress or other signs of poor emotional wellbeing, including a mental health specialist within the occupational health team; speak-up guardians for those who may feel uneasy about escalating an issue via their line manager; stress audits by the Wellbeing Team to investigate why groups of staff may be having concerns about their workspace; and a number of ambassadors who wear badges and who individuals can talk to and be directed to an appropriate service. In addition, if a member of staff needed specialist help then they would be directed to a specialist member of staff.

20.41. The Trust also aims to maintain the general wellbeing of staff, for example, Matrons and Heads of Wards monitor staff welfare, as do senior staff during particularly busy periods such as the first three weeks after Christmas; the wellbeing teams provide staff with snacks, soups and water and enable them to have breaks and check on their welfare; and at the end of shifts there is an end of shift huddle for people to speak about any issues they have to ensure they do not go home worrying.

20.42. Joe Chadwick-Bell agreed that winter was a difficult period of time for staff, but there are no specific additional support services for staff during the period. She said she would speak to the wellbeing team about whether there should be additional support and find out whether staff thought there should be too.

20.43. Mark Stainton said that there was a staff welfare counselling service available to all ESCC staff, which is well promoted. A wellbeing team also studies trends of sickness and absence to identify hotspots early on. There are also mental health first aiders within the ESCC's operational teams, who are members of staff with special training and who are well known by their colleagues.

20.44. The Committee asked whether staff had been flu vaccinated.

20.45. Joe Chadwick-Bell explained that 70% of staff were vaccinated last year, which was one of the best nationally. At the end of October this year the trust was at 60% and is well on track to exceed last year's rate. Jessica Britton said there was a similar vaccination programme in place for CCG and local authority staff, as well as vulnerable patients.

20.46. The Committee asked whether there will be any additional evening or weekend GP practice appointments or pharmacy consultations made available over the winter period.

20.47. Jessica Britton confirmed that the GP improved access was now fully available across the county throughout the year. This additional capacity supports the Plan. She added that there was sufficient capacity for people to see a pharmacist when they needed to during weekdays or weekends.

20.48. The Committee asked whether there was any indication how many GPs were able to use video conferencing with patients and whether this reduced hospital admissions

20.49. Jessica Britton said that online consultation facilities with GP Practices had begun to be introduced recently in the Eastbourne and Hastings areas, including as part of the Improved Access appointments at evenings and weekends. They could be used where appropriate, in addition to telephone conversations, as an alternative to face-to-face appointments. Uptake of this service is increasing as it is being rolled out.

20.50. The Committee asked for more detail of the NHS 111 service's learning from last year.

20.51. Jessica Britton said that it likely related to lessons on improving resilience of the 111 service over the winter period and would provide further detail to the Committee. She added that 111 was key to winter communication plans nationally and locally, which involved taking out adverts in newspapers, bus stops, GP practices and social media campaigns.

20.52. The Committee RESOLVED to:

1) note the report

2) request an email to be circulated providing the following additional information:

- Confirm allocation of winter planning funding to the CCGs
- details of how BSUH and SPFT are working together to provide services for residents in the west of the county.
- SECAmb's winter plan
- Details of NHS 111 winter plan, including its communication plans to raise awareness of the service.
- Figures for uptake on video consultation and other alternative ways of contacting GPs
- Analysis of the length of stay at ESHT over the past three years.

3) request an email update on the outcome of the winter period.

21. CLINICAL COMMISSIONING GROUP (CCG) MERGER

21.1. The Committee considered a report providing an update on the proposals to merge the three East Sussex CCGs. The Committee then asked the witnesses present a number of questions.

21.2. **The Committee asked how local representatives will be appointed to the East Sussex CCG Governing Body**

21.3. Terry Willows explained that localities, such as Hastings, High Weald, Eastbourne, etc., will be represented by a GP who is elected by the GP membership for that locality to the CCG's Governing Body.

21.4. In addition to the Governing Body meetings, locality meetings are expected to involve the broader GP membership and local residents interested in being involved. Healthwatch and Patient Participation Groups representation is also being considered for CCG committees that, once established, will exercise powers delegated from the Governing Body.

21.5. **The Committee asked whether the local authority representatives on the CCG board will have voting rights**

21.6. Terry Willows explained that local authority representatives cannot be voting members due to the Health and Social Care Act 2012 only permitting employees or appointees of the statutory body, the CCG, a vote. He added that the current local authority representative of the existing CCG Boards, the Director of Public Health, plays a very full role in deliberations and discussions.

21.7. **The Committee questioned whether there was sufficient engagement by the CCGs of district and borough councils.**

21.8. Terry Willows said that he would reflect on the feedback that the district and boroughs were not sufficiently involved in CCG decision making. He said the core reason to merge the CCGs was to improve commissioning of the wider determinants in relation to health, such as housing, and district and boroughs have an important role to play in delivering in these areas, for example, in their role as housing authorities. Jessica Britton added that the CCGs work closely on a range of projects with district and borough councils, including prevention and health improvement programmes like Healthy Hastings and Rother. She said the locality structure of the new East Sussex CCG will provide opportunities for additional engagement with stakeholders like the district and borough councils at a locality level.

21.9. **The Committee asked what difference the public would see once the new CCG was in place**

21.10. Terry Willows said the aim is for the East Sussex CCG to engage with patients and public in an improved and consistent way. He hoped, therefore, that the public would notice they are being listened to more by the new CCG and that it was commissioning new services that better meet the public's needs.

21.11. Terry Willows explained the new operating structure of the CCG will include additional capacity in the communications and engagement team, which will help take information from the localities and use it to help inform decision making at an East Sussex level. The CCG is also looking at improving public engagement with the CCG decision-making process, as currently

few people attend governing body meetings. This could include looking at technologies to make meetings more accessible, such as webcasting.

21.12. The Committee asked how the new CCG would be different to the old Primary Care Trusts

21.13. Terry Willows and Jessica Britton explained that it was different for a number of reasons, including the fact it was working towards integration with ESCC; the change in commissioning focus towards prevention and the wider determinants of health; and having GP leadership rooted in local neighbourhoods.

