

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**THURSDAY, 10 JUNE 2021**

**10.00 AM COUNCIL CHAMBER, COUNTY HALL, LEWES**

**MEMBERSHIP -** East Sussex County Council Members  
Councillors Abul Azad, Colin Belsey (Chair), Penny di Cara, Sorrell Marlow-Eastwood, Sarah Osborne, Christine Robinson (Vice Chair) and Alan Shuttleworth

District and Borough Council Members  
Councillors 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 4 March 2021** *(Pages 5 - 18)*
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 19 - 54)*
6. **NHS Response to Covid-19 in East Sussex** *(Pages 55 - 70)*
7. **HOSC future work programme** *(Pages 71 - 80)*
8. **Any other items previously notified under agenda item 4**

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2 June 2021

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**Next HOSC meeting:** 10am, Thursday, 23 September 2021, County Hall, Lewes

**NOTE:** *As part of the County Council's drive to increase accessibility to its public meetings, this meeting will be broadcast live on its website. The live broadcast is accessible at:*  
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## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 4 March 2021

++Please note that Members attended the meeting remotely++

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### PRESENT:

Councillors Colin Belsey (Chair), Councillors Bob Bowdler, Angharad Davies, Deirdre Earl-Williams, Sarah Osborne, Peter Pragnell and Alan Shuttleworth (all East Sussex County Council); 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) and Geraldine Des Moulins (SpeakUp)

### WITNESSES:

Jessica Britton, Executive Managing Director, East Sussex Clinical Commissioning Group  
Joanne Chadwick-Bell, Chief Operating Officer, East Sussex Healthcare NHS Trust  
Michael Farrer, Strategy, Innovation & Planning Team, East Sussex Healthcare NHS Trust  
Simone Button, Sussex Partnership NHS Foundation Trust  
Paula Kirkland, Programme Director, Sussex Partnership NHS Foundation Trust  
Mark Eley, Associate Director of Operations – East, South East Coast Ambulance NHS Foundation Trust  
Ray Savage, Strategic Partnerships Manager, South East Coast Ambulance Foundation NHS Trust  
Simon Clarke, Head of Operations, Integrated Urgent Care, 999 & 111, South East Coast Ambulance NHS Foundation Trust  
Darrell Gale, Director of Public Health, East Sussex County Council

### LEAD OFFICER:

Harvey Winder, Democratic Services Officer

### 38. MINUTES OF THE MEETING HELD ON 10TH DECEMBER 2020

38.1. The minutes of the meeting held on 10<sup>th</sup> December 2020 were agreed as a correct record.

### 39. APOLOGIES FOR ABSENCE

39.1. Apologies for absence were received from Jennifer Twist.

### 40. DISCLOSURES OF INTERESTS

40.1. There were no disclosures of interest.

#### 41. URGENT ITEMS

41.1. There were no urgent items.

#### 42. REDESIGNING INPATIENT MENTAL HEALTH SERVICES IN EAST SUSSEX

42.1. The Committee considered a report 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.

**42.2. The Committee asked what the advantages were of having services on a single site compared to the current spread of services over three sites.**

42.3. Paula Kirkland, Programme Director, said that the CCG and Sussex Partnership NHS Foundation Trust (SPFT), together with other stakeholders, had identified that as a longer term vision there could be several advantages of co-locating all services on a single site operating as a centre of excellence. These were principally around better staff recruitment and retention, patient experience, safety and capacity and clinical excellence. This would be because:

- the site would appeal to staff as a place where they could get the best possible clinical experience from a variety of specialities and benefit from higher quality teaching;
- staff could be moved between wards to cover gaps in staffing rather than move around the county between the existing three sites;
- wards could be adapted over time to match changing demographics, such as turning working age into older peoples wards; and
- the service would meet the minimum recommended guidance for co-locating at least three-wards. Uckfield dementia ward is currently a single, isolated ward.

**42.4. The Committee asked for clarity as to whether there are plans to move all inpatient mental health services onto a single site**

42.5. Jessica Britton, Executive Director, East Sussex CCG, clarified that a potential longer term vision for a campus approach has emerged from engagement with stakeholders. This does not form part of the more immediate and concrete plans being developed for the future of the Department of Psychiatry (DoP) currently at the Eastbourne District General Hospital (EDGH) site. The current priority is to eradicate the dormitory wards at the DoP – both to meet the national requirement and to deliver significant improvements to local people – however, any replacement service for the DoP will be designed in such a way as to be able to accommodate any future plans that might include the services that are currently located at Beechwood unit at Uckfield and Woodlands Centre at Conquest Hospital.

**42.6. The Committee asked for confirmation that any plans to replace the DoP or create a single mental health inpatient site would take into account the impact on travel times and on residents in more deprived areas such as Hastings.**

42.7. Simone Button, Chief Operating Officer, SPFT confirmed any benefits of a future single campus site would need to be weighed against travel arrangements for staff, patients, and their carers and families. Jessica Britton said further work will be done on understanding where people travel in the county to receive inpatient mental health care. Furthermore, any future plans for a single campus would look at the impact on patients and their families, including those from deprived areas.

**42.8. The Committee asked for confirmation that there were no dormitory wards at the other two inpatient units.**

42.9. Simone Button explained that the Woodlands Centre has had a fair amount of work done to it recently. This includes separating male and female wards; providing all patients with en suite rooms, rather than dormitories; and enlarging and renovating the place of safety for patients detained under Section 136 of the Mental Health Act. The Urgent care lounge in the Conquest's Emergency Department (ED), where people who present in the ED in crisis are diverted to for a comprehensive assessment, is also being improved.

**42.10. The Committee asked what the plan was for child and young people inpatient services**

42.11. Paula Kirkland said that the current work related to adults only and there are no plans to move children and young people's inpatient services to the site.

**42.12. The Committee asked whether the national funding to eradicate dormitories will be sufficient for the planned capital works.**

42.13. Jessica Britton said the CCG will continue to further refine its options as part of the development of a Pre-Consultation Business Case (PCBC), but it is expected that it will be eligible to receive national funding. Any longer term plans to create a single campus would require separate, further capital investment.

**42.14. The Committee asked for confirmation that the Trust will not be reducing the total number of beds when the DoP moves to the new site.**

42.15. Jessica Britton confirmed that the proposed reconfiguration enables the Trust to provide the same number of beds but in a better configuration and environment. Demand is increasing for mental health and this factors into long term planning for the CCG and SPFT, however, some of this demand will be offset by the increase in community-based services such as 24/7 crisis resolution and home treatment teams. Depending on the site chosen, there may also be an opportunity to increase the number of inpatient beds if demand increases.

