

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY, 4 MARCH 2021

10.00 AM CC2, COUNTY HALL, LEWES

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

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

District and Borough Council Members
Councillor Mary Barnes, Rother District Council
Councillor Stephen Gauntlett, Lewes District Council
Councillor Richard Hallett, 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 10th December 2020** *(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. **Redesigning Inpatient Mental Health Services in East Sussex** *(Pages 17 - 30)*
6. **Cardiology and Ophthalmology services** *(Pages 31 - 36)*
7. **South East Coast Ambulance NHS Foundation Trust (SECAmb) update** *(Pages 37 - 60)*
8. **NHS Response to Covid-19 in East Sussex** *(Pages 61 - 74)*

9. **HOSC future work programme** (*Pages 75 - 82*)
10. **Any other items previously notified under agenda item 4**

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24 February 2021

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Next HOSC meeting: 10am, Thursday, 10 June 2021, County Hall, Lewes

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

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

PRESENT:

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

WITNESSES:

Jessica Britton, Executive Managing Director, East Sussex Clinical Commissioning Group
Paul Deffley, Medical Director, East Sussex Clinical Commissioning Group
Robert Szymanski, Head of Urgent Care & Programme Lead for Transformation, East Sussex Clinical Commissioning Group
Tom Gurney, Executive Director of Communications, Sussex Health and Care Partnership
Joanne Chadwick-Bell, Chief Operating Officer, East Sussex Healthcare NHS Trust
Darrell Gale, Director of Public Health, East Sussex County Council

LEAD OFFICER:

Harvey Winder, Democratic Services Officer

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

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

32. APOLOGIES FOR ABSENCE

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

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

33. DISCLOSURES OF INTERESTS

33.1 There were no disclosures of interest.

34. URGENT ITEMS

34.1 There were no urgent items.

35. EASTBOURNE STATION HEALTH CENTRE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

36. NHS RESPONSE TO COVID-19 IN EAST SUSSEX

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

35.68. The Committee RESOLVED to:

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

37. HOSC FUTURE WORK PROGRAMME

37.1 The Committee considered the work programme.

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

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

The meeting ended at 12.10 pm.

Councillor Colin Belsey
Chair

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

Date of meeting: 4 March 2021

By: Assistant Chief Executive

Title: Redesigning Inpatient Mental Health Services in East Sussex

Purpose: To update HOSC on the redesign of inpatient Mental Health Services in East Sussex, with a focus on the services provided at the Department of Psychiatry being moved on to a new site within the next three years.

RECOMMENDATIONS

The Committee is recommended to:

- 1) consider and note the proposals for redesigning inpatient mental health services in East Sussex; and
 - 2) agree to consider a report at the 10th June meeting to determine whether the confirmed proposals constitute a 'substantial development or variation' to services requiring consultation with the committee under health scrutiny legislation.
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1. Background

1.1. Sussex Partnership NHS Foundation Trust (SPFT) provides inpatient mental health care to patients across four services areas – working age adults, older age adults, rehabilitation, and those living with dementia – in four locations in East Sussex – the Department of Psychiatry (DoP) at Eastbourne District General Hospital (EDGH), Woodlands Centre at Conquest Hospital in Hastings, Beechwood Unit at Uckfield Hospital, and Amberstone Hospital near Hailsham. Mental health inpatient stays tend to be unplanned except in a few specific circumstances.

1.2. SPFT and the NHS East Sussex Clinical Commissioning Group (CCG) recognise that these facilities are currently not fit-for-purpose and are working in partnership to develop proposals to improve the quality of inpatient services.

2. Supporting information

2.1. The document attached as **Appendix 1** contains a summary on the progress so far in developing proposals for the future of inpatient mental health services in East Sussex.

2.2. The CCG and SPFT have identified a goal of *“building a new state-of-the-art facility potentially provided on a single campus sufficient to service all of the mental health inpatient needs of the people of East Sussex, now and in the future”*. They believe that the most effective way to achieve this goal is to deliver this campus in phases.

2.3. The Government announced an initiative in October 2020 for all NHS mental health trusts to eradicate “dormitory” style wards and replace them with single en-suite rooms. The Government committed more than £400 million of capital investment over the next few four years to achieve this goal, which is to be shared across trusts.

2.4. The DoP at the EDGH contains the following three dormitory wards:

Location	Name	Service	Gender	Beds
Eastbourne District General Hospital, Eastbourne	Department of Psychiatry	Amberley Ward - inpatient care for adults with mental health problems	Female	18
		Bodiam Ward - inpatient care for adults with mental health problems	Male	18
		Heathfield Ward - inpatient mental health care for older people or those with additional physical and wellbeing needs	Mixed	18

2.5. Therefore, the first phase of the CCG and SPFT's proposal will be to use this national eradicating dormitory accommodation initiative funding to move the services provided at the DoP to a new site within the next three years. Sites in Eastbourne, Bexhill and Hailsham have been identified.

2.6. Further feasibility work needs to be undertaken in the next few months to check site conditions before a final site is confirmed. But there is a possibility that the CCG may consider proposals to move the DoP services to an area other than Eastbourne. Should this be the case, the CCG has indicated that this change will likely require a public consultation.

2.7. The CCG and SPFT are developing a Pre-Consultation Business Case (PCBC) that is planned to be completed and signed off by NHS England in the first quarter of 2021/22. Should a public consultation be required, the PCBC and consultation documents will need to be reviewed and approved by SPFT's Board of Directors and the East Sussex CCG Governing Body prior to any consultation. This means any public consultation would likely commence towards the end of the first quarter of 2021/22.

HOSC role

2.8. Under health scrutiny legislation, NHS organisations are required to consult HOSCs about a proposed service change that would constitute a 'substantial development or variation' to services for the residents of the HOSC area.

2.9. There is no national definition of what constitutes a 'substantial' change. Factors such as the number or proportion of patients affected, the nature of the impact and the availability of alternative services are often taken into account in coming to an agreement between the HOSC and the NHS on whether formal consultation is required.

2.10. In this case, the CCG has indicated the possibility of a public consultation if any options include moving the services currently at the DoP outside of Eastbourne. NHS England guidance recommends that a public consultation should take place if the HOSC considers a proposal a substantial variation to services, so, by extension, the HOSC may agree that if the CCG is planning a public consultation then the HOSC should consider the proposals a substantial variation to services.

2.11. The CCG, however, has not yet reached a point yet where it has decided which options to pursue further and whether, as a result, a public consultation will be necessary. A HOSC meeting is due to be held on 10th June 2021, which is expected to be around the time the CCG Governing Body will be in a position to agree its PCBC and public consultation plan. It is recommended that the HOSC agrees to consider a further update at its meeting on 10th June to make a decision about whether the proposals constitute a substantial variation to services requiring formal consultation with the Committee.

3. Conclusion and reasons for recommendations

3.1. This report provides HOSC with an update on developments in relation to the redesign of inpatient mental health services in East Sussex, in particular the first phase of the redesign that will involve moving the services provided at the DoP in EDGH to a new site within the next three years.

3.2. The Committee is recommended to consider the proposals and agree to a further update at its 10th June meeting where a decision about whether the proposals constitute a substantial variation to services can be made.

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Redesigning Inpatient Services in East Sussex

Report for: East Sussex Health Overview and Scrutiny Committee

Date:	15/02/21
Version:	V7.0
Name of originator/ author:	Paula Kirkland

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1.0 Executive Summary

The purpose of this report is to inform members of East Sussex Health Overview and Scrutiny Committee of the need to change the way that mental health inpatient services are provided in East Sussex.

The report provides brief details of the Case for Change and a summary of the work that has taken place since January 2020 to work with stakeholders to firstly identify and then assess potential options to address current and future needs.

Health and social care organisations within the Integrated Care System (ICS), known as the Sussex Health and Care Partnership (SHCP), are committed to working together to deliver high-quality health and care services which improve the health of local people and make the most effective use of resources.

As part of this commitment, the NHS East Sussex Clinical Commissioning Group (CCG) and Sussex Partnership NHS Foundation Trust (Sussex Partnership) are working in partnership to improve the quality of inpatient services in East Sussex as they recognise that existing inpatient mental health facilities are currently not fit-for-purpose.

Therefore, a significant change is required to improve the quality of the environments in which inpatient services are delivered across four sites in East Sussex, including Department of Psychiatry at Eastbourne District General Hospital, Woodlands Centre at Conquest Hospital in Hastings, Beechwood Unit at Uckfield Hospital and Amberstone Hospital near Hailsham. In this context, Sussex Partnership is also among the worst Trusts in the country for the number of patients still being treated in dormitory accommodation and this issue must be rapidly addressed in line with national requirements.

To this end, the **Redesigning Inpatient Services: East Sussex (RIS:ES) Programme** was established to develop and deliver proposals which address the needs identified in a **Case for Change** and respond to feedback from a range of stakeholders, particularly service users, carers and their representatives, clinicians, and members of staff.

The Programme started work in January 2020 and has since reached a number of milestones.

- A Case for Change was developed which was subsequently approved by Sussex Partnership Board of Directors and East Sussex CCG Governing Body.
- A Clinical Working Group – established as part of the Programme and involved clinicians and service users – agreed the scope of the Programme.
- NHS England and Improvement (NHSEI) Stage One – Strategic Sense Check assurance was achieved in October 2020.
- An initial funding stream under the national eradicating dormitory accommodation initiative has been identified and pursued.
- There was a three month period of early involvement activity and an interim report on findings was completed.
- This fed into Appraisal workshops which agreed early draft proposals being identified, in principle.
- These early draft proposals have also now been reviewed by both Sussex Partnership Board of Directors and the NHS East Sussex CCG Governing Body and will now form the basis of a Pre-Consultation Business Case.
- Site finding and assessment has been completed and a final shortlist includes three sites, one each, in Eastbourne, Bexhill and Hailsham.

Development of the draft proposals to date:

- The vision for acute adult inpatient services in East Sussex is for new state-of-the-art facilities to cover all inpatient services, provided potentially on a single campus sufficient to service all of the mental health inpatient needs of the people of East Sussex, now and in the future

- The campus approach would, over time, address East Sussex inpatient needs, grounding it in clinical need and demographic change. This would enable the Trust to attract the best staff because it would be a leading centre for mental health provision, where excellent research and teaching happens and where patient outcomes are outstanding.
- The most likely way forward is to deliver the programme in phases, addressing the most pressing issues in the current provision as a first step.
- The first priority, however, is to take advantage of national funding available to eradicate dormitories. This will enable the services provided at the Department of Psychiatry in Eastbourne to move into new facilities on another site within the next three years.
- This early outcome would provide the backdrop for future expansions, the necessary momentum to carry through the longer-term outcomes and enable the impact of the Community Transformation Programme and other initiatives to be understood fully in supporting the wider improvements being delivered across mental health services.
- However, in order to achieve the longer vision, given the availability and deliverability of sites, there is a possibility that the DoP may be provided in an area other than Eastbourne. This change will require a public consultation.
- The programme team will continue to engage and consult with stakeholders as future phases develop and these may require separate public consultations at the relevant time.

The East Sussex CCG Governing Body, at its meeting on Wednesday 10 February 2021, noted these early draft proposals and that they would be shared with the East Sussex HOSC to explore whether they would want to consult with the CCG on any of the developing options. The CCG Governing Body also noted that a Pre-Consultation Business Case would be prepared on the basis of the early draft proposals above and this will be subject to an NHSEI Stage 2 Assurance Check Point and Sussex Partnership Board and CCG Governance processes before any potential public consultation would commence later in the year.

2.0 Current Services

RIS:ES is considering the potential need for mental health inpatient beds across all four inpatient service areas, i.e. working age adults, older age adults, rehabilitation and those living with dementia. Mental health inpatient stays tend to be unplanned except in a few specific circumstances.

