HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 10 June 2021

PRESENT:

Councillors Colin Belsey (Chair), Councillors Abul Azad, Penny di Cara, Sorrell Marlow-Eastwood, Sarah Osborne, Christine Robinson and Alan Shuttleworth (all East Sussex County Council); Councillor Stephen Gauntlett (Lewes District Council), Councillor Richard Hallett (Wealden District Council), Councillor Mike Turner (Hastings Borough Council);
Geraldine Des Moulins (SpeakUp) and Jennifer Twist (SpeakUp)

WITNESSES:

Ashley Scarff, Deputy Executive Managing Director – East Sussex and Brighton & Hove CCGs, High Weald Lewes Havens CCG

Tom Gurney, Executive Director of Communications, Sussex Health and Care Partnership

Simone Button, Chief Operating Officer, Sussex Partnership NHS Foundation Trust (SPFT)

Richard Hunt, Communications Lead (East and West Sussex Project Groups) , Sussex Partnership Foundation NHS Trust

Paula Kirkland, Programme Director, Sussex Partnership NHS Foundation Trust

Jonathan Beder, Transformation Director, Operational Services, Sussex Partnership Foundation NHS Trust

Joanne Chadwick-Bell, Chief Operating Officer, East Sussex Healthcare NHS Trust

Darrell Gale, Director of Public Health, East Sussex County Council

LEAD OFFICER:

Stuart McKeown, Senior Democratic Services Adviser

1. MINUTES OF THE MEETING HELD ON 4 MARCH 2021

1.1. The minutes of the meeting held on 4th March were agreed as a correct record subject to the addition of the proposed changes circulated to the Committee ahead of the meeting.

2. APOLOGIES FOR ABSENCE

2.1. Apologies for absence

3. DISCLOSURES OF INTERESTS

3.1. There were no disclosures of interest.

4. URGENT ITEMS

4.1. There were no urgent items

5. REDESIGNING INPATIENT MENTAL HEALTH SERVICES IN EAST SUSSEX

5.1. The Committee considered a report outlining the proposal to move the services provided at the Department of Psychiatry in Eastbourne to a new site within the next three years.

5.2. **The Committee asked whether the inpatient demand modelling to 2040 should be updated following the impact of the COVID-19 pandemic on people's mental health.**

5.3. Ashley Scarff, Deputy Executive Managing Director – East Sussex and Brighton & Hove Clinical Commissioning Groups (CCGs), explained that the East Sussex CCG regularly runs capacity modelling to determine future demand for NHS services. The CCG will then commission services that can meet that demand. Paula Kirkland, Programme Director at Sussex Partnership NHS Foundation Trust (SPFT), said that the purpose of this first phase of inpatient mental health service redesign was to re-provide an existing core service with a new service that has like-for-like capacity over a short timeframe. There are potentially second and third phases to the project, she explained, that would involve further consolidation of services on to whichever site the Department of Psychiatry is relocated to. When undertaking these future phases, the CCG would take into account any projected future demand for the services and potentially adjust the plans accordingly.

5.4. **The Committee asked whether the public consultation will focus solely on the relocation of the Department of Psychiatry, or whether it will seek views on the second and third phases of the inpatient mental health redesign.**

5.5. Paula Kirkland said that the CCG and Trust undertook an options appraisal of sites and service models before concluding that the preferred model would be a single site Centre of Excellence that could have the potential to eventually include all inpatient services; and the only viable locations for this were at Bexhill or Hailsham. These sites also have the benefit of ensuring sufficient space for the current proposed relocation in a modern environment with good outdoor space. Funding has been allocated under the National Programme to Eradicate Dormitories in Mental Health hospitals. This funding is aimed at addressing dormitories and therefore an opportunity to address the needs of the Department of Psychiatry, as phase 1, on a like for like basis in terms of bed numbers. Nevertheless, both sites have been chosen because they could provide a footprint that allows for future proofing with regard to expansion. The consultation focuses on phase 1 but will gather people's views on the wider vision of a single centre of excellence. Paula Kirkland added that although a centre of excellence is the current overall vision for inpatient mental health services, any subsequent phases of reconfiguration would go through the same process as the first phase. This will involve demand modelling and engagement with stakeholders, providers and commissioners to check that it is still the correct vision for inpatient mental health services in East Sussex.