42.16. Simone Button said the Trust is looking for a site that can accommodate at least three wards with scope to increase if it is decide to develop a single campus in future. Paula Kirkland added that this will amount to 54 beds, the same as at the DoP, but a single campus could accommodate between 130-140 beds. The Trust will need a new build, as renovating an existing building to the standards required for a mental health ward would be prohibitively expensive. Any single campus will also be designed in a way sympathetic to the needs of the patients and will not in any way resemble older mental health institutions.

**42.17. The Committee asked whether the Eastbourne District General Hospital (EDGH) could continue to be used as a site for the DoP**

42.18. Joe Chadwick Bell, Chief Executive, East Sussex Healthcare NHS Trust (ESHT), said that the Building For Our Future capital funding is only for acute services, so there are no plans to build mental health beds on the new site as part of this funded capital programme.

**42.19. The Committee asked what benefits en suite beds have over dormitories and whether en suite facilities require more staff.**

42.20. Simone Button explained that there are enormous benefits from en suite beds including greater privacy, respect and dignity for patients. They are also safer as there are strict design guidelines, for example, around them being ligature proof. They are also preferred by patients because they offer private areas as well as communal lounges and canteens to socialise. The Chief Operating Officer explained this meant staffing levels are about the same, as en suite wards are often a calmer environment because people can retreat to their own space if they are agitated.

**42.21. The Committee asked about how patients are currently admitted, for example, at the Woodlands Centre in Hastings.**

42.22. Simone Button explained that both Woodlands Centre and DoP offer inpatient and outpatient appointments. Pressure on bed stock, however, means beds across Sussex are in high demand. Therefore, whilst it is the ambition of SPFT to admit a patient as close as possible to their home, often if a Consultant sees person at the Woodlands Centre and thinks they need an admission to a bed, there may be none available on site and they will instead go to the closest alternative inpatient bed. This may be the DoP in Eastbourne, another bed managed by SPFT in Sussex, or further afield. East Sussex beds are managed well by SPFT and are probably the right amount for the population, which means relatively few patients are admitted outside the county, albeit not always to the nearest site within the county. The Chief Operating Officer explained that this is why it is so important to have comprehensive community services, including intensive care services for when a patient is in crisis, to avoid the need for an admission.

42.23. The Committee RESOLVED to:

- 1) note the proposals for redesigning inpatient mental health services in East Sussex; and
- 2) agree to consider a report at the 10<sup>th</sup> 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.

#### **43. CARDIOLOGY AND OPHTHALMOLOGY SERVICES**

43.1. The Committee considered a report providing an update on the proposed development of Cardiology and Ophthalmology services at East Sussex Healthcare NHS Trust (ESHT).

**43.2. The Committee requested confirmation at its next meeting on the number of patients who would be affected by the proposals, particularly for cardiology; the location of these patients; the current number of cross-site transfers of patients; and whether the proposals will affect patient flows of cardiology services in East Sussex.**



43.3. Joe Chadwick-Bell confirmed that the impact on the population, changes in patient flows, including cross-site transfers, and impact on other NHS organisations is all considered during the options appraisal process and in the PCBC. These details will be made available to the HOSC at its 10<sup>th</sup> June meeting.

**43.4. The Committee asked why ESHT's cardiac cath labs do not carry out thrombectomies (mechanical removal of blood clots).**

43.5. Joe Chadwick-Bell clarified that clot busting procedures are available at ESHT but more complex tertiary procedures like cardiac surgery would not be provided on every NHS hospital site due to the low volumes and necessary high expertise of the surgeons who perform them. They would, however, be carried out at regional centres of excellence such as the Royal Sussex County Hospital (RSCH) in Brighton. The aim of the cardiology reconfiguration is not to ensure all cardiac procedures are provided at ESHT but that the services provided at its hospitals are best practice for a district general hospital.

43.6. Joe Chadwick-Bell said the options appraisal and PCBC will make clear what services are provided on the sites currently and what will be in future. This will also include background information on what services are provided in specialist tertiary sites.

**43.7. The Committee asked whether South East Coast Ambulance NHS Foundation Trust (SECamb) has concerns about longer travel times for patients needing cardiology treatment, and what advantages there might be if they receive care at a centre of excellence.**

43.8. Joe Chadwick-Bell explained that the operating model of the current cardiology services involves both hospital sites providing a weekday service for acute cardiac services, but evening and weekend services are provided from a single site that alternates between the two. SECamb is involved in transporting patients under this configuration and has indicated it has no impact on their resources.

43.9. Michael Farrer, Strategy, Innovation & Planning Team at ESHT, said that the PCBC will include modelling work on the impact of the proposals on patients, including travel time, but a full answer is not currently available on the potential impact. SECamb will also be involved in the options appraisal process that precedes the PCBC to provide their opinion on the potential impact on their service for each option.

**43.10. The Committee asked how the CCG will have the capacity to run the inpatient mental health and cardiology/ophthalmology consultations at the same time.**

43.11. Jessica Britton said that the CCG, which is the responsible organisation for both consultations, will resource them jointly with the two trusts that are affected – ESHT and SPFT. The CCG is confident there is sufficient resource to deliver both.

**43.12. The Committee asked how the recent engagement with stakeholders was carried out during COVID-19.**

43.13. Jessica Britton said the CCG has been undertaking the engagement using Microsoft Teams or the phone to speak with people; social media to advertise the engagement; and its website to host the surveys people are asked to fill out. The cardiology and ophthalmology engagement work has involved one to one interviews with patients who have experienced either

service. Michael Farrer said the CCG has had very good response to its pre-engagement work with over 200 written responses and 39 in-depth interviews with patients, the public and key stakeholders about what does and does not work well with the two services. This data will feed into the options development process. The Executive Director said the CCG has had a better response than for some engagement work done pre-COVID-19.

**43.14. The Committee asked whether the CCG will use the Consultation Institute to help develop the public consultation plan.**

43.15. Jessica Britton confirmed the CCG will always use an external organisation to evaluate its consultation plans. This will be the case for the public consultation on both Cardiology and Ophthalmology and Inpatient Mental Health.

**43.16. The Committee asked whether the Cardiology and Ophthalmology consultations will be for all patients in East Sussex, or just those who are in the catchment area for ESHT.**

43.17. Jessica Britton confirmed that should proposals be subject to public consultation, any communications and feedback methods, together with supporting events, will be held as widely as possible for all residents of East Sussex and not just those using the service.

43.18. The Committee RESOLVED to:

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

#### **44. SOUTH EAST COAST AMBULANCE NHS FOUNDATION TRUST (SECAMB) UPDATE**

44.1. The Committee considered a report providing an update from SECamb on a number of areas, including performance against national response times and the new NHS 111 service.

44.2. Ray Savage, Strategy and Partnership Manager at SECamb, clarified that there was an error in one of the tables in appendix A (p. 53). In the table 'Sussex CCG performance 2020', The East Sussex CCG entry for Category 1 said 00:18:18 but it should have read 00:08:18.