These services are provided across four centres across the county. They are:

East Sussex - Adult Inpatient Mental Health Services				
Location	Name	Service	Gender	Beds
Uckfield Hospital, Uckfield	Beechwood Unit	Short-term inpatient care for people with dementia	Mixed	15
Eastbourne District General Hospital, Eastbourne	Department of Psychiatry	Amberley Ward - inpatient care for adults with mental health problems	Female	18
		Bodiam Ward - inpatient care for adults with mental health problems	Male	18
		Heathfield Ward - inpatient mental health care for older people or those with additional physical and wellbeing needs	Mixed	18
Conquest Hospital, St Leonards-on-Sea	St Anne's Centre	St Raphael Ward - acute mental health ward for older people or those with additional physical and wellbeing needs	Mixed	16
	Woodlands	Abbey Ward - inpatient care for adults with mental health problems	Female	14
		Castle Ward - inpatient care for adults with mental health problems	Male	9
Amberstone Hospital, Hailsham	Amberstone	4 wards for assessment and active rehabilitation for working age adults with severe enduring mental illness.	Mixed	28

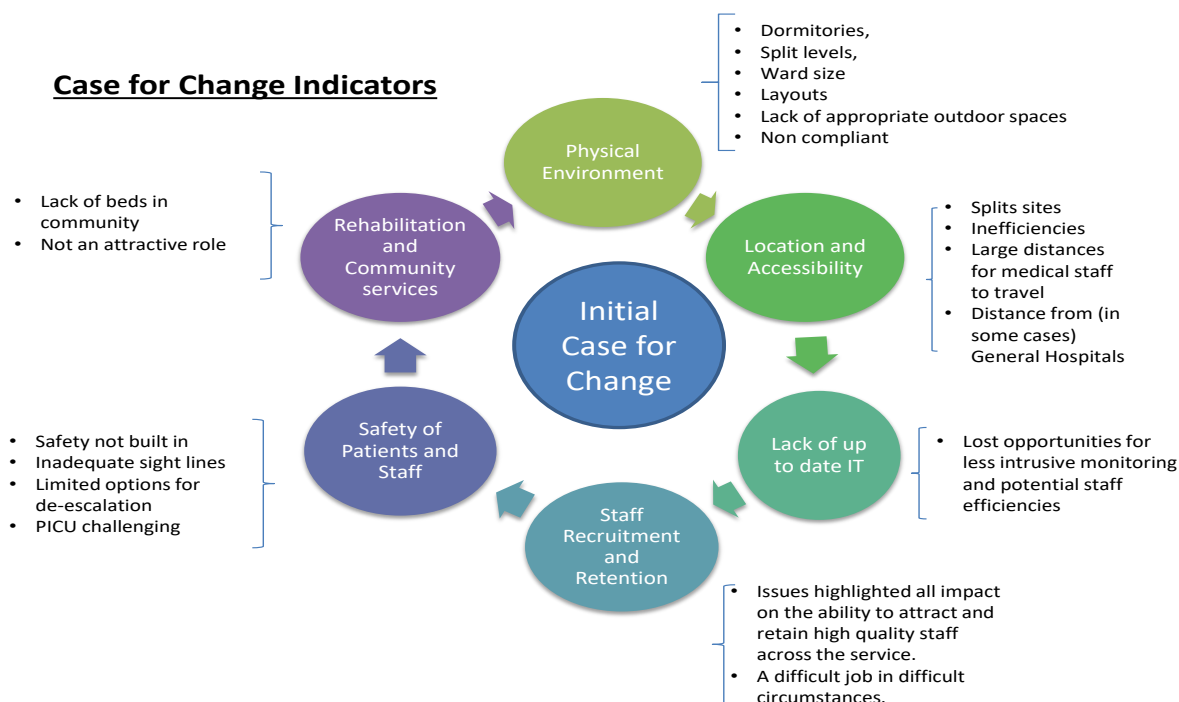
3.0 Case for Change

A Case for Change (C4C) to the way that inpatient mental health services in East Sussex are delivered was developed in January 2020 and was subsequently approved by the RIS:ES Programme Board and endorsed by Sussex Partnership's Board of Directors and the East Sussex CCG Governing Body. It also received assurance at an NHS England and Improvement Strategic Sense Check in October 2020.

The C4C looked at the current state of inpatient mental health services in East Sussex for adults, older people and those living with dementia, assessed future demand for these services and examined how the Programme fits in with national, regional and local priorities. The C4C did not seek to identify any solutions at that stage but simply confirmed the need for change.

The main conclusion was that services need significant improvement, are not in a position to meet the identified priorities and are a major barrier to staff recruitment and retention. The following diagram provides a summary of the clinical and estates C4C indicators.

Case for Change Indicators



The C4C also confirmed that there is a sustained level of demand for services which will continue at least at current levels in the future and noted that demographic growth forecasts predict an increase in demand for services going forward.

This means that care cannot continue to be delivered to the high quality that patients, their carers and families deserve, and services do not have the flexibility they need to provide the optimum variety of therapeutic activity that should be available to all patients.

The C4C recommended that proposals should be developed to address the identified gap between the current "as is" position and a desired future state which will be to provide services that align with, and support, national and local priorities and ambitions. This means that improving inpatient services is a "must have" otherwise key commitments will not be delivered.

Development and assessment of options and business cases have and will continue to follow relevant NHS England and NHS Improvement guidance to ensure the process is robust and the outcome is co-produced with patients, carers, clinicians and operational teams.

A full copy of the Case for Change document is available on request.

4.0 Communications and Involvement Activity

To help develop early proposals, and make sure they have been co-produced with stakeholders, a period of early involvement activity was undertaken between October and December 2020. During this period, service users, carers and their families, clinicians, other service leads and other stakeholders from the charity and third sectors were invited to provide feedback through a range of methods.

To support the communications and involvement activity, Opinion Research Services were appointed as an external involvement advisor. Advice of this nature is highly-recommended by NHSE/I as part of its governance and assurance

process as it provides independent insight, analysis and oversight of communications and involvement activity throughout the duration of the Programme.

During the period of early involvement activity, ORS:

- attended meetings arranged by NHS partners and community organisations so their views about our proposals could be shared and discussed
- undertook one-to-one interviews with individuals recruited by ORS staff, and
- ran an early involvement online questionnaire, accessible through both Sussex Partnership and CCG websites.

A video conference workshop was also held for a group of Experts by Experience (EBEs) familiar with East Sussex mental health inpatient services, representatives from relevant charities and other community organisations and clinicians who work in local services.

This was followed by an options appraisal workshop where service users, carers, clinicians and operations staff came together to agree a shortlist of options which will be taken forward as part of a Pre-Consultation Business Case and a likely formal public consultation.

ORS have prepared an interim feedback report detailing the responses to the early involvement activity which contributed to the development of the proposals set out in this paper.

Throughout the early involvement activity, there was broad recognition and endorsement among all stakeholders of the challenges, vision and priorities identified, and of the need to make changes.

A copy of the report is available on request.

5.0 Options appraisal

To ensure robust engagement and co-production, two workshops have been held with stakeholders including clinicians, patients, carers, staff etc. to firstly consider possible options to deliver the change and then to assess them. There was strong clinical engagement throughout the process with workshops attended by members of the Clinical Working Group plus other consultants, matrons, ward manager, service managers and operational staff.

The assessment was made against a set of agreed (with participants) critical success factors (such as eradicating dormitory accommodation and providing sufficient capacity) and Programme Objectives (such as ability to improve inpatient outcomes and staff morale).

The Workshop looked at four options: do nothing, refurbish existing, two or more separate facilities or a single campus to accommodate all of the agreed scope.

The single campus option emerged as the most likely preferred way forward as this gives the greatest opportunity to meet all of the Programme Objectives.

The Workshop then examined the strengths and weaknesses of delivering the scope in a single implementation i.e. “big bang” or in a phased manner over a longer period of time. It was agreed that a phased approach was the most likely to succeed due to availability of funding at this time.

The phased approach also allows the impact of the Community Transformation, Rehabilitation Workstreams and Dementia Pathways to be understood before full investment is committed. Incremental delivery is also inherently less risky and lessons can be learned and adjustments made along the way.

A phased approach has the advantage of building momentum early in the Programme to enable benefits to start to be delivered and allow the impact of Covid and the work of the Community Transformation Programme to be fully understood.

The priority inpatient facility to be addressed through RIS:ES is the Department of Psychiatry (DoP) at Eastbourne District General Hospital.

Therefore, Phase 1 would replace the DoP in a new building on a new site to eradicate dormitories, improve the therapeutic environment and patient outcome but for there to be sufficient flexibility to accommodate the longer-term vision.

6.0 Early draft proposals

Therefore, following the options appraisal process, these early draft proposals were developed. These draft proposals cover, over time, all in-patient services for the whole population of East Sussex.

To build new state-of-the-art facilities potentially provided on a single campus sufficient to service all of the mental health inpatient needs of the people of East Sussex, now and in the future

The most likely way forward is to deliver this campus in phases.

This will attract and keep the best staff as it will be a leading centre for mental health provision, with excellent research and teaching and where patient outcomes are outstanding.

However, the first priority is to take advantage of national funding available to eradicate dormitories. This will enable the services we provide at the Department of Psychiatry to be moved on to a new site within the next three years.

Sites in Eastbourne, Bexhill and Hailsham have been identified and their viability will be assessed in detail over the coming months.

This early outcome will form the foundation for future expansion and provide the momentum to carry through the Programme's long-term plans, in conjunction with other initiatives such as the **Community Transformation Programme**.

7.0 Finding sites for new facilities

Availability of a deliverable site is a key requirement of the project. Stiles Harold Williams Partnership (SHW) LLP, a local, independent property consultancy specialising in property surveying and town planning, were commissioned to undertake a comprehensive site finding exercise.

This identified 17 sites across the county. Sites were shortlisted based on: (1) proximity to the main conurbations i.e. site close to the borders were deselected, (2) ability to accommodate the longer-term campus vision so sites over 6 acres, and (3) ease of delivery (i.e. likelihood of securing planning permission within timescales, and site topography).

There are three sites on the shortlist, one each in Eastbourne, Hailsham and Bexhill. Some travel time analysis has been completed and each of the sites has strengths and weaknesses in this regard.

Further feasibility work needs to be undertaken to check site conditions before a final site is confirmed. But there is a possibility that the DoP may be provided in an area other than Eastbourne. Should this be the case, this change will likely require a public consultation.

7.0 Timetable

A Pre-Consultation Business Case (PCBC) is being developed and will be subject to a NHSEI Stage 2 Assurance Check Point (ACP). This is planned to be completed in the first quarter of 2021/22.

Subject to development of the PCBC, should a public consultation be required, the PCBC and consultation documents will require review and approval by the Sussex Partnership's Board of Directors and the East Sussex CCG Governing Body prior to any consultation. This means any public consultation would likely commence towards the end of the first quarter of 2021/22.

NB: no public engagement or meetings on our proposals will take place during the pre-election period between Monday 29 March and Thursday 6 May because of local elections.

8.0 Conclusion

This paper sets out early draft proposals to address the issues highlighted in the Case for Change relating to mental health inpatient services in East Sussex for adults, older people and those living with dementia.

It highlights the work undertaken with service users, carers and their representatives, clinicians, commissioners and staff to identify and assess the potential options.

This work has resulted in a most likely way forward for a long-term Programme to deliver all adult inpatient services in East Sussex potentially on one campus-style facility on a site to be agreed. This will be delivered in phases as funding becomes available.

The first phase will be to relocate the services at Department of Psychiatry on to a new site which will be funded under the national eradicating dormitory accommodation initiative. There is a possibility, due to availability of deliverable sites, that this may be in an area other than Eastbourne which would likely require a public consultation.

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

Date of meeting: 4 March 2021

By: Assistant Chief Executive

Title: Cardiology and Ophthalmology services

Purpose: To update HOSC on the proposed development of Cardiology and Ophthalmology services at East Sussex Healthcare NHS Trust (ESHT)

RECOMMENDATIONS

The Committee is recommended to:

- 1) consider and note the report; and
 - 2) agree to consider a further report at its 10th June meeting.
-

1. Background

1.1. East Sussex Healthcare NHS Trust (ESHT) provides acute cardiology services from both the Eastbourne District General Hospital (EDGH) and Conquest Hospital in Hastings. The Trust also provides adult and children's ophthalmology (diagnosis and treatment of eye disorders) services from both acute hospital sites and the community hospital in Bexhill.

1.2. East Sussex Clinical Commissioning Group (CCG) in partnership with ESHT is developing proposals to redevelop both services and this report provides an initial overview of the current situation for HOSC to consider ahead of further reports later in the year.

2. Supporting information

2.1. The document attached as **Appendix 1** contains an update from the CCG and ESHT on the progress with developing the new proposals.

2.2. The CCG and Trust have undertaken engagement with local stakeholders about their experiences of the services. The next step will be to develop options for future cardiology and ophthalmology services during March 2021. The CCG is then planning to potentially begin formal consultation with local people beginning in the summer or autumn of 2021. A final decision is expected during winter or spring 2021/22.

HOSC role

2.3. Under health scrutiny legislation, NHS organisations are required to consult HOSCs about a proposed service change that would constitute a 'substantial development or variation' to services for the residents of the HOSC area. The HOSC

2.4. There is no national definition of what constitutes a 'substantial' change. Factors such as the number or proportion of patients affected, the nature of the impact and the availability of alternative services are often taken into account in coming to an agreement between the HOSC and the NHS on whether formal consultation is required.

2.5. Based on the CCG's timeline, the next step will be for HOSC to consider a report on the proposals at its next meeting on 10th June. At this point, HOSC should be able to agree whether the proposals constitute a substantial variation to services requiring formal consultation with the Committee, which will take place alongside but separate to the public consultation.

3. Conclusion and reasons for recommendations

3.1. This report provides HOSC with an update on developments in relation to cardiology and ophthalmology services at ESHT.

3.2. The Committee is recommended to consider the proposals and agree to a further update at its 10th June meeting.

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Improving local cardiology and ophthalmology services

March 2021

Context for improving services

As part of a continuing drive for excellence, we are always looking for ways to improve local services. This is outlined in our East Sussex Long Term Plan that describes the ‘transformation priorities we need to deliver jointly as a health and social care system to meet the future health and care needs of our population... to deliver a “new service model for the 21st century” grounded in the needs of our local population’.

Within this context, we have been talking to people living in East Sussex about their experience of cardiology and ophthalmology services, in particular:

- Ophthalmology services (both adult and children’s) provided at The Conquest Hospital, Hastings; Bexhill Hospital; and Eastbourne District General Hospital.
- Acute cardiology services provided at The Conquest Hospital, Hastings and Eastbourne District General Hospital which includes emergency management of heart attacks and interventional cardiology

This is so that we can co-design a set of proposals for the future that improve services for local people, address some of the current challenges and make the most of future opportunities including:

- Being in a position to implement emerging clinical best practice in line with changing population health needs, in particular the ageing population in East Sussex including working together to address health inequalities, improve experiences and outcomes, and ensuring that future proposals support our collective management of Covid 19
- Responding to changing patterns of service delivery, for example specialisation of the workforce, technological advances, and maintain/improve recruitment and retention of staff
- Making the most of opportunities presented by developments in digital service delivery and ensuring that our estates and equipment support service improvements
- Making the best use of our resources

Update and plans for next steps

It is important that local people, patients and members of staff have a say in the development of proposals for improvement including how the service could be delivered in the future.