5.6. **The Committee asked whether the new site's location may affect travel times for patients, particularly those in areas of high deprivation.**

5.7. Ashley Scarff said that deprivation is fundamental to the modelling of current and predicted future demand for inpatient mental health services. Both the Quality Impact Assessment (QIA) and Equality and Health Inequalities Impact Assessment (EHIA) looked at relative deprivation across the county and both indicated that the proposals would have a positive impact on services for the most deprived communities. Richard Hunt, Communications Lead (East and West Sussex Project Groups) at SPFT, said the Trust also believed that the

proposal would have a positive impact on most, if not all, groups with protected characteristics in the community.

5.8. **The Committee asked whether the new locations would make it more difficult to recruit and retain staff if it means they have to travel further from the main conurbations in the county.**

5.9. Simone Button, Senior Responsible Officer for the programme at SPFT, said centres of excellence are generally more appealing for staff to work from. This is because they can offer a wider range of specialities that staff can rotate through to help with career progression; greater onsite infrastructure; and higher staffing levels.

5.10. **The Committee asked to what extent the final proposals were based on pre-consultation responses from stakeholders.**

5.11. Richard Hunt said early engagement work by SPFT and the CCG targeted a total of 100 key stakeholders, including individual service users and representative groups that are involved in mental health care. 40 of them responded to the questionnaire and this feedback was used to help develop an interim stakeholder report and helped inform the CCG's proposals.

5.12. **The Committee asked whether locations and public events in the Peacehaven area could be included in the consultation**

5.13. Ashley Scarff said that the CCG will look to widen the consultation and engage more people, if there are ways to do so, in order to maximise the response. Tom Gurney, Executive Director of Communications, People and Public Involvement at the CCG, said the public consultation is based on the pre-engagement work and other consultations run during the COVID-19 pandemic, which have operated very differently to before. Whilst the restrictions are due to be lifted soon, the CCG will need to be mindful of the remaining restrictions and the public may not be comfortable engaging face to face as before. Richard Hunt added that the aim is for as many across the county as possible to be given the opportunity to have their say through a blend of online and in person meetings.

5.14. **The Committee asked what fundamental difference the new service would make to patients and carers.**

5.15. Simone Button said people who are in crisis benefit from both private space and outside space to help them deescalate when in crisis and to meet their loved ones. The new service will provide patients with private en-suite rooms and easy access to therapeutic outside spaces. The current service, on the other hand, provides dormitory wards with dividing curtains for privacy and limited access to outdoor space. Paula Kirkland added that the new service will employ digital technology to enable easier communications with loved ones. It will also include better acoustics and lighting to help people. It is believed this new service will help reduce the length of stay of patients.

5.16. **The Committee asked about how the proposals would affect outpatient services.**

5.17. Ashley Scarff clarified that the proposals only involve changing the specialist working age adult inpatient site at the Department of Psychiatry. Access points for people with outpatient appointments and community services will not be affected. Simone Button said the clinical model developed around the new service will include a care pathway to enable patients to

quickly access an inpatient bed from an outpatient appointment or community based appointment if needed, for example, if they present in crisis at a local hub or hospital Emergency Department. SPFT will aim to ensure there is strong communication between inpatient, outpatient and community services to make sure patients receive a seamless service irrespective of where the beds are ultimately located.

5.18. **The Committee asked whether the CCG would potentially choose either of the sites following the consultation period**

5.19. Ashley Scarff confirmed that both sites the CCG is consulting on would potentially be viable as sites for the inpatient service.