**44.3. The Committee asked whether there were sufficient resources to meet the category response targets consistently in the future in East Sussex.**

44.4. Mark Eley, Associate Director of Operations – East at SECamb, said the Category 1 and 2 targets are challenging to achieve in East Sussex compared to other areas in its patch, such as Brighton & Hove, due to the rurality of the county. The low population density and country roads make it very challenging to reach a patient in the 7 minutes required for a Category 1 response. Staff sickness due COVID-19 and the winter weather has made it harder in the last few months to respond as quickly. He clarified that the 7-minute performance of SECamb is taken as an average. Therefore, to balance out the slower response in rural areas, ambulance crews in urban areas such as Brighton & Hove are expected to respond in less time. He added that SECamb aims to arrive as soon as possible, not just at the mandated response time.

44.5. Mark Eley said the Trust continues to look at all opportunities to improve its performance, including reviewing local standby points to make sure they are in the best place relative to population centres and that the appropriate number of ambulances are located closest to those areas that require them most often, for example, those with higher health inequalities.

**44.6. The Committee asked how many clinical staff are working for the Clinical Assessment Service (CAS) and whether they were working in a call centre or remotely.**

44.7. Simon Clarke, Head of Operations, Integrated Urgent Care, 999 & 111, said the CAS has approximately 130 whole time equivalent (WTE) clinicians, which is made up of many more individuals due to not all of them doing it full time. This workforce includes General Practitioners (GPs), Advanced Nurse Practitioners, midwives, dental nurses, pharmacists, mental health nurses, and urgent care practitioners. The majority are working remotely, in part due to COVID-19 restrictions, but a certain number are required in the Emergency Operations Centres to be able to give direct advice to call handlers in the call centres when immediate advice is needed for a challenging call.

**44.8. The Committee asked about the performance of Think NHS 111 First.**

44.9. Simon Clarke said that it launched officially in December, although there had been an earlier soft launch. The aim of Think NHS 111 First is to reduce ED attendance by providing anyone who calls 111 with a disposition that may require them to go to an ED with a call back from a clinician within 30 minutes. If a call back is not made in 30 minutes, they are advised to go to ED. Since December 2020, across the whole of the NHS 111 patch of Kent, Medway and Sussex there have been more than 10,000 people have been put on the Think 111 First pathway. Of those, 9,200 (89%) received a clinical assessment within 30 minutes. 3,900 (42%) of these were advised to go to ED predominantly at a specified time; 2,000 were given an urgent care appointment either at a minor injuries unit, walk-in centre, Urgent Treatment Centre (UTC) or GP appointment; 2,000 were advised to self-care; and 500 (5%) cases were upgraded to an ambulance call out.

44.10. Simon Clarke added that over the course of 2020, bookings from 111 to another part of the health service in Kent, Surrey and Sussex have increased from 300 per month in January to 16,000 in December. He said this shows it is becoming a one stop service for healthcare that provides patients with either over the phone care or a booked appointment to the most suitable part of the NHS for the patient.

**44.11. The Committee asked for more details of how the ED bookings work.**

44.12. Simon Clarke clarified that the ED 'appointment' is not a direct appointment to see a clinician, but a given time slot that the patient should attend the ED. This helps to stagger arrivals at the ED and prevents people having to wait for hours at the ED. Joe Chadwick-Bell added that this is a fantastic way forward for managing patients' use of EDs and the system has much more potential still to be exploited. The Chief Executive of ESHT said that the Trust does not yet have details of whether patients asked to attend for a certain time frame were seen within that time frame, but this can be provided in the future. Anecdotally patients are seen quickly, but this may be due to the current lower usage of EDs due to COVID-19. Patients may also get told to go to ED by 111 but are still triaged on arrival and sent to the UTC if they are able to be seen by a GP rather than an emergency medicine consultant.

**44.13. The Committee asked how NHS 111 deals with people calling up with complex health issues.**

44.14. Simon Clarke said that the initial 111 call is taken by a call handler who will go through NHS Pathways to triage the patient. They are not clinicians so do not have access to full care records, but there should be a special patient notice on the system if they have a medical condition that may affect the outcome of the triage on NHS Pathways. In addition, there will always be a clinician in the room who the call handler can receive advice from in complex calls. The patient can also be put in a call back queue with a clinician if needs be. These clinicians will have access to the full patient record through GP Connect.

44.15. Simon Clarke said that NHS 111 CAS is new and has been under immediate, unprecedented pressure due to COVID-19 and therefore some patients may not have received a call back within the specified timeframe. Where this has happened, there is a complaints process that people can use. NHS 111 CAS has continued to improve and is now able provide 50% of callers with a clinical call back, which amounts to 42,000 calls a month across Kent, Medway and Sussex.

**44.16. The Committee asked for confirmation what the procedure is for a patient who cannot be stabilised by a paramedic.**

44.17. Mark Eley said he understood that if a patient deteriorates in the care of a paramedic they will make the clinical decision to either take the patient to a specialist hospital or to the nearest ED. If it is the latter, they will let the hospital know they are coming.

44.18. Joe Chadwick-Bell added that the most important consideration was reaching a place that can provide definitive care, such as a Hyper Acute Stroke Unit (HASU) for a stroke patient, but if a patient is not stable enough to reach definitive care the ambulance crew will make a decision whether a local hospital is more appropriate. SECamb also work hard to ensure that they can deliver definitive care on site or on the journey themselves so that they do not need to make this choice.

44.19. Ray Savage said SECamb conducted a small pilot in East Kent working with the local hospital trust to use telemedicine for stroke patients. This involved ambulance crews contacting a stroke consultant via an iPad when on the scene of a suspected stroke patient, which enables the consultant to assist with the triage of the patient.

**44.20. The Committee asked what the guidance was regarding hospital handover times for stroke patients.**

44.21. Joe Chadwick-Bell explained that a critically ill patient that walks in or arrives via ambulance will be immediately triaged and handed over to the care of the hospital. If the patient is suffering a suspected stroke, they will go straight to the resuscitation ward and a stroke nurse will be called to attend as soon as possible. The target is to assess the patient and provide them with a medical intervention within an hour of arrival.

**44.22. The Committee asked how often the air ambulance is used**

44.23. Mark Eley said an air ambulance report is sent to SECamb each morning showing their availability and criteria for use. They are a significant asset with a highly trained crew so are used as much as possible, where clinically appropriate to do so.

**44.24. The Committee asked why so many more hours were lost in December to handover times in East Sussex compared to West Sussex and whether this was due to the westerly spread of the Kent variant of COVID-19 at the time.**

44.25. Ray Savage said the figures for December were a snapshot. SECamb has worked closely with acute Trusts in Sussex through the Joint Commissioning of Ambulance Pathway programme to develop alternative pathways and handover process in EDs. The January and February figures for both hospital sites in East Sussex show a significant improvement in handover times, which is the result in part of SECamb closely working with ESHT's ED teams to improve the handover process. He said he is confident that improvement should be sustained and that future updates will reflect the improvement that has taken place.