To ensure this and building on previous engagement (particularly in relation to cardiology), between 4 January and 14 February 2021 we have been talking with local people to understand their current experiences of these services and to find out what's important to them. We are now analysing the outputs of this engagement to understand key insights from local people that will inform discussions about future options.

A range of options development workshops are scheduled during March 2021 that will include clinicians, stakeholders and local people. These workshops will follow relevant Covid 19 rules on social distancing, consider how best to ensure inclusive participation including independent facilitation.

The options development workshops will then inform our proposals to improve these Cardiology and Ophthalmology services.

We intend to update HOSC in June with further details about our proposals, with a view to potential formal consultation with local people beginning in the summer/autumn of 2021, and final decision during winter/spring 2021/22.

We will also carry out a separate consultation with the HOSC should the Committee consider that the proposals constitute a significant variation to current services.

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

Date of meeting: 4 March 2021

By: Assistant Chief Executive

Title: South East Coast Ambulance NHS Foundation Trust (SECAmb) update

Purpose: To consider an update from SECAmb on a number of areas, including performance against national response times and the new NHS 111 service.

RECOMMENDATIONS

The Committee is recommended to:

- 1) Consider and comment on the update from SECAmb; and
 - 2) Consider whether to request a further report on any of the areas covered in the update.
-

1. Background

1.1. South East Coast Ambulance NHS Foundation Trust (SECAmb) provides emergency and urgent ambulance services and handles 999 and 111 calls for East Sussex, West Sussex, Brighton & Hove, Kent, Medway, Surrey and North East Hampshire. The Trust is currently rated Good by the Care Quality Commission (CQC).

1.2. SECAmb has provided an update on a number of areas in relation to its emergency ambulance and NHS 111 services for the Committee to consider.

2. Supporting information

2.1. HOSC considered a report by SECAmb in March 2019 on its transformation programme. This set out plans to improve the Trust's performance against the national ambulance response times through the recruitment of additional staff and improvement of its fleet using additional funding that had recently become available. The Committee asked for a future update to understand how the programme had progressed in delivering its aims.

2.2. Separately, the HOSC has followed the procurement process of the new NHS 111 service, which includes the development of a Clinical Assessment Service (CAS), over the past two years. The Committee also identified the enhanced NHS 111 service as a key element of the new urgent care system developed in East Sussex during its review of the Eastbourne Station Health Centre. The new 111 service went live on 1st October 2020.

2.3. HOSC has also considered reports in the last few years on the issue of hospital handover times between ambulance crews and hospital emergency departments; as well as the Trust's CQC reports.

2.4. SECAmb has spent a considerable amount of time over the past year responding to the COVID-19 pandemic. The Trust, however, has continued to develop its work in several key areas, including those previously considered by the HOSC. The report attached at **Appendix 1** provides an update on:

- Performance and performance recovery
- COVID-19 response
- Mutual aid to London Ambulance Service
- Critical Care Transfer

- 111 CAS
- NHS 111 First
- Handover Programme
- Live Ambulance Conveyance Review
- Combined Ambulance Make Ready Centre, 999 Emergency Operations Centre and 111 Operations Centre
- Brighton Make Ready Centre
- Joint Response Unit
- Staff Wellbeing
- CQC and the Professor Duncan Lewes Report
- Equality and Inclusion
- Innovation
- Winter Planning Framework 2020-21
- Income and Expenditure Performance Summary.

2.5. The Committee may wish to consider whether it wants updates in future on any of the specific areas above at a future meeting.

3 Conclusion and reasons for recommendations

3.1 The report attached as Appendix 1 provides an update to the Committee on a number of areas of work for SECamb. HOSC is recommended to consider the report and decide whether future updates are needed on any of the areas covered in the report.

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HEALTH

OVERVIEW AND SCRUTINY COMMITTEE

4 MARCH 2021

SOUTH EAST COAST AMBULANCE SERVICE UPDATE

Report from: Bethan Eaton-Haskins, Executive Director of Nursing and Quality, SECAmb
Author: Ray Savage, Strategy & Partnerships Manager, SECAmb

Summary

This report updates the committee on the South East Coast Ambulance Service Foundation Trust, with a focus on key developments since the Committee was last updated in March 2019. These key areas include: Performance and Performance Recovery, go live of NHS 111 CAS contract, Staff Wellbeing, Estate developments, the Joint Response Unit, and Winter Framework.

Background

- 1.1. Since the last update in March 2019 the Trust has been responding to the COVID-19 pandemic. However, this has not stopped the Trust continuing to progress in several key areas.
 - The NHS 111 Integrated Urgent Care Clinical Assessment Service (CAS) went live on the 1st October 2020
 - NHS 111 First was launched across the region in Medway on the 16 September 2020 and has subsequently been implemented across Kent & Medway and Sussex by the end of November 2020, in accordance with the timelines and milestones put in place by NHS E. East Sussex Healthcare NHS Trust (ESHT) was the first site in Sussex to go live.
- 1.2. The Trust has appointed a new Chief Executive Officer. Philip Astle took up the role on the 1st September 2019, joining the Trust from South Central Ambulance Service where he previously held the position of Chief Operating Officer.
- 1.3. In addition to the appointment of Philip, the Trust appointed Ali Mohammed who took up the position, in January 2020, of Executive Director of Human Resources and Organisational Development.
- 1.4. The Joint Response Unit was expanded to 7 days a week across the north of Kent, following a very successful 2 days a week scheme across Medway and Swale and has now been established in West Sussex.
- 1.5. The Trust's Wellbeing Hub continues to support all staff with access to a wide range of services supporting a promoting physical and emotional wellbeing.
- 1.6. The Trust is investing in its estate with a significant development in Gillingham to provide a modern ambulance Make Ready Centre as well as modern office facilities for both the 999 Emergency Operations Centre and the 111 Contact Centre, in addition to the new Make Ready Centre (MRC) in Brighton, and development of the Trust's previous Head Quarters at the Banstead site in Surrey into a Make Ready Centre.
- 1.7. The Trust had developed a winter framework and EU Transition plan.

- 1.8. Having been granted a license to administer the Oxford-AstraZeneca vaccine, the Trust launched its staff vaccination programme from an approved site at its Head Quarters in Crawley.

1. Performance and Performance Recovery

- 2.1. During 2018, the Trust announced its transformation programme to improve care for patients across Kent and Medway, Surrey, Sussex, and North East Hampshire.
- 2.2. This followed the independent review undertaken by Deloitte, jointly commissioned by South East Coast Ambulance Service NHSFT (SECamb) and the CCGs. It looked specifically at the demand and capacity to deliver ambulance services and led to an initial investment of £10m during 2018/19, with a further commitment by the CCGs to provide further investment during 2019/20 and 2020/21.
- 2.3. The additional investment focused on two key areas; a) the recruitment of front-line ambulance staff on the road, with the right skills and in its Emergency Operations Centres (EOCs), b) to improve its fleet, to ensure the Trust has the right number and type of vehicles available to respond to all categories of call.
- 2.4. As a result of the ongoing recruitment programme in the Emergency Operations Centres, the Trust has continued to make significant improvements in its call answering time for emergency calls and has continued to achieve the 5 second (mean) standard throughout 2020, apart from December.
- 2.5. The continued recruitment of patient facing staff (ambulance personnel) is an ongoing programme.
- 2.6. December's call answering performance achieved 07 seconds (mean) against a national (England) average of 11 seconds. The 90th centile performance for the month was 14 seconds against a national (England) average of 32 seconds. During 2020, the Trust has been one of the best performers for 999 call answering amongst ambulance services in England, consistently benchmarked in the upper quartile of performance for Ambulance Trusts however, increased call volumes during the autumn has affected this performance and for December (2020) the Trust is positioned 8th compared to other ambulance services. Appendix A.
- 2.7. 999 ambulance performance has remained challenging however, due to the pandemic 999 activity reduced during March and continued at a reduced level for April, May, and June. July started to see an increase in activity levels.
- 2.8. The Trust achieved a Category 1 performance of 07:05 minutes mean against an England performance of 07:08 minutes mean for April. May saw the Trust achieve a Category 1 performance of 07:00 minutes against an England performance of 06:34 minutes. December's performance Category 1 was 08:01 minutes. This was against a national performance standard of 07:00 minutes mean. Appendix A
- 2.9. Category 2 performance for April, May and June was 14:50 minutes, 14.28 minutes and 16:43 minutes respectively. December's performance was 26:52 minutes. This was against a national performance standard of 18:00 minutes.

- 2.10. During May the Trust was able to deploy 99% of its targeted front-line ambulance hours despite having approximately 400 staff absent from the workplace for COVID-19 related absence.
- 2.11. The Trust experienced higher levels of absenteeism during December with over 500 front line staff absent either directly or indirectly related to COVID-19 and was still able to deploy 96% of its targeted front-line ambulance hours.
- 2.12. During December the Trust also saw an increase in operational hours lost due to ambulance delays at hospitals. Appendix C
- 2.13. Performance across categories 1, 2, 3, and 4 were achieved for the Sussex CCGs during the months of April and May.
- 2.14. Brighton and Hove CCG, year to date, has achieved it category 1 and 2 performance, with East Sussex falling short on achieving C1, C2, C3, and C4 performance. Appendix A
- 2.15. The Trust recognises that category 3 and 4 ARP standards also remain challenged with some patients experiencing exceptionally long waits as illustrated in appendix A.
- 2.16. The Trust has developed a detailed 999 Performance Improvement Plan. A key focus of the plan is to maximise the resources available on the road to respond to patients. The key aspects of this plan are:
 - 2.16.1 Managing our abstractions closely, ensuring that we can safely return as many staff as possible to the workplace.
 - 2.16.2 Maximising support to the front-line from other areas of the Trust. It looks to gain support from all disciplines and Directorates of the Trust where clinically capable staff are asked to mobilise to support operational delivery where this will not compromise their primary role.
 - 2.16.3 A refocus of the daily operational 08:30 call to improve productivity and efficiency.
 - 2.16.4 Continued focus on 999 telephone triage (Hear and Treat) for patients who do not require a face to face response.
 - 2.16.5 Operations working with the Wellbeing Hub team to support clinical staff who are unable to be fully operational but can provide valuable support to operations from a support role position e.g. COVID track and trace.
 - 2.16.6 Incentivised shifts offered to maintain the required number of operational hours.
 - 2.16.7 Working with the Private Ambulance Providers that the Trust has on its framework for continuous supply of additional ambulance hours.
 - 2.16.8 Under mutual aid, the Trust gained support from both Military and Fire and Rescue Service personnel during January and February.
 - 2.16.9 The Trust has also started a pilot in 2 of its operational areas, enabling certain category 3 and 4 ambulance dispositions to have a clinical review by a specialist paramedic following a 999 call. This clinical review allows the paramedic to hold a video consultation with the patient (where technology allows).
- 2.13. The Trust's 111 service experienced unprecedented levels of activity during February and March 2020 and despite a decrease during April and May, activity during the summer months

remained volatile. This trend continued into the autumn and winter with the service activating National Contingency on a regular basis during December and January, due to a combination of increased call activity linked to the implementation of 111 First and short-term staffing issues, predominately COVID related.

- 2.17. The 111 service, has maintained good performance for 'call abandonment' apart from February, March and April of this year when call volumes significantly exceeded predicted levels with October, November, and December abandonment rate representing 6.67% against a performance indicator of 5%, despite the pressures being generated by the pandemic.
- 2.18. The 'service level' (calls answered within 60 seconds) has seen volatile performance since the introduction of the IUC service, coinciding with renewed COVID pressures and the introduction of 111 First. However, the service's abandonment rate remains in line with national performance.
- 2.19. Clinical validation of ambulance dispositions for Category 3 and 4 ambulances has been >90% (against a national target of 85%) and at times achieved 95% and has seen downgrades of non-emergency ambulances of between 55-60%, following clinical validation.
- 2.20. The 111 CAS continues to be sensitive to pressures in the wider system and since the KMS 111 IUC CAS commenced on the 1st October 2020, almost 40,000 cases have been clinically validated in the CAS, with more than 50% of these patients being appropriately and safely redirected to an alternative disposition from either ED or 999 services.
- 2.21. The Trust is working closely with commissioners and NHS England (NHSE) since the launch of the Clinical Assessment Service (CAS) and the NHS 111 First programme, as this service continues to develop.

2. COVID-19 Response

- 3.1. A robust governance framework was established to support the Trust's response to the pandemic, including the establishment of the COVID Response Management Group (CRMG). This was an executive led group that supported and directed the Trust's response and ensured that all COVID related decisions and actions were considered appropriately. This group was meeting 7 days a week.
- 3.2. This group also had the responsibility to receive the latest government advice and guidance, produce 'COVID action cards' to ensure that staff were as well informed as they could be in relation to a range of scenarios that meant they were likely to absent from work as a result of COVID e.g. a family member in an at risk group, staff in an at risk group, staff developing symptoms of COVID, a family member developing COVID symptoms etc. These action cards were regularly updated to reflect the most up to date government guidance.
- 3.3. This group also took on the role of monitoring the Trust's stocks of personal protective equipment (PPE) and ensuring that the latest Public Health England (PHE) guidance on the appropriate level of PPE to be worn in different clinical scenarios was communicated to all front-line staff. If staff, following a risk assessment, decided to wear the next level up of PPE then the Trust's guidance allowed this.
- 3.4. During March all staff who could work from home were asked to do so, enabling the Emergency Operations Centre to commandeer the majority of the first floor at the Trust Head Quarters so that staff responsible for answering 999 calls could socially distance and still be

in an supportive environment, in effect doubling the area that the EOC would normally occupy.