21.14. The Committee asked what efficiencies would come from the new CCG and whether they enable the delivery of the 20% back office savings required by NHS England

21.15. Terry Willows explained that modelling had been undertaken of the impact of the merger and it had made the CCGs confident the efficiency target will be achieved. The 20% savings would be made by reducing the cost of running three statutory organisations with three separate statutory legal processes, such as producing three sets of annual accounts reports, three governing bodies and various sub-committees; reducing overheads across the three CCGs, such as support services commissioned from the commissioning support units; and potentially rationalising the CCG's estate in the future. He said the CCGs are being restructured in a way that does not require redundancies and that any interim and agency bill staff will be reduced and replaced by existing staff.

21.16. The Committee asked where the East Sussex CCG will be based

21.17. Terry Willows said that staff are currently primarily based at Friars Walk in Lewes with smaller teams in Bexhill and Eastbourne. There are no plans to change any of these office locations. The Friars Walk office is in need of renovation, so if the CCG does look to move it will be within Lewes.

21.18. The Committee asked whether NHS England need to sign off the merger, when this would be, and whether there a risk they would require a single CCG in Sussex.

21.19. Terry Willows confirmed that NHS England had provided conditional approval of the merger subject to the due diligence process, for example, evidence that the existing CCGs are closed in an effective way. NHS England is also in the process of signing off the constitution of the East Sussex CCG. The constitution is based on a national template, so there are not expected to be any issues with it. Terry Willows added that the constitution sets out how decisions will take place at an East Sussex level, but the joint committee for the whole of Sussex is not included. The joint committee's terms of reference will be agreed by the three CCGs in the Sussex Health and Care Partnership (SHCP) once they are all established.

21.20. The Committee asked what plans are in place to ensure that the High Weald Lewes Havens CCG area of the new CCG will be fully on board, given the previous separation of earlier integration plans

21.21. Jessica Britton said that recently the three CCGs had been working closely together and this collaboration is reflected in the East Sussex transformation programme for 19/20 that has been agreed by all three of the CCGs and ESCC. The localities of the new East Sussex CCG will also ensure local views and concerns are fed in to the decision-making process.

21.22. The Committee asked whether people would still be able to see how money was being spent within different areas of East Sussex by the combined CCG

21.23. Terry Willows confirmed that the new CCG would be transparent about how the money is spent within the individual localities. Localities will need to explain their population's need to the CCG and in return will be able to see how the money was spent in their area. The East Sussex CCG budget will also be broken down into the three previous CCGs' areas so people can compare the old and new budgets for their area.

21.24. The committee RESOLVED to:

1) Note the report

2) Request the structure of East Sussex CCG to be circulated by email once it has been completed at the end of March

22. HOSC FUTURE WORK PROGRAMME

22.1 The Committee considered a report on its work programme

22.2 The Chair explained that all HOSC members would be invited to attend to observe the first meeting of the HOSC review board looking at the proposals for the Eastbourne walk-in centre if they are published ahead of the next HOSC meeting on 26 March.

22.3 The Committee RESOLVED to agree its work programme subject to the addition of:

1) a report on ESHT's CQC inspection at its 26 March 2020 meeting.

The meeting ended at 12.00 pm.

Councillor Colin Belsey
Chair

Agenda Item 5.

Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 10 September 2020

By: Assistant Chief Executive

Title: NHS Response to Covid-19 in East Sussex

Purpose: To consider the NHS response to Covid-19 in East Sussex and the ongoing impact on NHS services for East Sussex residents

RECOMMENDATIONS

The Committee is recommended to consider and comment on the report

1. Background

1.1. The outbreak of Covid-19 earlier in the year led to many drastic changes to the health service across the country in order to contain and respond to the spread of the virus.

1.2. The HOSC is keen to understand how Covid-19 affected the NHS services in East Sussex and the ongoing impact on health services for the county's residents, particularly as the system plans for the normal increase in demand during the winter period.

1.3. The report from East Sussex CCG, attached as appendix 1, contains a summary of the NHS response to Covid-19 in East Sussex, it includes:

- The impact of Covid-19 on the East Sussex population
- How the NHS has worked together to manage its response
- How critical NHS services have remained in place and will be fully restored effectively
- The implications for inequalities and how they are addressed as part of the NHS recovery plans
- Progress on the winter plan and how it will reflect current Covid-19 planning scenarios; and
- The financial implications for the NHS.

2. Conclusion and reasons for recommendations

2.1 HOSC is recommended to consider and comment on the report.

PHILIP BAKER
Assistant Chief Executive

Contact Officer: Harvey Winder, Democratic Services Officer
Tel. No. 01273 481796
Email: Harvey.winder@eastsussex.gov.uk

This page is intentionally left blank

East Sussex HOSC

Health response to the Covid-19 pandemic

1 September 2020

Introduction

- We have worked collaboratively across health and social care partners to manage our response to the pandemic and will
- Our approach has delivered benefits for the population of East Sussex and deaths per 100,000 in the county were significantly lower than the average across England, with some parts of the county (e.g. Hastings) among the lowest death rates in the entire country to date.
- We will bring a shared system update to a future HOSC meeting; this update provides a summary overview from an NHS perspective.
- These slides set out:
 1. The impact of Covid-19 on our population
 2. How we have worked together to manage our response
 3. How we have ensured critical NHS services have remained in place and are fully restored effectively
 4. The implications for inequalities and how we are addressing these as part of our recovery plans
 5. Progress on our winter plan and how we are reflecting current Covid-19 planning scenarios into our winter plan; and
 6. The financial implications for the NHS.