5.20. **The Committee asked why the majority of disability organisations the CCG planned to speak to during the consultation were located in Eastbourne; why most were focussed on older people; and what mechanisms to engage with disabled groups other than in Eastbourne were in place to fulfil the CCG's responsibility to meaningfully engage with disabled people.**

5.21. Tom Gurney agreed the CCG needed to engage with disability groups and said the CCG works with the voluntary, community and social enterprise (VCSE) sector across Sussex already to help identify hard to reach individuals. The CCG also has good links with Healthwatch, which provides the CCG with links to its own network of VCSE groups. He said the list would be built iteratively through the course of the consultation and he would look to improve links with organisations operating outside of Eastbourne. Richard Hunt added that the pre-consultation period involved setting up an assurance group that included experts by experience, i.e., experienced service users who have a wealth of knowledge of local communities, who helped to identify some of the groups. Furthermore, as the consultation process progresses people will inevitably let the CCG know about other VCSE organisations that they could contact to ensure hard to reach groups are consulted as much as possible and the CCG will look to engage with these groups.

5.22. **The Committee asked what percentage of patients are adults with learning difficulties.**

5.23. Simone Button said the Department of Psychiatry beds are generally not for people with learning disabilities. SPFT has separate longer term inpatient provision for people with complex learning disabilities in West Sussex. Paula Kirkland added that people are admitted to the Department of Psychiatry beds to have short term, highly therapeutic mental health interventions and are then supported with the right packages of care to return to the community.

5.24. **The committee asked whether the current occupancy rate of the Department of Psychiatry beds was over the 95% recommended maximum average occupancy level.**

5.25. Ashley Scarff said the occupancy rate is currently just below 95%, but it is recognised that it can change. The proposal is to re-provide and modernise the Department of Psychiatry with a like for like number of beds at a new site, however, the CCG recognises demand could increase in future which is why the plans involve developing an estate that can be increased in size over time.

5.26. The Committee RESOLVED to:

1. Agree that the service change proposals set out in Appendix 1 constitute a 'substantial variation' to health service provision requiring statutory consultation with HOSC under health scrutiny legislation;

2. Agree that HOSC will undertake a detailed review of the proposals in order to prepare a report and recommendations for submission to the CCG ahead of its decision;

3. Agree to establish a review board to undertake the review comprising Cllr Belsey, Cllr Barnes, Cllr Robinson, Cllr Turner and Jennifer Twist; and

4. provide the following comments on the NHS East Sussex Clinical Commissioning Group's plan for undertaking public consultation on the proposals:

- Change the term "sensory impairment" to "sensory needs" in the consultation document.
- Ensure there is strong and ongoing attempts to identify and engage with groups representing people with a wide range of disabilities and representing people across East Sussex
- Ensure people across the county are given the opportunity to respond to the consultation, for example, by holding events in areas such as Peacehaven.

6. NHS RESPONSE TO COVID-19 IN EAST SUSSEX

6.1. The Committee considered a report on the NHS response to Covid-19 in East Sussex and the ongoing impact on NHS services for East Sussex residents.

6.2. **The Committee suggested avoiding using the Astra Zeneca vaccine at pop up sites due to the reluctance of some to use that particular vaccine.**

6.3. Darrell Gale, Director of Public Health, said the vaccination programme aims to respond to intelligence and insight to ensure pop up sites are as effective as possible. He said he would feed back this suggestion to the Vaccine Board to see whether it is possible to increase the mix of vaccines available. He added that some of the information on the storage and use of the Pfizer vaccine is being revised to make it easier to use and more viable for use outside of hospitals. The Director of Public Health argued it was important to see vaccine hesitancy as people wanting questions to be answered and not as a refusal to be vaccinated.

6.4. **The Committee asked whether children suffering from asthma are being told to go home to test if they come to school with an asthmatic cough.**

6.5. Darrell Gale said that schools were aware of the risk of the Delta variant of COVID-19 but were also keen to ensure children remain in education. The Public Health Team is working with Test and Trace colleagues to determine what the best use of testing technology is to ensure that children with apparent symptoms can get back into education as quickly as possible. Any solution will be co-developed with school leaders, as they know pupils very well and the Public Health Team has developed a pragmatic working relationship with them over the past 16 months of the pandemic.