- 3.5. The EOC staff who were asked to shield at home were provided with laptops to they could continue to support their colleagues in the EOC through remote working.
- 3.6. As the Trust progressed through the pandemic the COVID Recovery, Learning & Improvement Group was established to ensure that experiences and learning were captured to inform and improve how the Trust conducts its business in the future.
- 3.7. The CRMG has now become the Operational Response Management Group to provide review and decision making in the new way of working.
- 3.8. To support the communication of key actions and learning to all managers a 16:00 Executive led briefing took place every day and has continued to date.
- 3.9. From the outset and following the 16:00 call, the Trust agreed to produce, on a daily basis, a 'Common Operating Picture', as a means of communicating to system partners, MP's etc. the latest Trust position on activity, PPE, staffing levels etc. This has been well received by the system a key point of information regarding the Trust's response to the pandemic.
- 3.10. Welfare vehicles were also set up to support frontline staff. Ford UK kindly loaned the Trust 6 vehicles to provide welfare support to crews following their arrival at hospitals. This gave crews an opportunity in-between responding to emergency calls to grab a hot or cold drink and a snack. These vehicles were staffed by the Trust's Community First Responders (CFRs) who because of the pandemic were unable to respond to patients. This support service has continued during the current wave of the pandemic with the CFRs not only supporting staff welfare but also supporting frontline operations by responding to patients.
- 3.11. The Trust established its own Test and Trace Cell to give staff a single point of contact for the reporting and monitoring of all COVID positive cases.
- 3.12. The Cell will also act as the single point of contact for Public Health England to advise of confirmed COVID cases and be the conduit for all communication regarding any incidents or outbreaks within the Trust.
- 3.13. During December, several of our system partners were able to start offering SECamb front-line staff their COVID vaccination. Staff were able to sign up to receive their Pfizer /BioNTech 'jab' at several hospitals across our region.
- 3.14. The Oxford-AstraZeneca vaccine was approved on the 30th December 2020 and SECamb was granted a licence to administer the vaccine out of its Head Quarters in Crawley. A tent structure was erected in the car park and staff started receiving the vaccine on the 9th January 2021.
- 3.15. The Trust has recently been granted an extension to its licence to operate mobile vaccination clinics from the 111 Contact Centre in Ashford, the 999 Emergency Operations Centre in Maidstone, and Make Ready Centre in Thanet. This in combination with staff being able to receive their vaccination at other locations across Kent, Surrey and Sussex has reduced the distance that some staff have travelled to receive their first 'jab'.
- 3.16. To date over 77% of the Trust's staff have received their first vaccination of either the Pfizer or Oxford vaccine.

- 3.17. During January 2021 the Trust rolled out personal issue 'powered hoods' to all patient facing staff. This roll out has several benefits to both staff and the Trust. The 'one size' enables staff with facial hair to have the security of the protection provided by the hood especially in those cases when it was proving difficult to get a secure fit from the existing supply of FFP3 masks, and the personal issue significantly reduces the requirement of using the single use masks due to the hood being able to be sanitised in between uses.

4. Mutual Aid to London Ambulance Service

- 4.1 In late March 2020 we received a request via the National Ambulance Coordination Centre to provide mutual aid support to our colleagues at London Ambulance Service for a two-week period, as they were under pressure at that time and needed to significantly increase the number of crews, they had available each day.
- 4.2 Despite the very short deadlines involved, we had many staff volunteer to be part of the mutual aid team and so were able to send a 'cell' of ten ambulances and staff to support LAS from 6 April 2020 onwards. This has now come to an end but is an excellent example of mutual aid.
- 4.3 During December and January, the Trust also supported other Ambulance Services with 999 call answering following their high numbers of absenteeism in their control rooms.
- 4.4 SECamb also received mutual aid from the military and the Fire and Rescue Service, who provided personnel work alongside qualified Trust clinicians and undertake driving duties. This was in place for a short period of time when the number of staff absent with COVID related absences was affecting ambulance operational hours.

5. Critical Care Transfer

- 5.1. During the first wave of the pandemic, the Trust agreed with commissioners to support the region in a strategic transport coordination role covering both 999 and Patient Transport Services. Patient Transport is currently provided by G4S in Kent and South-Central Ambulance Service across Surrey and Sussex during the first period of COVID pressures.
- 5.2. In this role the Trust would act as a conduit for escalation to the regional team.
- 5.3. The Trust would also provide an enhanced critical care transfer team to support the management of bed capacity.
- 5.4. In the event of high numbers of critical care patients requiring transferring, the Trust teamed up with the charity 'the Jumbulance Trust' to adapt a vehicle to assist with the transfer of multiple patients simultaneously.
- 5.5. The Jumbulance, a medically equipped coach type vehicle containing stretchers would be crewed by Critical Care Paramedics and has the capacity to transfer up to 5 stretcher patients at the same time.
- 5.6. As the second wave arrived the Trust, learning from the response to the first wave, provided a scaled back critical care transfer option.

6. 111 Clinical Assessment Service

- 6.1. On the 1st October 2020, the new enhanced NHS 111 service went live across Kent & Medway and Sussex, providing patients with a more robust response from expert clinical advice, delivered by a wider range of healthcare professionals than was previously possible.
- 6.2. GPs, Paramedics, Nurses, Advanced Nurse Practitioners, Mental Health professionals, Dental Nurses, Midwives, Urgent Care Practitioners and Pharmacists are part of the clinical multi-disciplinary team which constitutes the new enhanced NHS 111 Clinical Assessment Service (CAS).
- 6.3. People who call 111 – free from mobiles or landlines 24/7 – or access the service via www.111.nhs.uk will speak to Health Advisors, Service Advisors or Health Care Professionals (HCP's) who are able to triage patients, assessing symptoms over the phone, issue prescriptions and directly book people into onward care appointments if they need one.
- 6.4. SECamb as the lead provider, is working in conjunction with the not-for-profit social enterprise Integrated Care 24 (IC24) to deliver the enhanced service.
- 6.5. The new five-year contract, awarded in August 2019 by NHS commissioners across Kent, Medway, and Sussex, and is valued at £90.5m. The Trust and IC24 had previously provided NHS 111 to parts of Kent and Medway, Sussex, and Surrey but will now work in a joined-up way, with SECamb providing resourcing to deliver 80% of the activity and IC24 20%.
- 6.6. The original go-live date of the 1st April 2020 was delayed due to the pandemic, with both SECamb and IC24's NHS 111 services handling up to 4 times more daily calls than forecast.
- 6.7. The launch of this contract and the CAS is the first of several enhancements via the 111 service for patients across Kent and Medway, and Sussex.
- 6.8. NHS 111 will integrate more closely with the Trust's 999 service and existing out of hours care, including providing access to evening and weekend GP appointments, home visiting services, minor injury units, urgent treatment centres, Accident and Emergency Departments and other commissioned service providers.
- 6.9. Stuart Jeffery as the Senior Responsible Officer for NHS 111 across Kent and Medway at the time of the contract award commented "We are confident by working with the ambulance service and IC24, we will be in a good position to build the foundations for integrating urgent care across our regions.....to help people receive the right care in the right place at the right time."
- 6.10. SECamb has also undertaken several pilots in its 111 CAS during the COVID pandemic to improve patient accessibility to senior clinicians and to enhance patient care. These include the 2020 NHS E national Paediatric Consultant pilot, which saw paediatric specialists working as part of the SECamb 111 CAS, leading the care for children accessing 111 and also the use of Video Consultation (VC) technology, to enable patients access to GP's, particularly important during periods of pandemic lockdown.

7. NHS 111 First

- 7.1. NHS 111 First is a national initiative to reduce the unheralded (walk-in) patient activity that would traditionally self-present at an Accident and Emergency Department (ED). This is achieved through the patient calling 111 first and receiving a telephone triage assessment to determine the most appropriate disposition.

- 7.2. A key feature of NHS 111 First is the ability for 111 to Direct Appointment Book (DAB) for the patient to the appropriate service provider.
- 7.3. Medway was the first system to go live with NHS 111 First across the counties of Kent, Surrey and Sussex and was 'soft' launched on the 16th September.
- 7.4. Under phase 1 of NHS E 111 First, appointments can be booked into ED and Urgent Treatment Centres (UTC).
- 7.5. NHS 111 First has now been fully implemented out across Sussex, Kent, and Surrey.
- 7.6. Phase 2 will expand on the number of end points that can accept direct bookings and appointment bookings will be enabled into community services as well as the acute trusts e.g. surgical assessment units, gynaecology units, paediatric units, frailty assessments, ear nose and throat, and mental health.
- 7.7. Many appointment bookings that are directly to ED will have had a further clinical review in the 111 CAS.
- 7.8. The volume of monthly directly booked cases has increased from 300 in January 2020 to 16,000 in December 2020, across ED, UTC, GP practices, Minor Injury Units, and GP Access Hubs. Appendix B

8.0. Handover Programme

- 8.1 In February 2018, the Trust, and commissioners, jointly established a handover steering group to specifically focus on ambulance handover delays across the Trust's operational area. A programme director was appointed, and the steering group was chaired by the Chief Executive Officer of the Royal Surrey County Hospital NHS Foundation Trust and latterly the Chief Executive Officer of Ashford and St Peters Hospital NHS Foundation Trust.
- 8.2 This group has spent the last two years reviewing key areas such as the processes and procedures for crews on arrival at the hospital, patient flows through the department and crew wrap up time.
- 8.3 During the two years', time lost due to handover delays has reduced and improvements made to the handover process across the Trust's area through the sharing and adopting of best practice.
- 8.4 Handover delays less than 15 minutes (the NHSE standard) have improved with 54.6% achieved during July 2020. December 2020 and January 2021 were particularly challenging with 15-minute handovers reducing to 39.3% and 34.2% respectively, which was in line with mounting pressures at the acute hospitals resulting from the pandemic. Appendix C.
- 8.5 Handover delays greater than 60 minutes had improved from May through to October with June and July having the lowest number for the 12-month period. During November these started to increase with some significant delays for patients being held in ambulances during December 2020 and January 2021. Appendix C
- 8.6 The increase in handover delays was in contrast to the reducing numbers of patients being conveyed to Accident and Emergency departments.
- 8.7 The hours lost over 30 minutes for the Trust is in currently below the level of October 2019, which has been a continuing pattern since April.

- 8.8 Overall 'hours lost' were below the previous year until September when there was a notable upward trend that continued into January of this year.
- 8.9 This is contrary to the number of ambulance transports which saw a notable downward trend during the first part of 2020. Appendix D
- 8.10 This group also initiated the live ambulance conveyance reviews which were a multidisciplinary team approach to review conveyances into emergency departments in 'real time'. A key learning from these reviews was the identification of new community referral pathways.
- 8.11 As a result of this ongoing work, this programme has developed into the Ambulance Pathways Development Programme, with an emphasis on community pathways available to ambulance crews to avoid unnecessary conveyances into the acute setting as well as direct access, by ambulance crews, to specialities within the hospitals enabling the avoidance of the accident and emergency department e.g. Frailty Assessment Units, Surgical Assessment Units, Ambulatory Care etc.
- 8.12 The Trust along with Sussex Commissioners have jointly funded a 6-month Ambulance Pathway Development Programme Lead. This role will focus on improving existing community and acute pathways that ambulance crews can access as well as the development of new pathways. This is in addition to the continuing work on the reduction of handover delays at acute trusts.
- 8.13 A recent pathway development across Sussex for ambulance crews to refer COVID or Suspected COVID patients who meet the eligibility criteria, into the Oximetry @ Home programme.
- 8.14 One of the focuses of this group will still be a focus on handover processes and the sharing of best practice.

9.0. Live Ambulance Conveyance Review

- 9.1. As a part of the improving Handover Delays programme, the Trust along with system partners has been carrying out live reviews across the area.
- 9.2. SECamb along with system partners, have conducted live front door reviews at all the acute hospitals across Sussex.
- 9.3. The aim of these reviews was to build on the actions that were already being taken to reduce the number of ambulance handover delays at the hospital and by conducting the live reviews it was anticipated that insight into the increasing number of ambulance conveyances could be achieved as well as identifying gaps/opportunities in community pathways.
- 9.4. Key system partners involved in these reviews included the acute trust, the community provider, primary care, CCG, and SECamb with the objective of capturing the prehospital reasoning for the conveyance (crew assessment), the ED assessment, and the post ED outcome e.g. discharged or admitted.
- 9.5. The reviews ideally took place on 4 days over a 7-day period, for 4 hours each time,
- 9.6. Each session was conducted at a different time to enable a broader range of conveyances to be captured and avoid any bias e.g. Monday mornings traditionally see a higher proportion of Primary Care referrals.

- 9.7. Those supporting the review, situated themselves at the entrance of ED and using the agreed template, asked the conveying crews (post-handover) key questions.
- 9.8. The overall outcome of the review was that ambulance crews are making appropriate and informed conveyancing decisions based on existing appropriate and available community services.