Summary of Covid-19 impact in East Sussex

- As at 26th August there were **1,690 confirmed cases of COVID-19** in East Sussex.
- Overall, East Sussex has experienced **lower levels of confirmed cases than the national average**, and this is the case for each of the five District and Borough Councils within the county.
- **Eastbourne and Lewes have seen the highest rates** within the county, with Rother and Hastings the lowest.
- The **rate of COVID-19 is 310.3 per 100,000** compared to **517.3** per 100,000 for England (as at 1st September)
- East Sussex is **ranked 133 out of 149 Local Authorities** for COVID-19 cases, where 1 is the highest number of cases
- Overall East Sussex has seen a **big reduction in cases from April and early May**, which was the first wave of the pandemic.
- COVID-19 has not gone away in East Sussex and there **remain up to 10 cases a day** over recent weeks, while other areas that have seen cases reduce to lower levels
- There has been a **17% drop in the daily average non-elective admissions** at East Sussex Healthcare NHS Trust (ESHT) during the post-lockdown period (23rd Mar – 31st August) compared to same period last year and this continues to recover.
- There has been a **34% drop in the daily average A&E attendances** at ESHT during the post-lockdown period (23rd Mar – 31st August) compared to same period last year and this continues to recover.
- In the latest week (w/e 23rd August), **non-face to face Out Patient (OP) attendances accounts for 39.4% of all OP attendances** at ESHT.
- For all elective admissions (day case and ordinary electives), the latest period (3rd to 23rd Aug) shows **ESHT's activity is 82.7% of last year** (same period) activity and this continues to recover.
- The South East region **estimated infection rate is 0.9-1.1**, similar to the current estimated infection rate for England - 0.9-1.1 (as at 28th August).
- As at 21st August there have been **383 deaths** from COVID-19
- **Wealden (124) and Lewes (117) have the highest number of deaths** from COVID-19, and Hastings has the lowest (10).
- In East Sussex, **Lewes has the highest age-standardised death rate** at 73.8 per 100,000 population.
- As at 21st August there have been **201 COVID-19 related deaths in hospitals**, 52% of all COVID-19 deaths.
- As at 21st August there have been **161 COVID-19 related deaths in care homes**, 42% of all COVID-19 deaths.

Responding to the Covid-19 pandemic in East Sussex

- In March we adapted our existing Health and Social Care System governance to deliver the emergency response across East Sussex Clinical Commissioning Group (CCG), Adult Social Care and Health (ASC&H), East Sussex Healthcare NHS Trust (ESHT), Sussex Partnership Foundation NHS Trust (SPFT), Sussex Community Foundation NHS Trust (SCFT) and the local Voluntary and Community Sector
- Regular OPEX calls to manage the local system operational response, with escalation of risks to weekly Senior Responsible Officer calls, and monthly wider senior leadership calls to support system agreement and coordination of response plans, covering:
 - Streamlining hospital discharge pathways and liaison across physical and mental health to prepare for surge capacity in hospitals
 - Agreeing and securing additional bedded capacity for patients medically ready for discharge from hospital
 - Action plan to support social care including mutual aid support for Personal Protective Equipment (PPE), Infection Prevention and Control
 - Enhanced access to primary care for accommodated rough sleepers people and asylum seekers
 - Care Homes Resilience Plan, covering the full range of mutual aid support to nursing and residential care:
 - Supply of PPE, access to testing, Infection Prevention and Control and training offer to 307 care homes
 - Primary and Community Clinical Support Offer
 - Increased communications and engagement with local care homes jointly across health and social care via webinars, virtual meetings and daily provider bulletin.

Maintaining and restoring critical health services

Urgent and emergency services

- All services have been maintained throughout
- There has been substantial adaptation of facilities to accommodate infection prevention and control measures
- **Urgent Care Activity** is expected to return to and maintain at pre-Covid-19 levels
- **NHS111-CAS** mobilisation on target for 1 October to increase 'consult and complete' at point of contact
- Plans continue to ensure readiness should there be a second wave, with continued local outbreaks over autumn/winter
- General and Acute **Bed Occupancy** is expected to return to previous levels, and maintaining capacity to cope with Covid-19 surge as part of winter planning

Actions to support restoration

- ESHT agreed as a pilot site for the **NHS 111 A&E Booking National Pilot**
- Sussex wide **Service Finder** rolled out providing access to the Directory of Services to ambulance crews allowing them to identify appropriate services for referral
- **GP Oversight role established in NHS111**, supported by video consultation technology, to increase 'consult and complete' outcomes
- Sussex wide **communications and engagement campaign** to promote NHS111 & Online as first point of contact.

Stroke and Cardiovascular disease services

- Stroke services have continued throughout and Cardiac, Heart Attacks, PCW, PPCI, Urgent Arrhythmia services, severe heart failure/valve disease services are fully functioning.

Maintaining and restoring critical health services

Elective, diagnostic and Cancer services

- **Outpatient** follow up capacity has been restored to pre-Covid-19 levels in several specialities; significant use of virtual and non-face-to-face outpatient new and follow up appointments
- The Sussex system has seen recent increases in all elective care and in Independent Sector activity levels
- **CT and MRI services** have been restored to pre-Covid-19 levels and diagnostic activity increasing across all areas
- At the time writing there are challenges in the restoration of endoscopy services which we are working with system partners to address
- Queen Victoria Hospital has been operating as a **cancer hub** for Kent, Surrey and Sussex to support the provision of head and neck, and skin treatment
- Steady increase in 2 week wait referrals for **cancer**; backlog in 62 day breaches across Sussex is decreasing; extra support in place for GP surgeries to help high-risk late presenters in areas of health inequality.

Actions to support restoration

- Patient/public engagement planned to inform ongoing delivery, in particular digital delivery where appropriate
- The system is working together as **Sussex Acute Collaborative Network** to restore services including improvements driven by speciality and pathway level plans
- Range of work underway to restore endoscopy service, including alternative treatment availability where appropriate
- The system has seen an increase in **cancer** referrals to pre-Covid-19 levels and plans to meet this level of demand throughout the remainder of the year, and we are planning on the basis of restoring cancer treatments to pre-Covid-19 levels.

Maintaining and restoring critical health services

Mental Health

- Improved mental health response services by SECAmb
- Access to urgent mental health care via 111
- Increasing the number of Mental Health Liaison Teams delivering core 24 services
- Implementation of enhanced crisis alternative services, including Crisis Cafes, Street Triage, Urgent Care Lounges
- Targeted funding secured to support suicide prevention across Sussex
- Targeted funding to enhance rough sleeping and asylum seeker services in East Sussex
- Recruitment is underway for services that will improve access to Children and Young People (CYP) Eating Disorder services.

Actions to support restoration

- Fluctuating referral levels (due to Covid) is putting pressure on urgent and emergency provision and will impact on anticipated activity for **Improved Access to Psychological Therapies (IAPT)**, a system wide recovery plan is being developed
- Primary Care (Locally Commissioned Service) for **Physical Health Checks for Severe Mental Illness** was suspended as part of the Covid response in line with national guidance; a recovery plan is under development.
- Aspects of services to improve **dementia diagnosis rates** were paused as part of the Covid response; a recovery plan is under development.