**44.26. The Committee asked if the national 15 minute hospital handover time is realistic given the low compliance rate with the figure.**

44.27. Mark Eley said it was a hard target to achieve but is still achieved quite regularly. He also believed it is important that the Trust is challenged and that the target should be hard to reach. There have been challenges during COVID-19, particularly staff being off sick at both SECamb and the EDs at the hospital sites, which has resulted in challenges with handover times.

44.28. Joe Chadwick-Bell added that from the perspective of ESHT, the 15-minute target is reasonable most of the time. The issue in achieving it has largely been due to the process of how a handover is undertaken and the capacity of the hospital to accept patients. The handover process has now been changed so that handovers take place much more swiftly in purpose-built booths at the hospital sites. Capacity remains an issue, however, as whilst patients who are 'fit to sit' in the ED waiting areas can be handed over, those who need to be placed in a cubicle cannot be if all cubicles are full. Likewise, if several ambulances arrive at once, the capacity of the handover teams can be stretched, leading to delays. The Chief Executive confirmed that there are escalation plans in place to help free up space in the ED when it becomes full.

44.29. Ray Savage added that technology is also helping with the process of handover, as ambulance crews can remotely update the electronic patient record of patients inbound so that when they arrive the handover nurses already have an understanding of the condition of the patient. He said he has experienced this working well first hand when he completes shifts as a ambulance crew.

**44.30. The Committee asked whether the loss of jobs at Gatwick will help with recruitment to the Crawley Emergency Operations Centre (EOC).**

44.31. Simon Clarke said that the disruption to the aviation industry due to COVID-19 has made Crawley a good recruitment area. The EOC is now above the staffing requirement for its NHS 111 contract with 50 111 and 30 EOC 999 staff in place.

44.32. The Committee RESOLVED to:

- 1) Consider and comment on the update from SECamb;
- 2) request a further report in September on NHS 111, including details of the impact on emergency departments from Think NHS 111 First;

- 3) request a visit to the new ambulance station at Falmer, Brighton; and
- 4) request that the recommended standards for acute stroke services is provided via email.

#### 45. NHS RESPONSE TO COVID-19 IN EAST SUSSEX

45.1. The Committee considered a report on the NHS response to COVID-19 in East Sussex and its ongoing impact on NHS services for East Sussex residents. The Committee also considered a presentation by Darrell Gale, Director of Public Health, on the current number of infections in East Sussex.

**45.2. The Committee asked whether there were any issues with capacity for the vaccine programme as people's second jabs begin.**

45.3. Jessica Britton said that the local vaccine programme is on target to meet and in some cases exceed the national targets. The Executive Director said she is confident the current logistical set up will enable both first jabs and second jabs to take place in the coming weeks.

**45.4. The Committee asked whether the big difference in the death rate of the two waves may be in part due to less observation of the lockdown in the second wave.**

45.5. Darrell Gale said there had certainly been different behaviours between the lockdowns. The first lockdown was almost universally observed by people and people had been reluctant to travel to the coast, in part due to the early closure of activities by the local authorities. People, however, were far more reticent to go in to or observe the November lockdown. In addition, many employers had to stop trading in March but by the time of the second lockdown in November, a lot more businesses were open and requiring staff to go in.

45.6. Darrell Gale added that the virology of the second variant was so different to the first that it was almost like a new pandemic with a much higher transmission rate and higher mortality rate. Consequently, whilst the second lockdown did slow down the increase in cases from the original variant of the virus, the third lockdown over Christmas was in response to the new Kent variant but came too late to stop it. The third lockdown is also the predominant cause of the decline in infections currently being observed. This is because the vaccine is having an impact on hospitals and deaths nationally, but the numbers are too small to be able to see a definitive local trend.

45.7. The Director of Public Health said he had been hearing anecdotally about a large numbers of visitors to the coast in the recent warmer weather. He reminded everyone that the country is still in lockdown, so people are required to stay at home and only travel locally for essential supplies and exercise.

**45.8. The Committee asked what the figures for uptake of the vaccine are in the Black, Asian and Minority Ethnic (BAME) community and how authorities planned to improve uptake amongst BAME residents.**

45.9. Darrell Gale said the figures nationally showed a poorer uptake in certain communities, particularly amongst the Black African community. The data shows who has had the vaccine, but it takes a while to work out who has not and this task is more difficult where a population is small. The BAME population in East Sussex is quite small and spread out, so it is currently difficult to determine the vaccine uptake rates.

45.10. Darrell Gale explained that the Public Health Team will continue the work of the BAME disparities programme that was established to identify and understand why there was a greater impact from the disease on BAME communities. This programme involved identifying and speaking with BAME community leaders to understand the questions and queries they have relating to the disease, testing and uptake of testing. This will be expanded to include reassurance about the vaccine.

**45.11. The Committee asked whether there were any groups other than BAME communities who have had a general reluctance to receive the vaccine**

45.12. Darrell Gale said non-BAME communities who may show reluctance are likely to be educational or religious groups. There has been a good overall uptake in East Sussex, although a lower uptake in Brighton & Hove, where alternative belief systems are more prevalent. The Public Health Team will still try to work with them to encourage uptake of the vaccination. He added it was equally important to ensure there was no inequality in the uptake of the vaccine being caused by the difficulties some groups may have in accessing vaccine sites.

**45.13. The Committee asked whether anything will be done to improve the experience of those with learning disabilities or autism who are being vaccinated.**

45.14. Jessica Britton said the CCG was working with vaccine champions, carers, and voluntary and community organisations in Sussex to help make it easier for those who are hesitant or who find it more difficult to attend vaccine centres to receive the vaccine, which includes those with learning disabilities or autism. Further details can be provided at a future meeting of the HOSC.

**45.15. The Committee asked whether teachers should receive vaccine as a higher priority group.**

45.16. Darrel Gale agreed that teachers are frontline staff, but a vaccination order was agreed by the Government, under the advice of the Joint Council for Vaccines and Immunisation (JCVI), that prioritises the old and clinically vulnerable. Given the pace of the vaccine roll out to date, and with greater supplies expected shortly, those in frontline occupations can expect to be vaccinated in the coming weeks.

45.17. He reminded the Committee that schools returning is a priority for the Government, due to the considerable effect on long term inequality from missing out on education. Whilst many children will have gained considerable resilience and self-discipline from the experience, many will have missed out on an adequate education. It is known the return will lead to an increase in COVID-19 nationally, with some modelling on the R rate showing it could reach 1. Public Health and the Children's Services Department have been working together over the last few weeks to put in place even more protection and testing in schools and testing kits for parents to help identify asymptomatic cases. This should drive down infections, or at least keep any peaks local. Darrell Gale said this is building on experience of schools that have remained open with

significant numbers of children of key workers, those with special needs, and those with no access to equipment at home, where outbreaks have been managed incredibly well.