10. Combined Ambulance Make Ready Centre, 999 Emergency Operations Centre and 111 Operations Centre

- 10.1. Following the green light from planners and in a first for the Trust, a new and exciting development at Bredgar Road, Gillingham, will comprise of a new Make Ready Centre for the Medway region, as well as the 999 and NHS 111 operations centres. The 999 Emergency Operations Centre (EOC) and NHS 111 Operations Centre will relocate from Coxheath and Ashford respectively.
- 10.2. Building work is expected to start early in 2021 with a view to being fully operational in 2022.
- 10.3. £6.52 million of Government capital will support the funding of the new building which was announced by the Secretary of State for Health during his visit to Medway in November 2018.
- 10.4. The Trust's Make Ready System (MRC), which is already in place across much of SECamb's region, is a vehicle preparation system with specialist teams of staff employed to clean, restock, and maintain the Trust's fleet.
- 10.5. The MRC will comprise a modern open plan 999 Emergency Operations Centre (EOC) and 111 Contact Centre. The proposed layout has developed from the learns and insights gained from mobilising the current EOC for the West situated in Crawley in May 2017.
- 10.6. Bringing both the 999 and 111 services together under one roof allows greater support between the services and aids the development of the synergies between both services, which is a key part of the Trust's Strategic Plan to deliver new integrated services over a wider area. In addition, having both services housed in the same building will facilitate the sharing of best practice especially as both are on the same computer system, Cleric, and use NHS Pathways as the primary triage assessment tool. This is a key feature for both services as it allows the training and development of staff to undertake both 999 and 111 calls.
- 10.7. Also, having an integrated region-wide approach will provide clearer pathways for patients and a more efficient and resilient emergency and urgent care response service.
- 10.8. Medway will be the 9th MRC that the Trust has rolled out across its area delivering the key benefits of the Make Ready initiative:
- Make Ready uses specially trained operatives who regularly deep clean and restock the vehicles, minimising the risk of cross infection, freeing up front-line staff who would have traditionally been responsible for the cleaning and restocking of their ambulance for the duration of their shift, allowing them instead to spend more time focusing on the care and treatment of patients'.
 - Working alongside the Make Ready operatives are the Trust's mechanics who check and carry out a wide range of mechanical repairs to the fleet to ensure that all vehicles are fully operational.

- The design of the MRC and the operational management structure enable crews to have managerial support 24 hours a day and 7 days a week.
 - Should a crew either develop a mechanical fault with their vehicle or require a major restock following a period of activity, they can return to the MRC and simply swap onto a vehicle that has already been fully prepared and continue to be available to respond to emergency calls.
- 10.9. The centres also host the Trust's Urgent Care Hubs, staffed by Specialist Paramedics who provide clinical support to crews on scene and as a part of the design have training facilities for the training of new staff and the ongoing training of existing staff.

11. Brighton Make Ready Centre

- 11.1. the 30th November saw the opening of the Brighton Make Ready Centre (MRC) sited near the Amex Stadium and the Universities, and is the 9th MRC that the Trust has rolled out across its area delivering the key benefits of the Make Ready initiative:
- Make Ready uses specially trained operatives who regularly deep clean and restock the vehicles, minimising the risk of cross infection, freeing up front-line staff who would have traditionally been responsible for the cleaning and restocking of their ambulance for the duration of their shift, allowing them instead to spend more time focusing on the care and treatment of patients'.
 - Working alongside the Make Ready operatives are the Trust's mechanics who check and carry out a wide range of mechanical repairs to the fleet to ensure that all vehicles are fully operational.
 - The design of the MRC and the operational management structure enable crews to have managerial support 24 hours a day and 7 days a week.
 - Should a crew either develop a mechanical fault with their vehicle or require a major restock following a period of activity, they can return to the MRC and simply swap onto a vehicle that has already been fully prepared and continue to be available to respond to emergency calls.
- 11.2. The centres also host the Trust's Urgent Care Hubs, staffed by Specialist Paramedics who provide clinical support to crews on scene and as a part of the design have training facilities for the training of new staff and the ongoing training of existing staff.
- 11.3. The Brighton MRC has been named 'Chamberlain House' after the renowned Cardiologist: Professor Douglas Chamberlain MBE, who in the 1970s, whilst working at the Royal Sussex County Hospital was largely responsible for the development of the paramedic profession.

12. Joint Response Unit

- 12.1. The Joint Response Unit (JRU) is a combined unit of officers from the Kent Special Constabulary and paramedics from the Trust responding to incidents when both services are required.

- 12.2. The JRU was launched in March 2018 and until recently covered the areas of Medway and Swale for 2 days a week, however after proving to be so successful, it has been extended to run across the north Kent area with the addition of a second car.
- 12.3. The unit will now be operational for 7 days a week during peak times and cover the areas of Dartford, Gravesend, Medway, and Swale.
- 12.4. Since its launch, the JRU has attended over 2,750 incidents including road traffic and medical incidents as well as assaults and mental health concerns.
- 12.5. Another key part of the success of the unit is the prevention of drug and alcohol-fuelled incidents from escalating into disorder, allowing the paramedics to safely treat patients.
- 12.6. The Care Quality Commission (CQC) highlighted, in their review, the unit as an area of outstanding practice following their inspection of SECamb and recognised the successful reduction in calls to both the Police and SECamb.
- 12.7. The vehicle used carries all the necessary medical equipment required by the paramedics as well as other equipment to support the police officers to tackle crime.
- 12.8. Recently a third car has been added in east Kent as a pilot for the next three months (November, December, and January), initially working on a Friday and Saturday.

13. Staff Wellbeing

- 13.1. The Trust continues to put staff welfare at the heart of all it does and recognises that to deliver a great service to the public, staff need to feel motivated and supported. The SECamb Wellbeing Hub continues to offer staff a range of support options to help them both physically and emotionally.
- 13.2. It provides advice and guidance as well as face to face options dependant on the requirement of the staff member. It also supports managers and has in place the 'managers support helpline'.
- 13.3. Some of the key areas offered by the hub are:
 - Mental Wellbeing: encouraging staff to recognise that their mental health is as important as their physical health and that their needs to be balance between the work environment and the home environment. On the Trust's Intranet there are factsheets and simple tools that help staff, as well as the opportunity to have face to face support with wellbeing advocates and trained professionals.
 - Stress Resilience: recognises that the way we deal and manager stress in the workplace can have a significant impact on our general wellbeing. There is guidance for both staff and managers to help recognise the signs and symptoms of stress and ways in which to get help. The also offers a free counselling service which is fully confidential.
 - Chaplaincy: the chaplaincy service offers, friendship, emotional and spiritual support as well as listening ear whenever staff require it. Any member of staff can book a face to face appointment with one of the Trust's chaplains. There is also the 24-help line.
 - Bereavement: practical advice and guidance on recognition of 'grieving'.
 - Physical Wellbeing: via the hub there is a wide range of advice and support on some key topics such as sleeping, stop smoking, managing back pain, and physical activity.

- Work-related Wellbeing: The Trust offers occupational therapy support to all staff, including physiotherapy. The occupational health service recognises, that at times, staff (including managers) require additional support with both physical and advice available.
- 13.4. The Trust also offers advice and assistance on how to work safely, including workstation set up and assessments, manual handling, lone working, hand and skin care, vaccinations, conflict resolution etc.
 - 13.5. Freedom to Speak Up: in 2018 the Trust appointed its dedicated Freedom to Speak Up Guardian. This role enables staff to have a point of contact where they feel that the regular avenues for raising concerns have been exhausted, including staff who 'whistle-blow' as well as ensuring that staff who raise concerns do not face detriment.
 - 13.6. These concerns could include both patient safety concerns as well as staff issues of bullying and harassment.
 - 13.7. The Freedom to Speak Up Guardian is supported by a team of advocates across the Trust.
 - 13.8. The Trust has been working on improving the timeliness of the feedback given to staff when a compliment has been received.
 - 13.9. While there is not a standard for determining how long it should take for staff to receive this feedback, the Trust recognises the positive experience of receiving a compliment and has made a commitment to process compliments received within a week of receipt.
 - 13.10. The feedback to staff is accompanied by a letter from the Trust's Chief Executive acknowledging and thanking them for the work they do.
 - 13.11. During 2019/20, 1,884 compliments were received.
 - 13.12. The Trust recognises that the investigations into Serious Incidents are an opportunity to improve both professional practice and patient care/experience.
 - 13.13. Throughout 2019 the Trust has improved the way in which it investigates Serious Incidents (SI).
 - 13.14. This was achieved through the process mapping of the investigation process leading to improvements in the quality of report and the roll out of root cause analysis training as well as collaborative working between the Trust's corporate patient safety teams and field operations.
 - 13.15. This way of working enables the Trust to ensure that SIs are being declared more appropriately, learning is identified, shared, and embedded more quickly.
 - 13.16. The NHS Staff Survey of 2018 indicated several key areas that the Trust requirement in e.g. staff appraisals. This was an area that the CQC had also identified for improvement.
 - 13.17. The results of the 2019 NHS Staff Survey confirmed the Trust had made improvements across the board and were in line with the national average. [The Staff survey is available on the Trust's website.](#)
 - 13.18. The 2020 NHS Staff Survey is currently underway and to date 52% of staff have responded with 3 weeks remaining.

- 13.19. Following the success of the weekly Webinars to keep staff informed and updated on developments within the Trust, the Trust has launched 'Virtual Town Hall' events for all operational staff. While there will be a focus on operational matters the sessions are open to all staff.
- 13.20. These sessions will be run on a weekly basis, alternating between Monday and Wednesdays from 17:00-17:30 and will provide an opportunity for all operational staff to engage with their leadership team, to ask questions, raise concerns, and hear the latest updates.
- 13.21. The Associate Directors of Operations for east and west operations, and the Associate Director for Integrated Care (999 & 111) will be hosting the meetings.

14. Care Quality Commission (CQC) and the Professor Duncan Lewes Report

- 14.1. Since 2017, when both the CQC and the commissioned Professor Duncan Lewes reports identified that the Trust had a culture of bullying and harassment, as well as a 'blame culture', the Trust has worked tirelessly to improve its management and employee relations and change the culture of the organisation.
- 14.2. Since this time the Trust has launched:
- The 'Community Facebook Group' enabling staff from across the whole organisation to feel connected and hear of a wide range of experiences and activities from their colleagues.
 - The Freedom to Speak Up guardian position was established, and the Trust now has Freedom to Speak Up advocates across the organisation giving staff the confidence to raise concerns confidentially.
 - A 'Zero' tolerance to any form of bullying or harassment.
 - The Wellbeing Hub offering a wide range of support to staff.
 - An improved Intranet enabling staff to keep up to date with the latest news, updated policies and procedures, links to access support, as well as a wide range of helpful and informative topics relating to trust life.
 - An Operational Directorate restructure enabling first line management support for frontline staff 24/7.
 - The Senior Leadership Cultural Change Programme, which included cultural change workshops, 360° feedback sessions.
 - Monthly staff 1:1's with their line manager and annual appraisals.
- 14.3. The CQC during their visits in 2019, recognised the work that been done over the previous 2 years and their report, published in August 2019, highlighted:
- Staff told inspectors they felt respected, supported, and valued. They were focused on the needs of patients receiving care.
 - Staff treating patients with compassion and kindness, respecting their privacy and dignity, and taking account of individual needs.
 - A strong visible person-centred culture and that staff were highly motivated.

- Staff were supported following traumatic experiences and events.
 - The service promoted equality and diversity in daily work and provided opportunities for career development.
- 14.4. The Trust has embedded in its strategy its commitment not only to the public, patients but also the staff that work within the Trust.

15.0. Equality and Inclusion

- 15.1. The Trust recently achieved a gold award from 'Employers Network for Equality and Inclusion'. The 'Talent Inclusion and Diversity Evaluation' gold award followed the previous 2 years when the Trust achieved the silver awards.
- 15.2. This award recognises an organisations response to how diversity and inclusion is embedded in its culture.

16.0. Innovation

- 16.1. SECamb is the first ambulance service in the country to introduce new pioneering guidance aimed at improving the treatment of spinal injury patients.
- 16.2. The guidance includes the ending the use of neck braces or semi-rigid collars on spinal injury patients. While collars are often seen as synonymous with spinal care but there is growing evidence that they could cause further harm while providing little or no benefit.
- 16.3. The new approach follows a working group being established at SECamb with the remit of re-examining the Trust's approach towards spinal care to ensure the guidelines were fit for modern pre-hospital practice. Headed by SECamb Critical Care Paramedic, Alan Cowley, the group worked closely with the region's trauma networks to develop a new set of guidelines to benefit patients.
- 16.4. A decision tool that separates vulnerable, frail patients from those considered healthy and fit has also been developed.
- 16.5. A Pilot in the use of telemedicine was run in east Kent for stroke patients. An ambulance crew, using their iPad would be able to speak to a consultant while on scene and include them in the assessment of the patient. The pilot evidenced that the use of this technology enabled a reduction of conveyance to a stroke specialist hospital.

17. Winter Planning Framework 2020 - 21

- 17.1. The Trust developed its winter planning framework which is designed to enable the Trust to meet the challenges of the winter period and take into consideration the historical seasonal increase in ambulance activity but also the impact of the current COVID pandemic and incorporated the EU Transition date of the 31st December 2020. The Winter Planning Framework 2020-21 is available on request.