Maintaining and restoring critical health services

Primary care

Implementing phase 3 of the NHS response to the Covid-19 pandemic published 7th August 2020 takes forward the ambition set out in the Phase 3 letter, specifically to:

1. Protect the most vulnerable from Covid-19
2. Restore NHS services inclusively
3. Develop digitally enabled care pathways in ways which increase inclusion
4. Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes
5. Particularly support those who suffer mental ill-health
6. Strengthen leadership and accountability
7. Ensure datasets are complete and timely
8. Collaborate locally in planning and delivering action

We are on track to deliver the strategic plan by 21st September and currently have 25 current work streams within the Primary Care Restoration and Recovery Programme.

Key in our achievements and in our workplan are:

- The effective zoning of patients who are Covid-19 positive or symptomatic in either practices or Hot Sites in East Sussex
- The introduction of face to face contacts after a clinical triage
- Black Asian and Minority Ethnic (BAME) Locally Commissioned Service (LCS) launched to provide additional health care to support BAME residents who are at higher risk of complications resulting from Covid-19. 98% of practices have signed up to this LCS across Sussex
- Serious Mental illness LCS task and finish group to improve uptake and monitoring, liaising with the Integrated Care System Mental Health Team
- Sussex wide collaboration concerning Learning Disability (LD) services to improve uptake and access to LD services, particularly Annual Health checks. Expression of interest to become LD Annual Health Check exemplar. Proposal for stopping over medication in people with LD being developed (STOMP)
- High Risk patients: current clinical guidance and existing service specifications across Sussex pulled into a standard operating procedure to support the management of patients. Diabetes Standard Operating Procedure launched, similar approach taken for the long term conditions of Heart Failure and COPD underway
- Primary Care Data work stream identifying data collection areas of interest and monitoring to illuminate capacity and demand in Primary Care.

Impact on inequalities

Analysis

Covid-19 has exposed some health and wider inequalities. For example men, older people, those with existing health conditions, ethnic minority communities, low skilled workers and people living in deprived communities are all at a greater risk of infection, serious illness and of dying from Covid-19.

Actions

The local NHS has collaborated with our partners to rapidly support the most vulnerable in our communities. For example:

- Implemented enhanced access to primary care for accommodated rough sleepers and asylum seekers and expanded multi-agency safeguarding services.
- Ensured that patients being discharged from hospital are well supported and connected to relevant local services.
- Supported the establishment and further development of Community Hubs to help people access information / advice, medicines, food and local support services.
- Ensured all Care Homes have been able to access PPE, staff training, health protection support and advice and access to testing for residents and staff.
- Established a BAME COVID-19 Disparity Programme to protect BAME staff and communities, which includes:
 - All GP practices contracted to provide holistic reviews for patients identified taking into account lifestyle factors that contribute to the higher risk of Covid-19.
 - Implemented risk assessments for all NHS and care staff from specific BAME populations groups.
 - Begun a programme of community engagement in Hastings, which has a higher BAME population density, and engagement across other communities.

Local and national Covid-19 surge planning (1)

The Covid-19 Phase 3 letter released on 31 July 2020, outlines the expectation for preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid-19 spikes locally and possibly nationally. Including:

- Continue to follow good Covid-19 related practice to enable patients to access services safely and protect staff, whilst also preparing for localised Covid-19 outbreaks or a wider national wave
- Prepare for winter, including:
 - Sustaining current NHS staffing, beds and capacity, including use of independent sector capacity, and support to quickly and safely discharge patients from NHS hospitals through to March 2021 through the hospital discharge programme and in collaboration with local authorities; this includes ensuring sufficient capacity for discharge and support for patients
 - Deliver a very significantly expanded seasonal flu vaccination programme
 - Expanding the 111 First offer
 - Maximise the use of 'Hear and Treat' and 'See and Treat' pathways for 999
 - Continue to make full use of the NHS Volunteer Responders scheme

In addition to these requirements, work is in progress across Sussex to ensure alignment of escalation frameworks across Local A&E Delivery Boards (LAEDB) resilience and surge arrangements with escalation based on early warning indicators related to Covid-19 incidence. This will enable a pre-emptive, robust and timely response to ensuring service provision meets the needs of local people.

Local and national Covid-19 surge planning (2)

Key risks this winter

There are a range of risks this winter as we continue to respond to Covid-19 including:

- A second Covid-19 wave impacting our ability to restore and recover services
- A combination of a second wave and seasonal flu which would place additional pressure on the system
- Sickness amongst our workforce and/or increased shielding requirements
- Outbreaks and subsequent closures of care homes
- Increased mental health needs and associated impact on A&E services

Actions in readiness for winter

- Development of early warning mechanism and local outbreak management plans
- Robust capacity plans with built-in social distancing requirements
- Continuation of Covid-19 schemes in line with local needs
- East Sussex Health Care NHS Trust and Healthwatch East Sussex are together providing a welfare check service for patients who have been discharged from hospital
- Risk assessments for staff completed and redeployment and PPE protocols established
- Established enhanced care home support in place alongside systems to support care homes including provision of PPE
- Increased mental health capacity to support the front-door.

Our winter plan is on track for completion and submission to NHS England in October 2020.

Financial impact

- As part of the national response to Covid-19, interim non-recurrent resource allocations were made to all CCGs for the period month 1-4 2020. CCGs have also been notified of mandated payments on account to NHS providers, and national contracts implemented for independent sector and national hospice providers with the responsibility for this funding transferring on an interim basis to NHS England/Improvement (NHSE/I).
- The implementation of the above interim financial regime will have a material impact on the ability to deliver the original savings schemes identified in East Sussex to achieve a breakeven position and further work is developing as part of the restoration and recovery process to ensure the planned position is delivered.
- Further information across health and social care will be provided in forthcoming HOSC reports to update on progress as a system.

Agenda Item 6.

Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 10 September 2020

By: Assistant Chief Executive

Title: East Sussex Healthcare NHS Trust (ESHT) future plans

Purpose: To consider and comment on the future plans of East Sussex Healthcare NHS Trust (ESHT)

RECOMMENDATIONS

The Committee is recommended to consider and comment on the report

1. Background

- 1.1. East Sussex Healthcare NHS Trust (ESHT) provides acute and community services for much of the population of East Sussex.
- 1.2. The Trust is attending the HOSC to provide information on a number of issues, in particular:
 - The Building for Our Future development programme of new build and refurbishment across a wide range of the Trust's buildings at Conquest, Eastbourne and Bexhill hospitals.
 - The "good" rating by the Care Quality Commission (CQC) at the start of 2020 and actions arising from the inspection findings.
 - Temporary service changes during Covid-19; and
 - Transformation plans for outpatients, cardiology and ophthalmology.
- 1.3. Further details are attached in the Trust's report attached as appendix 1.