**45.18. The Committee asked about how concerned people should be about the Brazilian variant of COVID-19.**

45.19. Darrell Gale said that the Brazilian variant is a “variant of concern” and the local Public Health team will be alerted of any local cases and asked to help arrange surge testing in the affected area. The recent contact tracing of those with the suspected variant did not show any cases in East Sussex. He explained the UK’s genomics industry is first rate and has been able to identify 100s of variants of COVID-19, but not all are variants of concern.

**45.20. The Committee asked about what additional services would be rolled out to assist people with mental health as a result of COVID-19**

45.21. Jessica Britton said there have been a number of mental health services delivered in a different way or rolled out in response to COVID-19. The CCG is also working to understand the impact of COVID-19 on the demand for mental health services in the long term. Financial planning for next year will aim to understand how best to meet these future needs; will evaluate which of the additional services created during COVID-19 should continue; and will evaluate which services that have changed how they operate in response to COVID-19 can return to a more traditional face to face model.

45.22. The Committee RESOLVED to:

- 1) Thank the NHS, GPs, pharmacists and Public Health staff for their work during the COVID-19 pandemic;
- 2) note the report; and
- 3) request a further report in June with a focus on the restoration and recovery of Cancer services, and how the NHS is helping more vulnerable groups receive the vaccine.

**46. HOSC FUTURE WORK PROGRAMME**

46.1. The Committee considered its work programme.

46.2. The Committee RESOLVED to agree its work programme subject to the following changes:

- add reports on Cardiology and Ophthalmology and Inpatient Mental Health to 10<sup>th</sup> June;
- combine the cancer services update report with a COVID-19 update on 10<sup>th</sup> June;
- move transition services and Sussex-wide review of emotional health and wellbeing support for children and young people reports to a later meeting;
- provide an update on NHS 111 on 23<sup>rd</sup> September; and



- move the Primary Care Led Hub report to the 23<sup>rd</sup> September meeting.

The meeting ended at 1.08 pm.

Councillor Colin Belsey  
Chair

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

**Date of meeting:** 10 June 2021

**By:** Assistant Chief Executive

**Title:** Redesigning Inpatient Mental Health Services in East Sussex

**Purpose:** To consider proposals for the redesign of inpatient mental health services in East Sussex, with a focus on the services provided at the Department of Psychiatry in Eastbourne being moved on to a new site within the next three years.

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## RECOMMENDATIONS

The Committee is recommended 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 from June to October in order to prepare a report and recommendations.
  3. Comment on the NHS East Sussex Clinical Commissioning Group’s plan for undertaking public consultation on the proposals (Appendix 2)
- 

## 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 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 no longer fit-for-purpose and are working in partnership to develop proposals to improve the quality of inpatient services.
- 1.3. 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 by March 2024. The Government committed more than £400 million of capital investment nationally over the next four years to achieve this goal.
- 1.4. In March 2021 HOSC received a summary of the progress to date in developing proposals for the future of inpatient mental health services in East Sussex. This work has now developed into a pre-consultation business case (PCBC) setting out specific proposals from the NHS which are presented in this report for the Committee’s consideration. In March, HOSC confirmed that any proposals that include a relocation of current inpatient services were likely constitute a substantial variation in services which would require a formal consultation under health scrutiny legislation.

## 2. Supporting information

- 2.1. The report from the CCG and SPFT attached as **Appendix 1** sets out their proposals for the future of inpatient mental health services in East Sussex.
- 2.2. The CCG and SPFT have identified an overarching 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 current proposal (which constitutes a first phase towards the above goal) is to move the mental health inpatient services currently based at the Department of Psychiatry (DoP) at EDGH to new facilities to be built on a different site. The proposal aims to benefit from the national funding being made available now to remove all out-dated dormitory accommodation - which the DoP has.

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. The NHS proposal is that these DoP inpatient services could be relocated to either:

- a greenfield site next to Mount View Street, North East Bexhill, Bexhill-on-Sea (the preferred option); or
- a site around Amberstone Hospital, near Hailsham.

2.6 Further detail of the engagement and assurance processes which have informed the development of the proposals and PCBC, and the options considered, are included within **Appendix 1**. The full PCBC and appendices are available on the SHCP Website [Homepage | Sussex Health & Care Partnership \(sussexhealthandcare.uk\)](https://www.sussexhealthandcare.uk)

2.7 The CCG and SPFT have reviewed and modelled demand for mental health inpatient services over the period to 2040 and this shows fairly stable to falling demand for working age adults but larger increases in demand for services for older people and people with dementia. The capital funding currently available is only sufficient to support a re-provision of the existing 54 inpatient beds at the DoP but the proposal indicates that a site development would be able to expand in future years dependent on anticipated demand.

2.8 The PCBC will be considered by the East Sussex CCG Governing Body at its meeting on 9 June. At that meeting the Governing Body will consider whether to:

- endorse the proposals;
- agree that the CCG commences a consultation process with the East Sussex HOSC; and
- agree to commencing a formal public consultation.

2.9 If the proposals are endorsed, the public consultation is expected to run for 12 weeks between 14 June and 6 September 2021. Further detail about the CCG's communication and engagement plan is attached at **Appendix 2**. This includes at section 6 a high-level timeline and at section 8 a commentary on the Equality and Health Inequality Impact assessment.

### 3. HOSC role

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

3.2 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.

3.3 In this case, HOSC has previously indicated that any proposals that include a relocation of current inpatient services were likely constitute a substantial variation in services which would require a formal consultation with the committee. The CCG has also indicated the intention to undertake a public consultation on the proposals.

3.4 If HOSC agrees that the confirmed proposals do constitute a substantial change the Committee will need to consider the plans in detail in order to respond to the CCG with a report and recommendations. The Committee may wish to consider how it would undertake this task, which could be through establishing a Review Board to conduct a review on behalf of the full HOSC, with the Committee agreeing any recommendations before they are submitted to the NHS.

3.5 HOSC's review would also need to consider the effectiveness of the NHS public consultation process and would take account of the consultation responses when making recommendations. The Committee is invited to comment now on the planned approach to consultation as set out in **Appendix 2**.

#### **4. Conclusion and reasons for recommendations**

4.1 This report presents HOSC with proposals for the development 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.

4.2 The Committee is recommended to agree that the service change proposals set out in Appendix 1 constitute a 'substantial variation' to health service provision requiring statutory consultation with HOSC; to agree to undertake a detailed review of the proposals; and to comment on the CCG's plan for undertaking public consultation on the proposals as set out in Appendix 2.