- 17.2. The framework draws on past experiences of planning for a winter period and the Trust's recent and continued response to the pandemic, as well as the potential service delivery impacts because of the end of EU Exit transition period.
- 17.3. In addition to the overarching Trust framework each Operating Unit devised a local tactical plan to consider the nuances of the local health and social care systems.
- 17.4. The overarching intent of the framework is to ensure that patient safety is at the centre of all the trust's actions and to manage and mitigate for the ripple effect of system pressure in across Kent & Medway affecting Sussex and Surrey.
- 17.5. In preparation for this period the Trust had based its plan on the following assumptions:
- Process to monitor anticipated activity and the required levels of resourcing to meet activity demands.
 - Internal escalation triggers which work to mitigate the risks posed by activity surges.
 - Provision of additional resources to meet surges in demand.
- 17.6. Trust operates a 24/7 Command and Control Structure to maintain core services through the escalatory framework and to monitor staff welfare during periods of high demand.
- 17.7. The COVID response has been covered earlier in this report and will continue throughout the winter period and for the duration of the pandemic.
- 17.8. During November the Trust initiated an Executive led priority review of its EU Exit Transition plans, through a number of workstreams, meeting weekly and feeding into a programme board.
- 17.9. This review encompassed the previous EU Exit plans the Trust had as well as reviewing any new considerations.
- 17.10. The Trust linked in with system resilience forums in preparation for the 31st December and worked with system partners to ensure patient safety is as the centre of all planning assumptions and actions taken.
- 17.11. These plans were tested ahead of the 31st EU Transition period ending, when France suddenly closed its borders resulting in widespread congestion across, particularly in east Kent.
- 17.12. The Flu vaccination programme was introduced in October 2020 on a phased basis with frontline staff in phase one, followed by phase two which accounted for non-patient facing staff in the 999 Emergency Operations Centre and 111 Operations Centre. Phase three covered the remaining workforce.
- 17.13. To date 79% of patient facing staff have received their vaccine with the Sussex Operating Units achieving: Brighton 75.2%, Gatwick 82.5%, Polegate & Hastings 71.1%, Tangmere & Worthing 66.2%.
- 17.14. The Trust is still actively promoting the programme to encourage any remaining staff to come forward and receive the vaccination.

18. Income and Expenditure (I&E) Performance Summary

- 18.1. Year to January 2021: The Trust recorded a deficit of £4.5m in line with the revised plan submitted in October 2020. The additional costs incurred in response to COVID-19 and any other excess costs that were previously funded through the 'Top-Up' arrangement up to September 2020 are being claimed through the Surrey heartlands ICS as part of the agreed allocation.
- 18.2. The Trust is awaiting the outcome of the potential central funding for items such as lost income and additional annual leave accruals because of the pandemic that were included as a part of the plan.
- 18.3. The Trust is awaiting national guidance on the funding arrangements for the next financial year including the roll-over of the current block contract arrangements and 111 First funding for the first quarter to June 2021. It continues to work on its financial plan for 2021/22 and will incorporate the impacts of national guidance when available.
- 18.4. We continue to work with our Commissioning, ICS, and NHSE&I colleagues to deliver a financially sustainable service.

19. Recommendations

- 19.1. The Committee is asked to note and comment on the update provided.

Lead Officer Contact

Ray Savage, Strategy and Partnerships Manager, Secamb

Appendices

Appendix A – Ambulance Response Programme

Appendix B – KMS 111 IUC Direct Access Booking

Appendix C – Ambulance Handover

Appendix D – Average Transports Per Day

Appendix A: Ambulance Response Programme

England, SECamb, Sussex Performance 2020

Ambulance Response Programme								
	Category 1		Category 2		Category 3		Category 4	
2020	Mean	90th Perc	Mean	90th Perc	Mean	90th Perc	Mean	90th Perc
ARP	00:07:00	00:15:00	00:18:00	00:40:00	NA	02:00:00	NA	03:00:00
April								
Sussex	00:06:52	00:13:32	00:14:18	00:27:09	00:43:50	01:40:58	00:51:51	01:59:40
SECamb	00:07:05	00:13:32	00:14:50	00:27:32	00:49:14	01:54:57	01:08:29	02:42:46
England	00:07:08	00:12:27	00:18:28	00:38:24	00:39:40	01:29:20	01:06:57	02:25:18
May								
Sussex	00:06:55	00:13:22	00:15:10	00:28:53	00:52:02	01:59:49	01:07:50	02:24:54
SECamb	00:07:00	00:13:10	00:14:28	00:26:58	00:45:06	01:40:20	00:59:14	02:14:44
England	00:06:34	00:11:27	00:13:28	00:25:14	00:28:50	01:03:07	00:51:05	01:45:42
June								
Sussex	00:07:21	00:14:01	00:17:12	00:32:21	01:13:30	02:44:54	01:32:51	03:12:56
SECamb	00:07:31	00:14:01	00:16:43	00:31:02	01:09:54	02:38:05	00:59:09	02:01:54
England	00:06:38	00:11:35	00:14:53	00:28:24	00:36:16	01:21:30	01:35:43	03:30:44
July								
Sussex	00:07:21	00:14:16	00:19:37	00:37:54	01:37:54	03:48:04	01:48:45	04:03:14
SECamb	00:07:41	00:14:36	00:18:33	00:34:58	01:26:08	03:19:47	01:46:23	04:19:57
England	00:06:47	00:12:02	00:16:39	00:32:56	00:43:19	01:38:58	01:09:19	02:27:08
August								
Sussex	00:07:31	00:14:30	00:20:04	00:37:53	01:38:06	03:42:48	02:05:59	04:26:11
SECamb	00:07:54	00:14:47	00:18:59	00:34:59	01:34:21	03:31:50	01:59:55	04:53:50
England	00:07:06	00:12:40	00:20:03	00:40:34	00:56:42	02:11:40	01:25:01	02:59:06
September								
Sussex	00:07:25	00:13:58	00:19:33	00:37:40	01:27:22	03:15:13	02:08:46	05:03:06
SECamb	00:07:44	00:14:23	00:18:56	00:35:30	01:28:58	03:15:36	02:06:10	04:51:36
England	00:07:16	00:12:55	00:22:32	00:46:03	01:06:49	02:37:06	01:38:08	03:27:55
October								
Sussex	00:07:13	00:13:36	00:19:13	00:36:35	01:27:30	03:15:11	01:39:50	03:57:24
SECamb	00:07:35	00:14:00	00:18:22	00:33:44	01:24:03	03:07:20	01:51:59	04:27:14
England	00:07:29	00:13:11	00:25:21	00:52:06	01:10:35	02:47:38	01:46:58	03:52:00
November								
Sussex	00:07:04	00:13:36	00:16:25	00:30:47	01:01:29	02:22:53	01:17:20	03:00:11
SECamb	00:07:35	00:13:49	00:17:34	00:32:19	01:14:25	02:52:46	01:42:20	03:56:07
England	00:07:14	00:12:42	00:21:16	00:42:50	00:58:31	02:18:33	01:32:40	03:17:09
December								
Sussex	00:08:01	00:14:41	00:22:29	00:43:21	01:58:54	04:28:58	02:12:28	05:53:49
SECamb	00:08:25	00:15:06	00:26:52	00:51:59	02:35:22	05:51:39	03:25:10	07:27:13
England	00:07:23	00:13:18	00:27:51	00:59:37	01:21:35	03:14:55	02:06:11	04:33:56

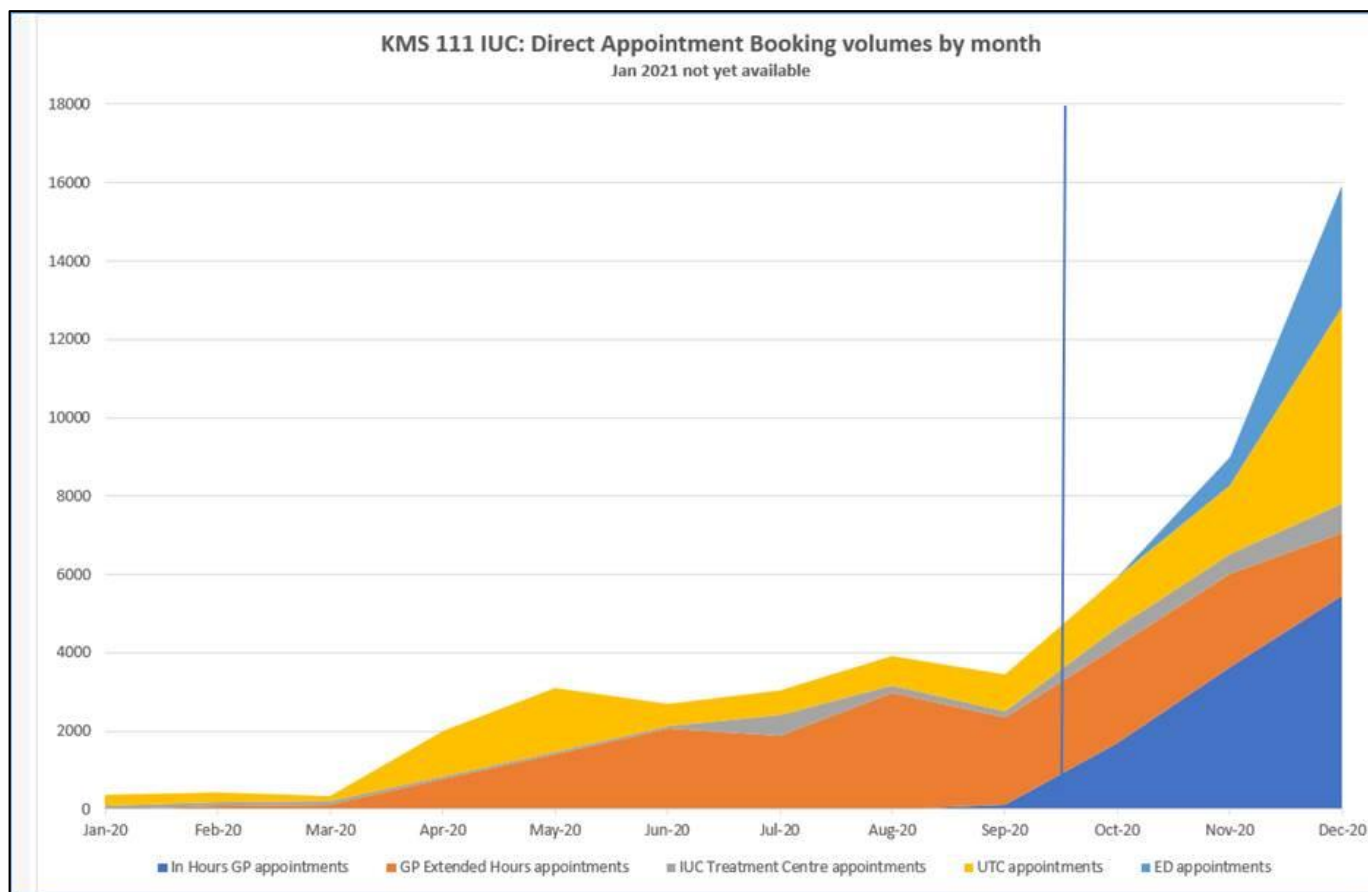
Emergency Operations Centre Call Answering Performance 2020/21

Call Answer Times (seconds)									
	April	May	June	July	August	September	October	November	December
SECAmb									
Mean	1	1	2	2	3	3	2	4	7
90th percentile	1	1	1	1	2	1	1	1	14
England									
Mean	*11	2	na	2	3	4	7	4	**11
90th percentile	*38	2	na	2	3	6	17	6	**32
*London Ambulance Service experienced high levels of activity during April									
** All ambulances services in England experienced increased levels of activity combined with high levels of absenteeism									

Sussex CCG Performance 2020

April 2020 to December 2020 (YTD)						
Ambulance Response Programme Standards	Category 1			Category 2		
	Incidents	Mean	90th	Incidents	Mean	90th
		00:07:00	00:15:00		00:18:00	00:40:00
Brighton and Hove CCG	2528	00:05:21	00:09:09	15095	00:13:47	00:27:18
East Sussex CCG	4336	00:18:18	00:15:45	34736	00:21:34	00:40:35
West Sussex CCG	5506	00:07:38	00:12:37	47055	00:17:43	00:33:08
Sussex	12370	00:07:24	00:14:02	96886	00:18:29	00:35:16
Ambulance Response Programme Standards	Category 3			Category 4		
	Incidents	Mean	90th	Incidents	Mean	90th
		na	00:02:00		na	00:03:00
Brighton and Hove CCG	401	01:05:36	02:33:39	238	01:04:54	02:24:35
East Sussex CCG	22792	01:38:31	03:41:48	386	02:03:52	04:46:36
West Sussex CCG	34961	01:10:08	02:44:28	533	01:26:16	03:33:41
Sussex	69016	01:18:46	03:03:15	1157	01:34:25	03:45:53