2. Conclusion and reasons for recommendations

- 2.1 HOSC is recommended to consider and comment on the report and identify any areas for further scrutiny.

PHILIP BAKER
Assistant Chief Executive

Contact Officer: Harvey Winder, Democratic Services Officer
Tel. No. 01273 481796
Email: Harvey.winder@eastsussex.gov.uk

This page is intentionally left blank

East Sussex Healthcare NHS Trust Update

1. Introduction

East Sussex Healthcare NHS Trust is currently in the recovery phase following the Covid-19 pandemic, planning for winter and in the process of refining our Trust Strategy to set our objectives to 2025.

This paper provides an overview of the Building for Our Future Programme, the Care Quality Commission's findings following core services inspection in November 2019 and Well Led/Use of Resources assessment in December 2019 and a high level summary of recent temporary service changes and transformation.

2. Building for Our Future

2.1 Background

In October 2019, the government announced its Health Infrastructure Plan, a long-term, rolling five-year programme of investment in health infrastructure, including capital to build new hospitals, modernise primary care estate, invest in new diagnostics and technology, and help eradicate critical safety issues in the NHS estate. As HOSC is aware, the Trust has an ageing estate and backlog maintenance and we welcomed the announcement that ESHT would be part of phase 2 of this Plan which will result in a significant investment in our organisation.

On 21 April 2020 the Trust received notification of approval of 'seed funding' of £5M to support the development of the Strategic Outline business Case (SOC) with the aim of being ready to deliver between 2025-2030. The Trust's programme is called 'Building for our Future'.

2.2 Programme

"Building for our Future" is a comprehensive development programme of new build and refurbishment across a wide range of our buildings at Conquest, Eastbourne and Bexhill hospitals, to shape our estate and enable the delivery of safe, effective and world class healthcare for the population of East Sussex. The programme of works will make best use of the existing assets, and tax payers money, to focus on areas of clinical need and removing estate liabilities and investment backlog, combining refurbishment and new build, and shaping an estate to meet the demands of modern healthcare that can be delivered and operated in a more cost effective manner. The developments will be delivered in line with the governments Net Zero Carbon initiative, befitting any public sector development.

The key deliverables of the programme are to:

- Reduce critical infrastructure risk across the Conquest, Eastbourne and Bexhill hospitals and create space that is fit for purpose
- Extend and improve facilities for Emergency Care ensuring that the departments are the right size and shape for the model of care

- Improve access to Interventional Cardiac facilities
- Provide additional bed capacity, outpatients, theatres, endoscopy, diagnostic services and wards, to ensure alignment to system demand
- Improve access to Ophthalmology facilities

Although the HIP2 program was originally scoped across the period 2025-2030 we have bid for funding to commence enabling works e.g. multi-storey car parking, to be brought forward of this original timetable i.e. start the main build in 2023 with enabling works in period 2021-2023 (subject to approvals at the 3 business case stages) .

2.3 Progress to date

Key project appointments have been made including a programme director, architects, engineering and structures experts, cost advisers and health care planners to support the programme.

We are also in the process of developing a comprehensive communications and engagement strategy to ensure stakeholders are fully engaged and consulted so there is co-production and co-design. This will involve engagement with the Health Overview and Scrutiny Committee.

2.4 Additional Capital Funding

In addition to the Building for Our Future Programme the Trust will receive £3.7m capital to support coronavirus related upgrades to our emergency departments ahead of this winter.

3. Care Quality Commission (CQC) Inspection

The CQC reports were published on 27 February 2020 and the positive outcome is a testament to the hard work and commitment of all our staff and volunteers.

3.1 **OVERALL RATING** for the Trust was **GOOD**

Safe	Effective	Caring	Responsive	Well led	Overall
Good (Previously Requires Improvement)	Outstanding (Previously Requires Improvement)	Outstanding (Previously Good)	Good (Previously Requires Improvement)	Good (Previously Good)	Good (Previously Requires Improvement)

The full reports can be found at <https://www.cqc.org.uk/provider/RXC/reports> The areas inspected and ratings are outlined below however the inspection did not cover all of the services. A number of those that were not inspected (particularly at Eastbourne) still carry the results overall of inspections that were conducted in 2018 and 2016.

3.2 Community: Adult Services and End of Life Care were inspected and Community Services were rated **Outstanding** overall.

	Safe	Effective	Caring	Responsive	Well led	Overall
Community Adult Services	Good (Previously Requires Improvement)	Outstanding (Previously Requires Improvement)	Outstanding (Previously Good)	Good (Previously Good)	Good (Previously Requires Improvement)	Outstanding (Previously Requires Improvement)
Community End of Life Care	Good (Previously Requires Improvement)	Good (Previously Good)	Good (Previously Good)	Good (Previously Good)	Good (Previously Requires Improvement)	Good (Previously Requires Improvement)

3.3 Conquest Hospital: services for Children and Young People, End of Life Care and the Outpatients' departments were inspected and the hospital was rated **Outstanding** overall.

	Safe	Effective	Caring	Responsive	Well led	Overall
Children and Young People	Requires Improvement (Previously Requires Improvement)	Good (Previously Good)	Good (Previously Good)	Good (Previously Requires Improvement)	Good (Previously Good)	Good (Previously Requires Improvement)
End of Life Care	Good (Previously Good)	Good (Previously Requires Improvement)	Outstanding (Previously Good)	Outstanding (Previously Good)	Outstanding (Previously Requires Improvement)	Outstanding (Previously Requires Improvement)
Outpatients	Good (Previously Requires Improvement)	Not rated	Outstanding (Previously Good)	Good (Previously Requires Improvement)	Good (Previously Requires Improvement)	Good (Previously Requires Improvement)

Children and Young People's services were rated requires improvement in the safe domain due to nursing staff shortages which was a particular issue when there were children with very complex health needs who required one to one care, It was also noted that there was no seven-day service for physiotherapy, occupational therapy and play specialists.

3.4 Eastbourne District General Hospital: services for Children and Young People, and End of Life Care were inspected and the hospital was rated **GOOD** overall.