**PHILIP BAKER**  
**Assistant Chief Executive**

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# Redesigning Inpatient Services in East Sussex

## Report for: East Sussex Health Overview and Scrutiny Committee

<b>Date:</b>	28/05/21
<b>Version:</b>	v.1
<b>Name of originator/ author:</b>	Paula Kirkland

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## 1.0 Background

Improving Mental Health Outcomes is a key priority area for the Sussex Health and Care Partnership (SHCP). While supporting people in the community remains a priority, the SHCP Strategic Delivery Plan also identifies the need for capital investment in mental health inpatient facilities to enable single sex accommodation, remove dormitories, and increase therapeutic activity with the aim of reducing length of stay.

On 4<sup>th</sup> March 2021, East Sussex Clinical Commissioning Group (ESCCG) and Sussex Partnership NHS Foundation (SPFT) Trust presented early draft proposals for a change in the way that acute adult mental health inpatients services are provided in East Sussex to the Health Overview and Scrutiny Committee. At that meeting East Sussex HOSC confirmed that any proposals that include a relocation of current inpatient services will likely constitute a substantial variation in services and will require a formal consultation.

A pre-consultation business case has now been prepared that builds on the early draft proposals and this has been supported by NHS England and NHS Improvement as part of an assurance process. It has also been considered and approved by the SPFT Board of Directors at its meeting on Wednesday 19 May.

At its meeting on Wednesday 9 June, members of the East Sussex CCG Governing Body are invited to review and consider the pre-consultation business case (PCBC) for the re-provision of the Department of Psychiatry – Eradicating Dormitories, endorse the proposals and agree that the CCG commences a consultation process with the East Sussex Health Overview and Scrutiny Committee (HOSC), and agree that the proposal should be subject to formal public consultation.

The full PCBC and appendices are available on the SHCP Website [Homepage | Sussex Health & Care Partnership \(sussexhealthandcare.uk\)](https://www.sussexhealthandcare.uk) and the PCBC Executive summary is provided as Annex 1 to this report, together with our plans for consultation which are set out at Appendix 2.

## 2.0 Executive Summary

In January 2020, a Case for Change to the way that inpatient mental health services in East Sussex are delivered was developed. This has informed our engagement to date.

The Case for Change provided a baseline assessment of the current state of adult inpatient mental health services in East Sussex, examined current and future demand for services and how this fits in with national, regional and local priorities. It did not seek to identify any proposals or solutions at that stage but simply to confirm the need for change.

This concluded that current adult inpatient provision is no longer fit-for-purpose, does not meet the objectives of Sussex Partnership NHS Foundation Trust's (SPFT) Clinical and Estates Strategies, is a barrier to staff recruitment and retention and does not enable 'People to feel valued, supported and cared for', a key tenet of the trust's organisational strategy.

In addition, the Care Quality Commission has reported that, while staff continue to provide high-quality care despite the limitations placed on services, steps should be taken to improve, or remove, outdated dormitory-style wards. The work aligns with wider Sussex developments to eradicate dormitories such as the work taking place in West Sussex following consultation on proposals for that area.

## **National eradicating dormitories programme**

In response to an invitation to bid, SPFT, supported by the CCG, applied for Department of Health and Social Care (DHSC) capital funding in December 2020 to remove its dormitory style beds and provide sufficient capacity in modern, high-quality, safe and compliant accommodation.

This followed a Government announcement, on World Mental Health Day in October 2020, of additional funding to further support mental health trusts to eradicate out-of-date dormitory accommodation. This new funding followed the government's commitment to accelerate investment in health infrastructure, and to level up access to mental health services, so that every inpatient can receive treatment in an appropriate setting. Capital funding has been allocated that allows for a like-for-like replacement of dormitory accommodation in order to:

- enhance the safety, privacy and dignity of patients
- improve the individual care that can be given to patients
- enable a reduced length of patient stay in a facility
- improve patient safety, including better infection control
- reduce the risk of incidents involving patients or staff, and
- provide a better environment for patients and staff to support improved outcomes.

This re-provision must be complete by March 2024 to meet national timescales for the eradication of dormitories.

SPFT has also been advised that a capital funding application to eradicate dormitories by refurbishing Raphael Ward in the Woodlands Centre at Conquest Hospital, St Leonards on Sea, has been successful. This does not require a change in location and, therefore, does not form part of this proposal.

This proposal has been prepared to improve adult inpatient mental health services currently provided at the Department of Psychiatry, Eastbourne, and locate these on to a different site.

## **Our review of local services**

The CCG and SPFT have reviewed and modelled demand for mental health inpatient services over the period to 2040 and this shows fairly stable to falling demand for working age adults but larger increases in demand for services for older people and people with dementia.

This must be seen in the context of our continued investment in community-based services to support people close to home as well as ensuring these proposals can align to future need so that as funding becomes available, further capital proposals can support a potential increase in capacity for inpatient beds over time.

While the capital funding currently available is only sufficient to support a re-provision of existing beds (and this is an important step in improving facilities and eradicating dormitory provision), the proposal ensures that a site development would be able to expand in future years dependent on anticipated demand, changes in population and disease prevalence and the impact of improved community based services.

This is a significant opportunity available to East Sussex to support improvements to inpatient services for our local populations and sits within the strategic context of our vision across the Sussex Health and Care Partnership.

### 3.0 The proposal

Our proposal is to move mental health inpatient services, which are currently based at the Department of Psychiatry in Eastbourne District General Hospital, to new facilities to be built on a different site.

The services could be relocated to

- a greenfield site next to Mount View Street, North East Bexhill, Bexhill-on-Sea, or
- a site around Amberstone Hospital, Nr. Hailsham.

The Bexhill site is our preferred option.

If approved, this would be the first phase towards a potential long-term vision to create a leading centre for mental health services on a single 'campus', which could, over time, address all our inpatient needs and enable us to keep and attract the best staff.

This staged approach provides an opportunity to benefit from national funding being made available now to remove all out-dated dormitory accommodation - which the Department of Psychiatry has - and replace it with individual rooms with ensuite bathrooms. If the proposals are approved, we would aim to complete the new facilities by the end of March 2024.

### 4.0 How we developed the Proposal

We have worked with patients, their families and careers, wider public and stakeholders, alongside our clinical teams and local GPs throughout the development of this programme, specifically engaging in how we have:

- set out the case for change for the relocation and modernisation of the current inpatient adult mental health services currently delivered at the Department of Psychiatry (DoP) at Eastbourne District General Hospital in the context of a wider programme of transformation and improvement
- described the agreed clinical model for inpatient services in the context of the Trust's wider service provision and Clinical Strategy and wider national and local drivers
- worked with stakeholders to inform, develop and evaluate viable options for the redesign of inpatient services in East Sussex.