6.6. **The Committee asked what is being done to vaccinate the homeless and rough sleepers.**

6.7. Darrell Gale said his Team is working closely with the Rough Sleepers Initiative; homeless officers in the five district and borough councils; and voluntary organisations to vaccinate the homeless and rough sleeper population, for example, vaccinating them as part of a suite of support alongside the hotel accommodation provided to them as part of the 'Everyone In' initiative. This is a continual process, however, as the cohort is a constantly changing population, with people going in and out of the county, especially the Eastbourne and Hastings. This also makes it challenging to track down those needing a second dose.

6.8. **The Committee asked where the three mental health support teams established in schools were located and where iRock is located.**

6.9. Jonathan Beder, Transformation Director, Operational Services at SPFT, explained that the iRock is a nationally recognised drop in model for young people that has been running for some time in Hastings and also now has sites in Eastbourne and Newhaven. There are now three Mental Health Support Teams in Schools and a fourth team is being established. This will increase coverage across East Sussex from 30% to just under 40% of pupils across 11 primary and secondary schools in Peacehaven, Newhaven, Eastbourne. Hailsham, Bexhill and Hastings.

6.10. **The Committee asked for statistics on usage of the Child and Adolescent Mental Health Services (CAMHS) since the pandemic, including waiting times and referral numbers.**

6.11. Jonathan Beder said that he would provide the Committee with the details separately but there has been a substantial increase in demand and waiting times in the past year. This will be mitigated through use of a portion of the additional £34m investment in mental health from the CCG to expand CAMHS.

6.12. **The Committee asked how ESHT was catching up with its surgery backlog.**

6.13. Joe Chadwick-Bell, Chief Executive of ESHT, said that the recovery programme was focused across all services, but specifically reported on cancer care and wider elective services:

- Cancer care services – the aim was to recover the 62-day referral to treatment time for cancer back to 85% by August this year and the programme is ahead of schedule, the standard was hit in April 2021 and November 2020. Referrals from GPs have returned to pre-pandemic levels. The Chief Executive clarified that the Trust did not stop cancer care during the pandemic but performance was affected by staff absence due to COVID-19 and lower productivity because of the infection control policies in place, particularly in diagnostics.

- Wider elective services – the target is for a 5% increase in activity per month up to 85% of a baseline of 2019/20 activity by September 2021. This Trust is ahead of schedule in delivering this plan. Joe Chadwick-Bell clarified why the aim was not for 100% of baseline activity because some of the patients who have waited for longer now require more complex procedures that take longer to perform than comparative cohort of patients would have in 2019/20 [additional note: where activity can be delivered above

target, this is being done]. She assured the Committee that all patients on the waiting list for diagnostics, planned inpatient and outpatient appointments have been clinically assessed and prioritised according need. The highest priority patients are classed as P2 and the trust aims to provide them with surgery within 5 weeks – as well as those who have waited over 52 weeks, of which there are 140. Both categories are reducing in number and there are now half the number waiting over 52 weeks.

6.14. **The Committee asked which medical specialities in East Sussex are under the most pressure through the restoration and recovery programme.**

6.15. Joe Chadwick-Bell said that the immediate priority areas for ESHT are Ear, Nose and Throat Services (ENT), ophthalmology and orthopaedics. Each NHS trust across the whole of Sussex has its own pressures, however, there is strong working amongst the trusts to ensure they are supported.

6.16. The Committee RESOLVED to:

1) note the report;

2) request additional details of CAMHS referral rates and wait times, and details of innovations to improve the service to be circulated by email; and

3) agree that a report on the East Sussex restoration and recovery programme, including at speciality level, will be provided in due course.

7. HOSC FUTURE WORK PROGRAMME

7.1. The HOSC considered its work programme.

7.2. The Committee RESOLVED to

1) agree its work programme; and

2) appoint Cllr Robinson to the joint HOSC working group

The meeting ended at 11.36 am.

Councillor Colin Belsey
Chair