	Safe	Effective	Caring	Responsive	Well led	Overall
Children and Young People	Good (Previously Requires Improvement)	Good (Previously Good)	Good (Previously Good)	Good (Previously Requires Improvement)	Good (Previously Good)	Good (Previously Requires Improvement)
End of Life Care	Good (Previously Good)	Good (Previously Requires Improvement)	Outstanding (Previously Good)	Outstanding (Previously Requires Improvement)	Outstanding (Previously Requires Improvement)	Outstanding (Previously Requires Improvement)

3.5 Use of Resources

In addition a "Use of Resources Inspection" was undertaken by NHS Improvement in parallel to the Well Led inspection. The Trust was rated "Requires Improvement" for Use of Resources. The Use of Resources review noted that the Trust had exited special measures for quality and finance in 2018 and 2019 respectively. It highlighted the Trust's good productivity in several areas; that the organisation had benchmarked well on clinical services and had significantly reduced reliance on agency staff. However, the information available at the time of the assessment showed that despite improvements, the trust's costs remained higher than the national median and there were opportunities to improve use of

resources regarding workforce, clinical support services and corporate functions. The report flagged the need to continue to increase the level of recurrent efficiencies in order to reduce reliance on central cash support.

3.6 Core Inspection Highlights and Outstanding Practice

- In Community Adult Services there were exceptional pathways through which patients seamlessly transitioned to receive the services they need.
- Following the introduction of advanced care plans for care home residents, the Trust saw a dramatic reduction in hospital admissions which was an exceptionally effective outcome for patients.
- There was a culture centred on the needs of patients at the end of their life with staff committed and passionate about the end of life care they provided.
- The Outpatients Service at Conquest Hospital demonstrated a strong visible patient-centred culture.
- The development of the multi-disciplinary diabetic foot clinic showed how medical and nursing staff worked together to improve patient care in response to feedback.
- The risk of infection was controlled well
- The services managed patient safety incidents well.
- Staff understood how to protect patients from abuse and worked well with other agencies to do so.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- Staff treated patients with compassion and kindness, and respected their privacy and dignity
- Feedback from patients was consistently very positive and patients felt staff went the extra mile to provide the care they needed.
- Care was planned and provided in a way that met the needs of local people.
- Staff felt respected, supported and valued.
- The Trust has a vision for what it wanted to achieve and a strategy to turn it into action

3.7 CQC Recommendations and Trust Actions

There were no breaches that justified regulatory action, no requirement notices or enforcement actions taken and there were no “must do” actions. The CQC highlighted 35 “should do” actions to improve on service quality. There were 2 in Community Adult Services; 2 in Community End of Life Care; 4 in Acute End of Life Care at the Conquest and 3 at Eastbourne; 5 in Outpatients Conquest; 8 in Children’s and Young Peoples Services at the Conquest and 6 at Eastbourne, and 5 matters were Trust wide. These related to ensuring adequate nursing staffing in children’s services, increasing access to the play specialist, improving the environment in some areas and ensuring compliance with mandatory training and appraisals. An action plan had been developed to address the “should do” recommendations and all actions are on track or completed.

There were also services/domains at Eastbourne that remain as Requires Improvement as they were not inspected in 2019, these include urgent and emergency services and surgery and critical care in the responsive domain and we hope that these will be reviewed at a

future CQC inspection. An assessment is being undertaken to support the Trust in moving to “Outstanding” overall.

4. Temporary Service Changes and Transformation

4.1 Temporary Changes

In order to minimise the risks to our most vulnerable patients being exposed to Covid19 and to ensure we had capacity to increase critical care beds we temporarily reconfigured some services in March 2020. HOSC were advised at the time and in summary these were:

- Relocation of the chemotherapy and infusion units at both Conquest and Eastbourne DGH to Sussex Downs College
- Suspension of homebirths and births at the Eastbourne Midwifery Unit at Eastbourne DGH
- Single siting of ophthalmology services to Bexhill Hospital
- Single siting all emergency cardiac catheter lab activity on to the Eastbourne DGH site.

We are now in the process of restoring these services:

- Chemotherapy and infusion units are moving back to the acute sites.
- Homebirths are now being offered and the Eastbourne Midwifery Unit is open
- Ophthalmology clinical activity has moved back to Eastbourne DGH and plans are in place to restore services at Conquest
- Out of Hours emergency cath lab cover is now operating in line with the position before the temporary change with emergency cardiac catheter lab activity rotating between the EDGH and Conquest sites on a weekly basis.

4.2 Transformation

4.2.1 Outpatients

New and better ways of working and delivering outpatient care have increasingly being delivered within services across the organisation. These include virtual appointments, patient initiated follow up and group sessions. The Covid19 pandemic has accelerated our transformation especially relating to virtual appointments however there is still a significant amount of work to do in order to embed these changes.

Building on the progress made in 2019/20, the impact of Covid19 and the recently launched NHSE/I ‘Adopt & Adapt - Outpatient workstream’ the following initiatives have been identified as highest priority:

- Restoration & Recovery of services
- Clinical Service Redesign – in particular enhanced clinical triage
- Digitally Enabled Outpatients

These aspects have been selected as they are likely to produce the greatest gain in terms of patient safety through productivity and efficient use of available resources. We are also seeking external support for an 8-10 week programme to focus on clinical service redesign in 8 specialities.

4.2.2 Cardiology

We are currently reviewing options for transforming our services and alongside commissioning colleagues are considering the future provision of both interventional cardiology and ophthalmology.

A clinically led cardiology transformation working group was established in January 2018 and the group identified the need to change clinical practice and the model of care to ensure the long term clinical and financial sustainability of the service. The clinical team are proud of the great care that they provide to cardiac patients, however, they identified that to ensure excellent outcomes, their service needed to adapt and develop to meet new guidelines and changing population needs. They evaluated maintaining the current models' of care and authorising a capital replacement of the cardiac catheter laboratories, however, the drivers for change are clear that transformation is required to address the workforce challenges, maintenance of clinical standards, expertise and patient outcomes. This has led to a focus on developing a future strategy for acute interventional cardiology which is aligned to evidence based cardiac care, care as close to home for patients without compromising clinical outcomes, delivering NHS Constitutional Standards, within a defined financial envelope and to support developing a clinically sustainable workforce.