All information gathered in the pre-consultation phase has shaped the development and selection of the shortlisted options and feedback has provided a rich source of information which has been used to further shape and refresh the Equality and Health Inequality Impact Assessment (EHIA).

This PCBC describes our case for change, needs assessment, engagement process, development of options, and sets out the scope of the shortlisted options for reconfiguration and modernisation and the associated costs, risks and benefits.

## 5.0 The process of assurance

When developing our proposal and the Pre-Consultation Business Case (PCBC):

- We considered the outputs from engagement with local people and clinicians and used these to inform the PCBC.
- We developed the PCBC with due regard to the CCG's duties to reduce inequalities and promote integration of health services where this will improve the quality of those services, in addition to ensuring compliance with all relevant equality duties.
- We assessed the impact of our proposal by undertaking a Quality Impact Assessment and an Equality and Health Inequality Impact Assessment to identify any potential negative impacts, and we identified appropriate mitigating actions.
- We assessed our proposal against the NHS Four Tests for service reconfigurations.
- We developed our proposal and associated consultation plans in line with the Gunning Principles to ensure that:
  - local people and stakeholders have information to engage in the consultation to inform our decision
  - there is adequate time for people to participate in the consultation and as such the consultation is proposed to run for 12 weeks between 14th June and 6th September 2021, and
  - we demonstrate how we have taken account of the responses to the consultation in coming to our decision, by publication of a consultation feedback report describing this.
- We have engaged extensively with NHS England and Improvement (NHSE/I) and completed a rigorous NHSE assurance process in relation to the proposal and our consultation and engagement plans. This has been underpinned by engagement across our wider Integrated Care System and a shared approach to assurance as we move towards the new ICS infrastructure.

A Quality Impact Assessment has been completed and scored highly in terms of a positive impact on safety, experience and effectiveness. The QIA will continue to be developed as the proposals progress to ensure that quality and safety considerations are built into the outcome. It will particularly support improvement to the therapeutic environment and improve privacy and dignity.

The Programme has also completed an Equalities and Health Inequalities Impact Assessment. The EHIA concludes that the proposed changes will have a positive impact on all protected characteristics. The EHIA also indicated that through the design and location, there may be an opportunity to reduce health inequalities through these proposals. The EHIA is a live document and will continue to be developed with the proposals.

## 7.0 Conclusion

This proposal represents an opportunity to significantly improve mental health inpatient services in East Sussex. The CCG and SPFT welcome the opportunity for wider engagement through public consultation and look forward to engagement with and feedback from the HOSC.

## **Pre-Consultation Business Case**

### **Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories**

**26 May 2021**

**Version 015**

## Executive summary

### 1.1 Introduction

This Pre-Consultation Business Case (PCBC) was produced by the NHS East Sussex Clinical Commissioning Group (ESCCG) in partnership with the Sussex Partnership NHS Foundation Trust (SPFT).

It proposes to relocate and reprovide 36 Working Age Adult and 18 Older Adult inpatient mental health beds from the Department of Psychiatry (Department of Psychiatry) at Eastbourne District General Hospital (EDGH) to one of two new site options in either Bexhill-on-Sea or Hailsham.

In doing so it supports the Government's Eradicating Dormitories Programme, replacing multi-bed bay accommodation with single ensuite bedrooms and ensures a high-quality modern environment for people using these services. This represents a significant opportunity for East Sussex to improve the inpatient environment and maximise the quality of service provision for local people.

### 1.2 Background

The Sussex Health and Care Partnership (SHCP) *Strategic Delivery Plan* for the Integrated Care System identifies and notes the need for: "capital investment of around £70m for mental health inpatient services in East Sussex to ensure that they are fit for purpose and able to flex to future service developments. This will enable us to eliminate mixed sex accommodation, remove dormitories, and increase therapeutic activity with the aim of reducing length of stay."

In relation to this, the Care Quality Commission (CQC) noted in its 2019 inspection report on the Trust's services that, while staff continue to provide high-quality care despite the limitations placed on services, steps should be taken to improve, or remove, out-dated dormitory-style wards.

As SPFT was cited<sup>1</sup> as being one of the five NHS trusts nationally with the highest number of dormitory beds provision still operating, there is a clear and compelling strategic rationale and imperative for reproviding inpatient services currently at the Department of Psychiatry.

In response, SPFT and ESCCG established a programme – Redesigning Inpatient Services in East Sussex (RIS:ES) - with the objective of redesigning and improving adult inpatient mental health services and supporting these service improvements with investment in the estate.

There are two specific short-term issues that have driven the development of these project proposals now as the first phase of a wider programme of improvement and change for adult inpatient mental health services in East Sussex.

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<sup>1</sup><https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/policy/next-steps-for-funding-mental-healthcare---infrastructure-royal-college-of-psychiatrists-august-2020.pdf>

The first is that the overall quality of all adult inpatient accommodation delivered across East Sussex by SPFT does not enable 'People to feel valued, supported and cared for', a key tenet of SPFT's Organisational Strategy, is no longer fit-for-purpose, does not meet the objectives of SPFT's Clinical and Estates Strategies and is a barrier to staff recruitment and retention.

The second is the need to find a new site which is sufficient to enable SPFT to meet longer term capacity needs to support our local population. This will also enable the longer-term redevelopment plans of East Sussex Healthcare NHS Trust (ESHT) to be delivered, maximising the outcomes for all our patients.

Following an invitation to bid, and in accordance with RIS:ES programme objectives, SPFT, supported by the CCG, applied for Department of Health and Social Care (DHSC) capital funding in December 2020 to eradicate its dormitory style beds and provide sufficient capacity in modern, high-quality, safe and compliant accommodation. SPFT was successful in its application for capital funding and the Department of Health and Social Care confirmed a funding allocation of £46.6m for the replacement of the Department of Psychiatry which must be spent by March 2024.

The replacement of dormitory accommodation, which comprises 40 beds in multi-bed rooms in the Department of Psychiatry (as part of an overall complement of 54 beds), with 54 single ensuite bedrooms (18 beds for Working Age Males, 18 beds for Working Age Females and 18 beds for Older Adults) is expected to:

- enhance the safety, privacy and dignity of patients
- improve the individual care that can be given to patients
- enable a reduced length of patient stay in a facility
- improve patient safety, including better infection control
- reduce the risk of incidents involving patients or staff; and
- provide a better environment for patients and staff to support improved outcomes

Improved inpatient accommodation with ensuite single bed rooms configured optimally to enable unobtrusive patient supervision and with provision of improved indoor and outdoor therapeutic spaces will play its part in supporting delivery of the Trust's Clinical Model. It will maximise the positive impact of inpatient stays as part of a holistic service with a single pathway to community and inpatient services.