Appendix B – KMS 111 IUC Direct Assess Booking Volumes by Month

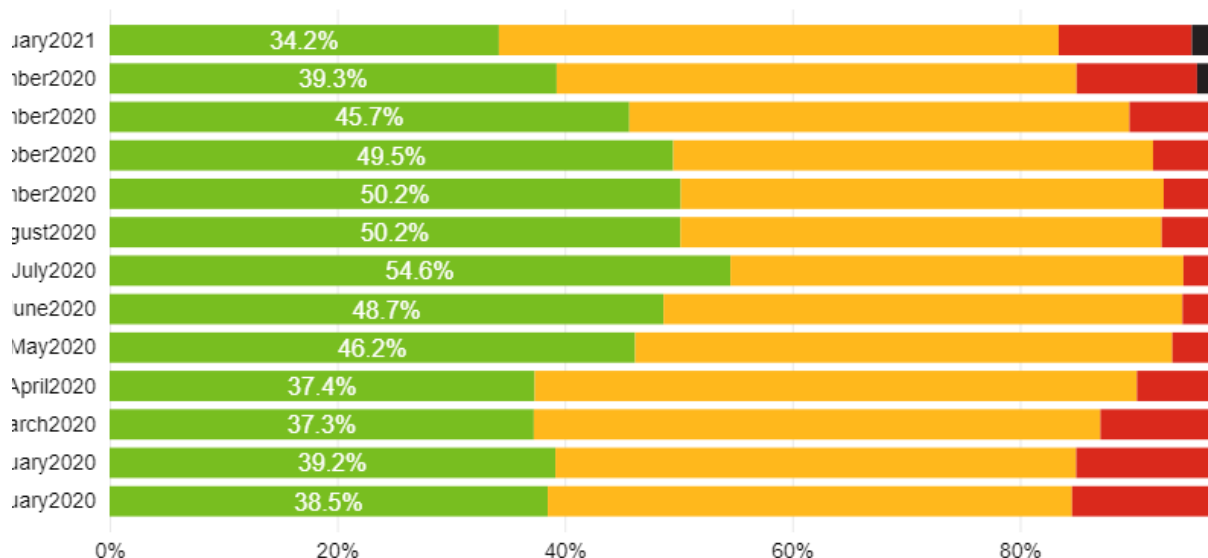


Appendix C – Ambulance Handover

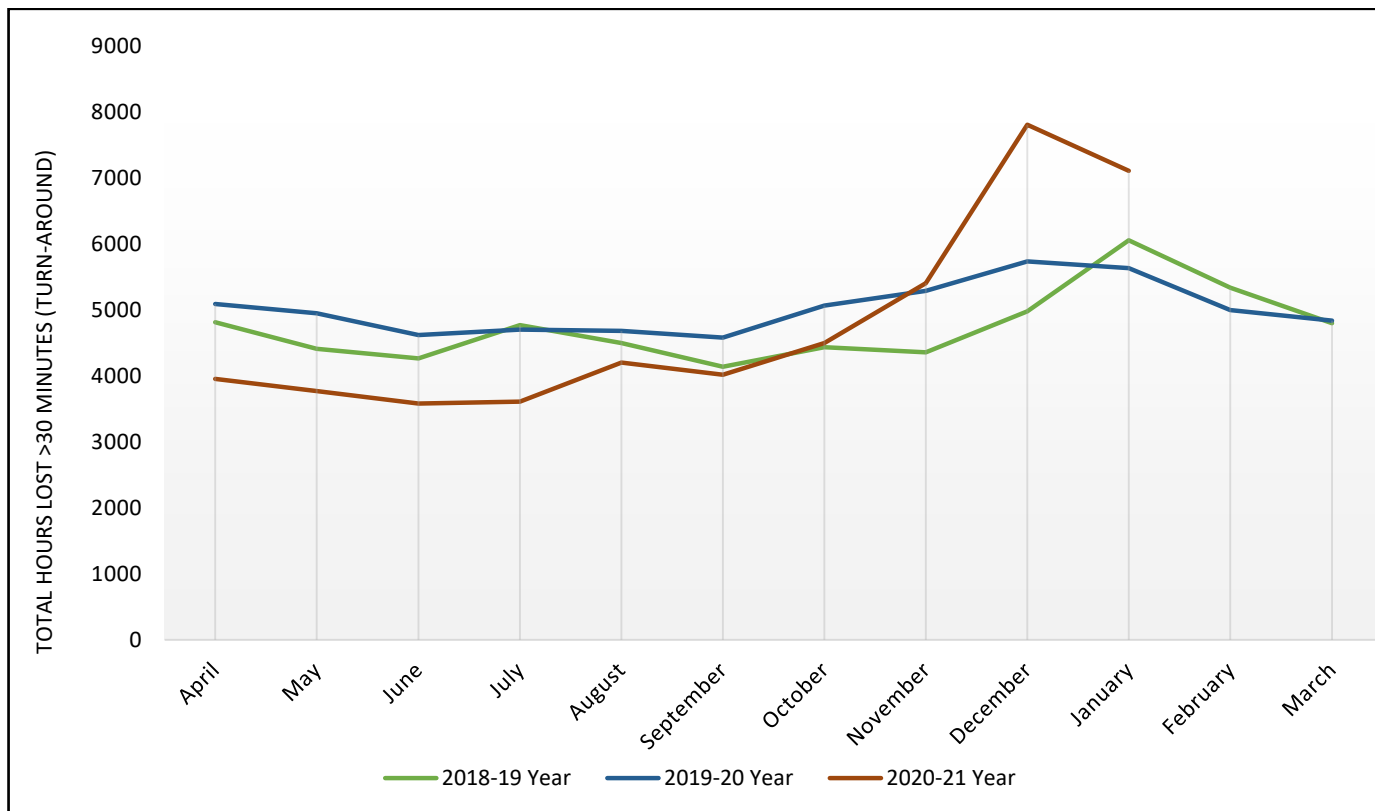
SECamb Ambulance Handover January 2020 to January 2021

led Handover Delay

< 15mins % ● HO 15-30mins % ● HO 30-60mins % ● HO > 60mins %



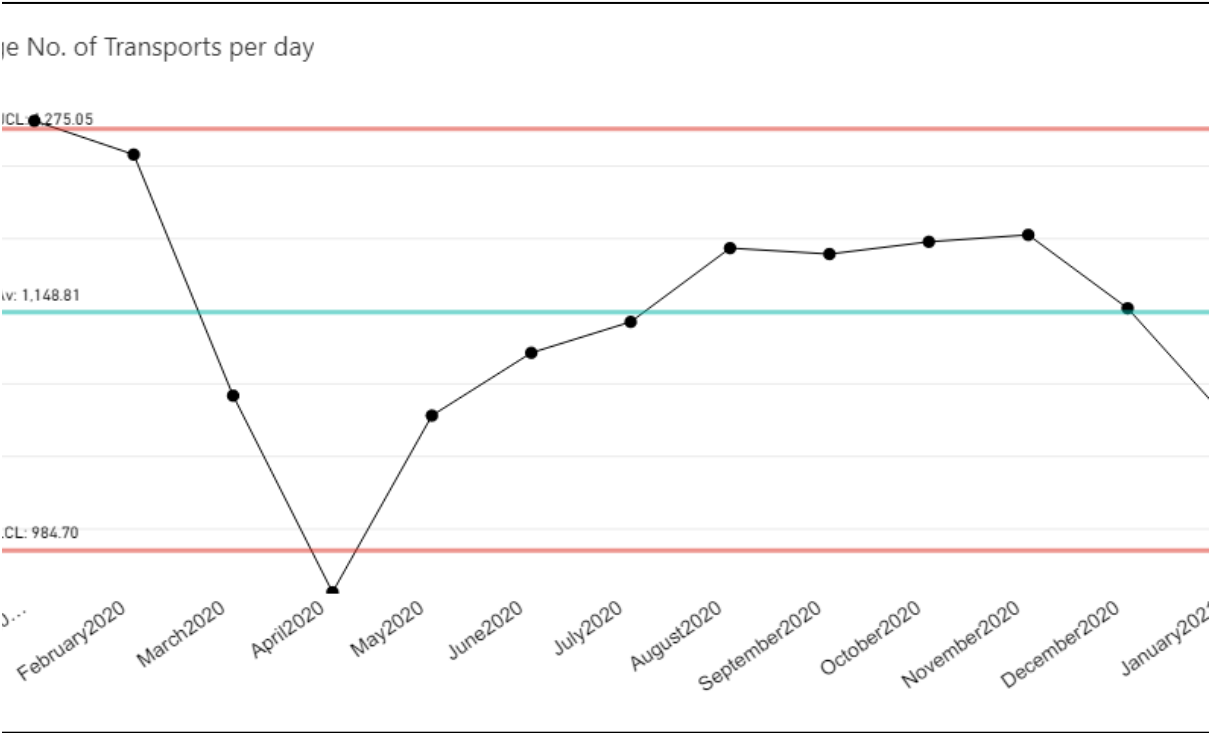
SECAmb Hours Lost >30 Minutes (April 2020 to January 2021)



Ambulance Handover – December 2020 Ambulance Turnaround - Sussex

December 2020		Turnaround			
Hospital Name	Total Patient Transports	Total Turnaround Hrs Lost (over 30min) hh.h	Average Handover Time (mins)	Average Wrap up Time (mins)	Total Amb Hrs Lost (over 30min) per journey h.hh
Royal Sussex County Hospital	2634	632.5	26.66	15.89	0.240
Conquest Hospital	2076	503.5	23.48	20.91	0.243
Eastbourne DGH	1721	460.5	27.34	18.37	0.268
Tunbridge Wells Hospital	2246	335.5	17.79	19.07	0.149
Worthing Hospital	2156	135.9	13.01	17.20	0.063
St Richards Hospital	1741	126.5	16.83	14.46	0.073
Princess Royal Hospital	759	105.9	21.32	14.47	0.140

Appendix D – SECamb Average Number of Transports Per Day



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

Date of meeting: 4 March 2021

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

RECOMMENDATION

The Committee is recommended to consider and comment on the report.

1. Background

1.1. The outbreak of Covid-19 in early 2020 led to unprecedented pressure on the NHS and the implementation of many urgent changes to health services across the country in order to contain and respond to the spread of the virus.

1.2. HOSC has considered an update on the NHS response to COVID-19 over the past three meetings.

2. Supporting information

2.1. The HOSC considered a report on the NHS initial response to Covid-19 at its meeting on 10th September setting out the impact of the virus on residents in East Sussex and the healthcare system, and the local NHS' response.

2.2. The Committee agreed at its 10th September meeting that, with a second wave likely, the NHS should provide a further update at its next meeting on 10th December in order to understand how the NHS is coping with the rise in Covid-19 whilst continuing to maintain elective services.

2.3. With cases continuing to rise rapidly in early December, the HOSC agreed at its 10th December meeting to keep COVID-19 on its agenda and asked for a further update at its 4th March meeting.

2.4. 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:

- A summary of COVID-19 impact in East Sussex
- NHS response to the COVID-19 pandemic in East Sussex
- COVID-19 vaccination programme
- The impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) communities and health workers
- East Sussex system winter plan update.

3. Conclusion and reasons for recommendations

3.1. 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

East Sussex HOSC

Health response to the Covid-19 pandemic

February 2021

Introduction

- We continue to work collaboratively across health and social care partners to manage our response to the COVID-19 pandemic and our approach has delivered benefits for the population of East Sussex.
- Following above average rapid growth in rates in Hastings and Rother in December, and in Eastbourne in January, rates across all areas have since reduced and all areas are now below the national rate.
- This update builds on the previous report to HOSC and provides a summary overview from an NHS perspective.
- These slides set out:
 - The impact of COVID-19 on our population
 - How we have worked together to manage our response, including maintenance and restoration of critical NHS services
 - Our winter plan including capacity for COVID-19
 - Progress with the COVID-19 vaccination programme
 - The impact of COVID-19 on our Black, Asian and Minority Ethnic (BAME) communities and health workers, and actions that we are taking

Summary of COVID-19 impact in East Sussex

- As at 17 February 2021 there have been **29,500 confirmed cases of COVID-19** in East Sussex.
- **Hastings Borough** and **Rother District** experienced **rapid growth** in cases at the beginning of **December** following similar increases in neighbouring Kent.
- By **mid-December Hastings** had the **10th highest weekly case rate** out of 315 local authority areas in England and **Rother ranked 29th**.
- Other local authority areas in East Sussex experienced increases in line with national rates during this time.
- **Eastbourne Borough** then experienced further rapid growth in cases over the Christmas and New Year period and by the **middle of January** were ranked **8th highest** in England for their weekly rate.
- Rates across all areas have since reduced and **all areas are now below the national rate**.
- For the seven-day period to 12 February 2021; England has 143 cases per 100,000 population, East Sussex county 82, Eastbourne 103, Hastings 120, Lewes 85, Rother 44 and Wealden 68.
- Whilst levels of infections have reduced, they are still around the levels experienced in November which were very concerning at the time.
- As at 5 February 2021, there have been **1,553 deaths for East Sussex residents where COVID-19 was mentioned on the death certificate** (based on death registrations to 13 February 2021).
- 53% of these deaths have occurred in a hospital setting and 40% in a care home setting.
- Age-standardised rates for COVID-19 deaths between March and December show England on 150 deaths per 100,000 population, East Sussex 78, Eastbourne 62, Hastings 64, Lewes 92, Rother 86 and Wealden 81.
- Age-standardised rates for **COVID-19 deaths in December** were above the England rate (234) in Hastings (477) and Rother (390). During this period **Hastings ranked 20th highest** (out of 315 in England) and **Rother 49th**.
- During the second wave there has been a **significant impact on demand for mental health services for children and young people and adults** resulting in an increased number of patients in the acute health care setting waiting for a mental health bed and a number of placements with independent sector providers.

Responding to the COVID-19 pandemic in East Sussex

Summary

- As previously reported to HOSC, we continue to hold **regular OPEX calls**, to manage the local health and social care 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:
 - Continuing to streamline hospital discharge pathways and liaison across physical and mental health to ensure local people are supported throughout their clinical journey.
 - Additional bedded capacity secured for patients medically ready for discharge from hospital.
 - Enhanced access to primary care for homeless people, rough sleepers and asylum seekers.
- **Work to support hospital flow and discharge is ongoing** with NHS, local authority and other partners including extending our nationally recognised discharge to assess process.
- We have undertaken demand and capacity modelling for inpatient beds taking account of impact of COVID-19 for adults and older people which has identified an increased capacity requirement for people with mental health needs. This has resulted in the commissioning of **45 independent sector beds in Sussex** to increase available capacity to support people locally.
- We are currently developing plans for 2021/22 to **enhance the support** for people with mental health needs.
- We have established a **weekly system Mental Health Resilience meeting** to have tactical, system-wide discussions on whole system / cross organisational issues relating to mental health.
- We have developed system wide mental health informal admission and section 12 pathway, together with a mental health **admission delay escalation process**.
- The system continues to **work in partnership** (through various lines of communication including social media) to encourage patients to access healthcare and reassure people that it is safe to do so.