4.2.3 Ophthalmology

The ophthalmology service has been challenged over the past 3 years experiencing difficulties with creating sufficient capacity to meet an increase in demand compounded by a shortage of consultant workforce required to deliver services across three sites, particularly for the Glaucoma and Paediatric specialties which in turn has had an impact on the quality of patient care. The specialty was identified in 2018 as a priority with recognition that many of the problems and potential solutions required an iterative development process using tests of change.

Further details and a case for change for both ophthalmology and interventional cardiology will be presented to a future HOSC meeting.

Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 10 September 2020

By: Assistant Chief Executive

Title: Eastbourne Station Health Centre

Purpose: To consider the HOSC Review Board's draft report on NHS proposals for the future of the Eastbourne Station Health Centre

RECOMMENDATIONS

The Committee is recommended to:

- 1) endorse the draft report and recommendations of the HOSC Review Board (to follow);**
 - 2) agree that the Review Board finalises the report after considering the outcome of the public consultation; and**
 - 3) agree to refer the final report to East Sussex Clinical Commissioning Group for consideration as part of their decision making process.**
-

1. Background

- 1.1. On 29 March 2018 HOSC considered a report by the local Clinical Commissioning Groups (CCGs) on the proposed closure of the Eastbourne and Hastings Walk-in Centres.
- 1.2. The Committee resolved that the proposals constituted a 'substantial development or variation to services' requiring formal consultation by the CCGs with HOSC in accordance with health scrutiny legislation.
- 1.3. The CCGs subsequently revised their proposals and the Committee agreed on 26 September 2019 that the proposals for Hastings no longer constituted a substantial variation to services.
- 1.4. The walk-in centre in Eastbourne is located at the Eastbourne Station Health Centre alongside a GP practice.
- 1.5. HOSC established a Review Board to consider the evidence in relation to the proposed closure of the Eastbourne Station Health Centre in detail and prepare a report and any recommendations as the Committee's response to the consultation. The Board comprised Cllrs Belsey, Mrs Barnes, Morris and Turner, and Jennifer Twist; the Review Board elected Cllr Belsey as the Chair.
- 1.6. The Review Board considered a wide range of written and oral evidence from NHS and other witnesses and agreed a draft report and recommendations, which is included as Appendix 1 to this report. Please note that the Appendix will be published 'to follow'.
- 1.7. A copy of this draft report has been shared with East Sussex CCG in advance of this meeting.
- 1.8. Due to the Covid-19 pandemic, the separate public consultation by the CCG has not been completed ahead of this HOSC meeting. It is recommended, therefore, that HOSC agrees that the Review Board finalises the report having considered the outcome of the public consultation when this is available.

2. Conclusion and reasons for recommendations

2.1 HOSC is recommended to endorse the Review Board's draft report; agree that the Review Board finalises the report after considering the outcome of the public consultation; and agree to refer it to the East Sussex CCG for consideration as part of their decision making process.

PHILIP BAKER
Assistant Chief Executive

Contact Officer: Harvey Winder, Democratic Services Officer
Tel. No. 01273 481796
Email: Harvey.winder@eastsussex.gov.uk

Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 10 September 2020

By: Assistant Chief Executive

Title: Work Programme

Purpose: To agree the Committee's work programme

RECOMMENDATIONS

The Committee is recommended to:

- 1) agree the updated work programme at appendix 1;
 - 2) Agree to appoint a representative of the Brighton & Sussex University Hospital NHS Trust (BSUH) working group; and
 - 3) Identity any specific issues to be raised with NHS organisations through HOSC Working Groups.
-

1 Background

1.1 The work programme contains the proposed agenda items for future HOSC meetings and is included on the agenda for each committee meeting.

1.2 This report also provides an update on other work going on outside the Committee's main meetings.

2. Supporting information

2.1. The work programme is attached as **appendix 1** to this report. It contains the proposed agenda items for the upcoming HOSC meetings, as well as other HOSC work going on outside of the formal meetings, including the joint HOSC sub-groups. The updated work programme will be published online following this meeting. A link to the work programme is available on the [HOSC webpages](#).

2.2. Due to the Covid-19 pandemic, a number of items in the work programme no longer have assigned dates. If the Committee agrees it still wishes to consider these reports, the Chair can consult with the appropriate NHS officers for suitable dates for their consideration.

HOSC Working Groups

2.3. Both active Joint HOSC sub-groups have three representatives from East Sussex HOSC. The two joint HOSC sub-groups have been set up to scrutinise the following Trusts:

Brighton & Sussex University Hospitals NHS Trust (BSUH)

- A joint sub-group with West Sussex and Brighton and Hove HOSCs. It was set up originally to scrutinise BSUH's response to the findings of recent CQC inspections and the Trust's wider performance and quality improvement plans, however, the Trust is now rated good by the CQC and Members agreed to change the focus of the working group to horizon-scanning, and identifying new initiatives and issues. Meets approximately twice per year. Membership: Cllrs Belsey and Howell. There is currently a vacancy.

Sussex Partnership NHS Foundation Trust (SPFT)

- A joint Sussex HOSCs sub-group set up originally to scrutinise SPFT's response to the findings of CQC inspections and the Trust's wider quality improvement plan. The Trust is now rated as good by the CQC so the Members have agreed to reduce the frequency of meetings and change the focus of the working group to horizon-scanning, and identifying new initiatives and issues. Meets approximately twice per year. Membership: Cllrs Belsey, Pragnell and Osborne.

3 Conclusion and reasons for recommendations

3.1 The work programme sets out HOSC's work both during formal meetings and outside of them. The committee is asked to consider and agree the updated work programme.

3.2 HOSC members are also invited to request that HOSC sub-group representatives raise any specific identified issues with the relevant NHS organisations at future sub-group meetings.

PHILIP BAKER

Assistant Chief Executive

Contact Officer: Harvey Winder, Democratic Services Officer

Tel. No. 01273 481796

Email: Harvey.winder@eastsussex.gov.uk

Health Overview and Scrutiny Committee – Work Programme

Current Scrutiny Reviews		
Title of Review	Detail	Proposed Completion Date
Eastbourne Station Health Centre	<p>Proposals to consult on the closure of Eastbourne Station Health Centre were agreed by the Clinical Commissioning Groups' (CCG) Governing Bodies on 29 January 2020. The public consultation was paused during the pandemic but is now expected to resume following the East Sussex CCG Governing Body meeting on 29 July. HOSC has previously agreed that these proposals constitute a 'substantial variation in service' requiring CCGs to consult formally with the committee.</p> <p>A HOSC Review Board will now undertake a review of the proposals before submitting a report and recommendations to the main Committee at the 10 September meeting.</p> <p>Membership: Cllrs Belsey (Chair), Turner, Barnes, Morris and Jennifer Twist</p>	10 December 2020

Initial Scoping Reviews		
Subject area for initial scoping	Detail	Proposed Dates
Sussex Joint Health Overview and Scrutiny Committee (JHOSC)	<p>A JHOSC is in the process of being established to consider potential future substantial variations in service (SViS) resulting from both the Clinically Effective Commissioning (CEC) programme and the Sussex Health and Care Partnership, although no specific SViS have yet been confirmed.</p> <p>The JHOSC is expected to be established by each of the relevant local authorities ahead of consideration of any SViS. The East Sussex HOSC approved its establishment in November 2018.</p> <p>Membership: Cllrs Belsey, Pragnell and Osborne and Geraldine Des Moulins</p>	Ongoing
Children and Adolescent Mental Health Services (CAMHS)	<p>The Committee has expressed interest in receiving information about how CAMHS is commissioned and provided in East Sussex and the performance of the service.</p> <p>The report of the system-wide review of children's and young people's emotional health and wellbeing, Foundations For Our Future, was endorsed in July 2020 by the East Sussex County Council Cabinet and East Sussex Health and Wellbeing Board (HWB). It is due to be considered by the Committee at a future meeting. This may provide opportunities for further scrutiny.</p>	After July 2020
List of Suggested Potential Future Scrutiny Review Topics		
Suggested Topic	Detail	
TBC		

Scrutiny Reference Groups

Reference Group Title	Subject Area	Meetings Dates
Brighton & Sussex University Hospitals (BSUH) NHS Trust HOSC working group	<p>A joint Sussex HOSCs working group to scrutinise the BSUH response to the findings of recent Care Quality Commission (CQC) inspections and the Trust's wider improvement plan.</p> <p>Membership: Cllrs Belsey, Boorman and Howell</p>	<p>Last meeting: 2 September 2019</p> <p>Next meeting: TBC 2020</p>
Sussex Partnership NHS Foundation Trust (SPFT) HOSC working group	<p>Regular meetings with SPFT and other Sussex HOSCs to consider the Trust's response to CQC inspection findings and other mental health issues, including ongoing reconfiguration of dementia inpatient beds in East Sussex.</p> <p>Membership: Cllrs Belsey, Pragnell and Osborne</p>	<p>Last meeting: 27 September 2019</p> <p>Next meeting: TBC 2020</p>
The Sussex Health and Care Partnership (SHCP) HOSC working group	<p>Regular liaison meetings of Sussex HOSC Chairs with SHCP leaders to update on progress. Wider regional HOSC meetings may also take place on the same day from time to time.</p> <p>The group has met monthly during the pandemic and other HOSC members have been given the opportunity to submit written questions to the Chief Executive of the Sussex CCGs ahead of each meeting.</p> <p>Membership: HOSC Chair (Cllr Belsey) and Vice Chair (Cllr Pragnell) and officer</p>	<p>Last meeting: 14 July 2020</p> <p>Next meeting: 9 September 2020</p>

Reports for Information

Subject Area	Detail	Proposed Date
Prevention of smoking on hospital premises policy	The Committee requested that the policy for prevention of smoking within the hospital boundary at ESHT is circulated by email. The Trust revised its policy and a copy was circulated to the Committee members via email.	Circulated May 2020

Training and Development		
Title of Training/Briefing	Detail	Proposed Date
New Member induction	One to one induction sessions with new Members of the Committee.	As required
Integrated Care Systems (ICS)/ NHS Long Term Plan	Joint training session with neighbouring HOSCs on how Integrated Care Systems (ICS)/ NHS Long Term Plan will work. Took place on 13 March 2020	13 March 2020 - complete

++Please note: The dates for consideration of a number of HOSC agenda items have been affected by the COVID-19 pandemic++

Future Committee Agenda Items		Author
10 December 2020		
Eastbourne Station Health Centre	To consider whether the CCGs' decision in relation to Eastbourne Station Walk-in Centre is in the best interest of health services in East Sussex <i>Note: provisional dependent on CCGs' plans</i>	Representatives of East Sussex CCG
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Democratic Services Officer
4 March 2021		
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Democratic Services Officer
TBC		
NHS 111 update	To provide an update on the implementation of the new NHS 111 Clinical Assessment Service (CAS) due to go live from 1 October 2020.	Representatives of lead CCG & provider (SECamb/IC24)
Sussex-wide review of emotional health and wellbeing support for children and young people	To consider the Foundations for Our Future report produced following a Sussex-wide review of emotional health and wellbeing support for children and young people.	Representative of East Sussex CCGs

Patient Transport Service	To consider proposals to recommission the Patient Transport Service (PTS) and to consider PTS patient views collated by Healthwatch in recent years.	Representatives of lead CCG and Healthwatch
Mental Health Inpatient redesign in East Sussex	To consider Sussex Partnership NHS Foundation Trust's plans to develop inpatient mental health services in East Sussex. <i>Note: Timing is dependent on NHS decision making process</i>	Representative of Sussex Partnership NHS Foundation Trust (SPFT)
South East Coast Ambulance NHS Foundation Trust (SECamb) transformation plans	To consider an update on the implementation of SECamb's plans to develop a new model of care, including the use of non-emergency transport and enhanced hear and treat services. To also include plans to improve hospital handover times.	Representatives of SECamb
Primary Care Led Hub (PCLH)	To consider an update on the implementation of the PCLH in Hastings Station Plaza and plans for the service beyond April 2021.	Representatives of the East Sussex CCG
Cancer care services	To consider an update on the performance of the East Sussex CCG and NHS Trusts on their cancer care targets.	Representatives of the East Sussex CCG & provider hospital trusts
Implementation of Kent and Medway Stroke review	To consider the implementation of the Hyper Acute Stroke Units (HASUs) in Kent and Medway and progress of rehabilitation services in the High Weald area. <i>Note: Timing is dependent on NHS implementation process</i>	Representatives of East Sussex CCG/Kent and Medway CCG