Responding to COVID-19 pandemic in East Sussex - maintaining and restoring critical health services latest restoration slides

Urgent and emergency services

- All services have been maintained with the exception of the Crowborough Minor Injuries Unit which closed temporarily on 24 January 2021 so staff can support local responses to COVID-19.
- There has been substantial adaptation of facilities to accommodate infection prevention and control measures.
- **Urgent care activity**, emergency admissions and A&E attendances are lower than normal levels for this time of the year by 20% and 30% respectively.
- **NHS111-CAS** launched on 1 October 2020. NHS 111 First, including directly bookable appointments to A&E, went live across Sussex on 01 December 2020 (ESHT was a pilot site for this going live in October).
- General and acute **bed occupancy** is currently slightly lower than normal for this time of year.

Restoration and recovery progress continues in line with previous reports to HOSC

- 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.
- Accelerated programme to **improve ambulance handovers** in place between ESHT and SECAMB.
- Sussex wide **communications and engagement campaign** to promote NHS111 and online as first point of contact.

Stroke and cardiovascular disease services

- As previously reported to HOSC, stroke services have continued throughout the pandemic and cardiac, heart attack, pulmonary capillary wedge pressure, primary percutaneous coronary intervention, urgent arrhythmia and severe heart failure/valve disease services are fully functioning.

Responding to Covid-19 pandemic in East Sussex - maintaining and restoring critical health services

Elective, diagnostic and cancer services

- **Outpatient** follow up capacity continues to make significant use of virtual and non-face-to-face outpatient new and follow up appointments.
- The Sussex system has seen further increases in **independent sector** activity levels.
- **CT and MRI services** have been restored to 90% of pre-COVID-19 levels.
- **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.

Restoration and recovery progress continues in line with previous reports to HOSC

- **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, to improve waiting times impacted by COVID-19 and to deliver 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.

Responding to COVID-19 pandemic in East Sussex: maintaining and restoring critical health services

Mental Health

- The **Sussex Mental Healthline** telephone service offering listening support, advice, information and signposting to anyone experiencing difficulties with their mental health is now for people of all ages and available 24/7.
- We have put in place a **single point of access / advice for children and young people** which has been commended by the East Sussex Safeguarding Children Partnership.
- Three **Mental Health Support teams** have been established in schools in East Sussex.
- We have expanded the **i-Rock** drop-in model to three locations across East Sussex.
- We have targeted funding to **improve access to community-based perinatal mental health treatment**.
- **Improved Access to Psychological Therapies (IAPT) services** have been expanded, with plans for additional recruitment into 2021/22.
- Our **crisis service offer** has been strengthened, as part of our transformation programme and in response to COVID-19.
- We have put in place **significant digital support** specifically for children and young people for example 'Instagram live' provided three times a week.
- Targeted funding to support **suicide prevention** and to enhance **rough sleeping** and **asylum seeker services** continues.
- We have implemented **enhanced crisis alternative services** including Crisis Cafes, Street Triage, Urgent Care Lounges.

Restoration and recovery progress

- Fluctuating referral levels (due to COVID-19) continue to put pressure on urgent and emergency provision and impact on anticipated activity for IAPT. A system wide recovery plan is in place and a plan for a further expansion of the service in 2021/22 has been developed.
- **Physical Health Checks for Severe Mental Illness** was suspended as part of the COVID-19 response in line with national guidance; a recovery plan has been developed which includes an SMI outreach initiative where funds have been allocated to PCNs to contact all patients and signpost and support them to access their COVID-19 vaccinations and physical health checks.
- **Memory Assessment Service** reopened service to new referrals but recovery has been slower than anticipated due to pressures in primary care.

Responding to COVID-19 pandemic in East Sussex: maintaining and restoring critical health services

Primary care - our key achievements and key areas in our work plan are:

- **Sussex wide communications campaign:** aimed at informing the public how services are working and how people can access services safely, and informing the public about the [COVID-19 vaccination programme](#) and what to expect. Online information includes [FAQs](#) about the COVID-19 vaccine.
- **COVID-19 mass vaccination:** progress with delivering the vaccination programme is set out on the following slide.
- **Flu immunisation:** processes are in place and we have delivered flu vaccinations to cover the cohort aged 50 and above, the housebound, homeless people, long stay patients and pregnant women. The target of 75% was achieved, with people aged 65 and above achieving 79.5% overall.
- **Restoration of activity:** restoration of mainstream general practice activities have slowed down whilst the response to the mass vaccination roll out takes place, with the exception of essential services and those that meet the needs of our most vulnerable people at risk of COVID-19. These services include locally commissioned services for our Black, Asian and Minority Ethnic (BAME) Groups, people living in care homes, clinically extremely vulnerable (shielding) patients, people living with learning disabilities, serious mental illness, and people living with long term conditions. The CCG restoration plans are underway to restore activity to pre pandemic levels when appropriate to do so. Additional funding has been made available to support the resilience and wellbeing of general practice staff during these unprecedented times.
- **Learning disabilities:** The CCG are actively recruiting a Health Facilitation team to support general practice to ensure people living with a learning disability receive their annual health checks, improving uptake and to bring the CCG in line with achieving the 67% target set nationally. The CCG have communicated with general practice informing practices of all the various funding streams available to support this cohort, the opportunity to work at PCN level to deliver the health checks, and have offered training and education sessions to support practice staff to undertake the activity.
- A new **Locally Commissioned Service** (LCS) has been developed and will be launched to support people with learning disabilities, autism and Serious mental illness to receive their COVID-19 vaccinations at a vaccination site.

COVID-19 vaccination programme

- **To date, the Sussex system has achieved the national target** to deliver >90% vaccinations for all those over the age of 70 by 15 February 2021.
- We have offered the vaccination to everyone within the **first four priority groups** and remain committed to ensuring all those in these groups are vaccinated if they have not received it to date.
- As at 14 February 2021, **more than 477,463 vaccinations have been delivered across Sussex**, including 464,950 first doses.
- There are a number of ways in which the vaccination is being rolled out across Sussex:
 - **GP led vaccination services:** including community vaccination services, and pharmacy services in some areas.
 - **Large vaccination centres:** each county will have one large vaccination centre which will be able to give the vaccine to large numbers of people as more supplies become available. In East Sussex this is the Welcome Building in Eastbourne.
 - **Roving service:** the vaccine is being taken into care homes and into people's own homes if they cannot attend a vaccination site.
 - **Hospital hubs:** larger hospitals across the country have been offering to health and care staff.
- A summary of activity to date in East Sussex is:
 - **Priority 1:** Residents and staff in a care home for older adults. All older peoples care homes have received first dose vaccinations with the exception of a small remainder of homes who have been deferred due to an outbreak. Vaccinations for these homes have been scheduled.
 - **Priority 2:** People aged 80+ and frontline health and social care workers and aged 80+. The majority of people aged 80 and over in East Sussex have been completed. Front line NHS staff have received first dose vaccination and we are working to ensure that remaining care staff vaccinations are completed.
 - **Priority 3:** People aged 75-79. 92.7% of those aged 75-79 have received the first dose vaccination.
 - **Priority 4:** People aged 70-74 and clinically extremely vulnerable individuals. 90.2% of those aged 70-74 and 87.8% of those who are clinically extremely vulnerable have been vaccinated.

Responding to the impact on Black, Asian and Minority Ethnic (BAME) communities and workforce

Sussex BAME Disparity Response Programme

- **Sussex BAME Population Needs Review** completed and approved by the Sussex Turning the Tide Transformation and Oversight Board on the 8 February 2021.
- **Deep dive into vaccine equality** carried out which revealed vaccine uptake gaps in some of our BAME groups with specific concerns for our Black (other), Caribbean and Asian (Bangladeshi and Pakistani) groups and those living in the highest deprived areas.
- Immediate **targeted and communication actions to address vaccine inequality** including:
 - **Targeted vaccine clinics** in areas or close to areas of high deprivation/highest Covid-19 cases
 - **Working with interpreting services** to ensure adequate interpreting provision at vaccination centres
 - Working closely through our voluntary and community sector (VCS), Community Champions, BAME staff and community groups and the local authorities to have **conversations with our communities** and address concerns
 - Over 100 **Vaccination Champions** (volunteers) recruited and trained across Sussex, including those from BAME/faith groups and areas of deprivation
 - **Consolidated and enhanced networks** with Sussex BAME/faith groups
 - **Culturally relevant communication** toolkits/posters produced with FAQs targeted at vulnerable communities
 - **Updated online information** with translated resources and information for BAME/faith communities
 - **Vaccine webinar series** underway with community interpreters and bi-lingual advocates
- Evaluating impact via the **Sussex Health Inequalities Steering Group**.
- New **Mass Vaccination Health Inequalities Cell** commenced on 18 February 2021 to monitor progress and provide assurance.

East Sussex system winter plan update

- The **East Sussex Local A&E Delivery Board (LAEDB) Winter Plan** covers the period December 2020 to April 2021 and the system continues to manage the winter period through delivery of the plan.
- This has been a **challenging period for the system** given the significant impact of the early COVID-19 peak within East Sussex which started in early December and continued throughout the period to date, noting that the system has now surpassed the peak and pressure is reducing.
- There has been **excellent partnership working between health and local authority partners** to manage the increased pressure and the system has coped extremely well despite a sustained period of demand and significant workforce challenges across health and local authority services.
- It should be noted that the winter plan has been supplemented by **additional community capacity to support flow** from the acute hospitals and ensure that patients can be discharged from hospital to home or an alternative community setting where appropriate.
- **A total of 38 winter schemes were identified for East Sussex** and 33 of those schemes have been met / completed, with five remaining in progress. The East Sussex Operational Executive (OPEX) supports delivery of the winter schemes, with overall assurance against the plan undertaken by the East Sussex Local A&E Delivery Board.
- Since the middle of February, **overall pressure in the system has started to reduce** in line with reduced COVID-19 demand. The system continues to proactively manage surge and plans are currently being developed to support the system through the Easter period.

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

Date of meeting: 4 March 2021

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; and
 - 2) Identity any specific issues to be raised with NHS organisations through HOSC Working Groups.
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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. The [HOSC work programme is also available online](#).

2.2. Due to the Covid-19 pandemic, a number of items in the work programme have been delayed, however, most now have assigned dates.

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. There are currently two vacancies.

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.

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Health Overview and Scrutiny Committee – Work Programme

Current Scrutiny Reviews		
Title of Review	Detail	Proposed Completion Date

Initial Scoping Reviews		
Subject area for initial scoping	Detail	Proposed Dates
Sussex Joint Health Overview and Scrutiny Committee (JHOSC)	<p>Regulations require the establishment of a JHOSC where a substantial variation to services effects more than one local authority area.</p> <p>A JHOSC will be established if there is a need to consider potential future substantial variation in service resulting from both the Clinically Effective Commissioning (CEC) programme and the Sussex Health and Care Partnership (SHCP), although no substantial variations have yet been confirmed.</p> <p>The JHOSC would be established by each of the relevant local authorities ahead of consideration of any substantial variation and membership appointed to it on a politically proportional basis.</p>	Ongoing
List of Suggested Potential Future Scrutiny Review Topics		
Suggested Topic	Detail	

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 Care Quality Commission (CQC) inspections and the Trust's wider improvement plan.</p> <p>*an update was provided on BSUH at the most recent Sussex Health and Care Partnership HOSC working group</p> <p>Membership: Cllrs Belsey and two vacancies</p>	<p>Last meeting: 9 September 2020*</p> <p>Next meeting: TBC 2021</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 2021</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 and discuss current issues. 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 Covid-19 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: 20 November 2020</p> <p>Next meeting: 10 March 2021</p>
Reports for Information		
Subject Area	Detail	Proposed Date
Future Car parking arrangements at Conquest Hospital	Confirmation from ESHT about the planned car parking arrangements at the Conquest Hospital under the Building for our Future programme	2021

Training and Development		
Title of Training/Briefing	Detail	Proposed Date
New Member induction	Induction sessions with new Members of the Committee. Potential group induction of any new Members following 2021 elections.	As required
Joint training sessions	Joint training sessions with neighbouring HOSCs on health related issues.	TBC
Building for Our Future	A briefing on the Building for Our Future plans for the redevelopment of Eastbourne District General Hospital (EDGH), Conquest Hospital and Bexhill Hospital developed by East Sussex Healthcare NHS Trust (ESHT)	TBC

Future Committee Agenda Items		Author
10th June 2021		
Transition Services	A report on the work of East Sussex Healthcare NHS Trust (ESHT) Transition Group for patients transitioning from Children's to Adult's services	Representatives of ESHT
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
Sussex-wide review of emotional health and wellbeing support for children and young people	To consider the work done in response to 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
Primary Care Led Hub (PCLH)	To consider an update on the development of the service at Hastings Station Plaza to date.	Representatives of the 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
23rd September 2021		
Eastbourne Station Health Centre	An update on the progress of the closure of the Eastbourne Station Health Centre	Representatives of the 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

2nd December 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
Items to be scheduled – dates TBC		
Patient Transport Service	To consider proposals to recommission the Patient Transport Service (PTS) and to consider the outcome of the Healthwatch PTS survey. <i>Note: provisional dependent on CCGs' plans</i>	Representatives of lead CCG and Healthwatch
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
Primary Care Networks (PCNs) and future of primary care	A report on the performance of PCNs and the future plans for primary care in East Sussex	Representatives of ESHT/PCNs