### 1.3 Need

The CCG and SPFT have reviewed and modelled demand for mental health inpatient services over the period to 2040. Data from the *Projecting Adult Needs and Service Information* (PANSI)<sup>2</sup> and *Projecting Older People Population Information* (POPPI)<sup>3</sup> databases have been used to project local growth and prevalence in healthcare need.

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<sup>2</sup> [www.pansi.org.uk](http://www.pansi.org.uk)

<sup>3</sup> [www.poppi.org.uk](http://www.poppi.org.uk)



This shows fairly stable / to falling demand for working age adults but larger increases in demand for services for older people and people with dementia over time. This must be seen in the context of continued and increasing investment in community based services to support people close to home, reducing the need for inpatient stays where appropriate, and reducing the length of time people need to stay in hospital. In addition, these proposals make sure future need is taken into account so that as funding becomes available, further capital proposals can support a potential increase in capacity for inpatient beds over time.

This is supported by findings in the 2019 Strategy Unit publication for the Royal College of Psychiatrists *Exploring Mental Health Inpatient Capacity across Sustainability and Transformation Partnerships in England*<sup>4</sup>, which recommends that Trusts with bed persistent occupancy rates above 95% should also consider investing in additional local psychiatric beds as a part of their transformation plans to deliver the NHS Long Term Plan.

The capital funding currently available is only sufficient to support a reprovision of existing beds and this is an important step in improving facilities and eradicating dormitory provision. These proposals therefore concern the replacement and relocation of the Department of Psychiatry and do not entail any change in the number of beds or change in the use of beds. The capacity modelling provides confidence that the 36 Working Age Adult and 18 Older Adult beds to be reprovided under these proposals will definitely be needed in future, and the proposals ensure that a site development would be able to expand in future years dependent on anticipated demand, changes in population and prevalence of mental health conditions and the impact of improved community based services.

## 1.4 Engagement

SPFT and the CCG recognise the importance of engaging with all relevant stakeholders and listening to feedback that has informed the development of these proposals.

Extensive engagement has taken place to date with

- Patients and the public
- Sussex Health and Care Partnership
- Wider engagement with SPFT, CCGs and GP community
- local authorities, specifically East Sussex County Council and Rother District Council
- East Sussex Healthcare NHS Trust (Department of Psychiatry)
- Healthwatch East Sussex
- NHS England and Improvement in its role as assurer of reconfiguration proposals and as the gateway to capital funding.

This is further supported by an Assurance Group made up of five Experts by Experience (EBE) to act as a 'critical friend' and provide scrutiny, challenge and endorsement of all communications and patient and public involvement activity.

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<sup>4</sup>[https://www.strategyunitwm.nhs.uk/sites/default/files/2019-11/Exploring%20Mental%20Health%20Inpatient%20Capacity%20across%20Sustainability%20and%20Transformation%20Partnerships%20in%20England%20-%2020191030\\_1.pdf](https://www.strategyunitwm.nhs.uk/sites/default/files/2019-11/Exploring%20Mental%20Health%20Inpatient%20Capacity%20across%20Sustainability%20and%20Transformation%20Partnerships%20in%20England%20-%2020191030_1.pdf)

As well as this Group, an Advisory Group of Service User and Staff Governors from Sussex Partnership Foundation Trust is established, again to provide scrutiny and assurance of all involvement activity being undertaken.

Early-stage engagement took place between October 2020 and early 2021. During this period, service users, their families and carers, key clinicians and other service leads, and other stakeholders were invited to provide feedback through a range of methods, including:

- sharing their views with researchers who attended meetings arranged by NHS partners and community organisations
- one-to-one interviews, recruited and undertaken by Opinion Research Services (an independent social research company supporting the engagement) research staff, and
- an open early-involvement questionnaire, accessible via the Sussex Partnership and CCG websites.

Feedback showed that there was broad recognition of the challenges facing inpatient mental health services, and agreement with the vision and priorities identified by East Sussex CCG and Sussex Partnership. There was also strong agreement about the need to make significant changes and improvements to address these issues. For example, the online questionnaire showed that:

- an overwhelming majority (38 out of 40 who answered the question) agreed that changes need to be made
- 37 out of 38 agreed that the vision and priorities identified were appropriate, and
- a majority (29 out of 35) agreed with the suggestion to prioritise improvements to inpatient mental health facilities currently based in Eastbourne and Hastings.

Initial views on approaches to improvements were balanced between refurbishing and extending existing buildings, and building on a new site (or sites). However, many people felt the Department of Psychiatry at Eastbourne District General Hospital is unfit-for-purpose and should be replaced.

There was broad agreement among respondents that improvements to acute inpatient mental health services, currently delivered at the Department of Psychiatry in Eastbourne and Woodlands Centre in Hastings should be prioritised – but there should also be a broader programme aimed at improving all services.

Some people felt that, while “bricks and mortar” are important, real improvements to inpatient mental health services will be achieved through better staffing, greater investment, greater coordination with community-based services, improved communications with carers and family, and easier discharge processes.

Overall views between refurbishing existing sites or creating a new campus site were mixed, with most people acknowledging the pros and cons of both.

Some people expressed very clear support for a new campus site and strong opposition to refurbishing existing sites on the basis that:

- refurbishing current sites, particularly the Department of Psychiatry in Eastbourne, is not sustainable or a good use of money
- a new campus is the better long-term option with opportunities for co-location of other services such as dementia care, and more joined-up working, and
- quality of care is more important than ease of access and improved public transport networks.

Others preferred an approach which maintained existing services on current sites, citing:

- concerns about impacts on travel, and loss of local services, with some people calling for more local services on multiple but smaller campuses
- the importance of access to services for family and carers of patients, and
- the value of co-location of mental health wards with other hospital services.

Overall, there was a view that any immediate improvements to inpatient services need to be just one part of a long-term and far-reaching programme of changes to mental health services.

Engagement will continue through and beyond the public consultation to ensure that feedback continues to inform this work.

## 1.5 Options

Following this involvement activity, an online (videoconference) options development workshop was arranged for a group of 'Experts by Experience' (EBEs) who had, or continue to have, direct experience of using mental health services in East Sussex and surrounding areas, and members of relevant voluntary and community sector organisations. Three NHS mental health professionals working with service users in East Sussex also attended to answer questions and contribute to discussions.

This was followed up by an Options Appraisal workshop, again involving Experts by Experience and other stakeholders, which met to consider a longlist of options and to help reach the preferred option set out in this PCBC document.

In addition, a comprehensive site search across East Sussex was commissioned from a local independent chartered property surveyor with the intention of identifying sites that met the following broad criteria to identify all potential available sites:

- the site had to be in East Sussex
- the tenure would need to be freehold or virtual freehold and be a minimum of 3.5 acres in size and up to 10 acres.
- the new accommodation will need a site capable of supporting it being designed and built in accordance with the Department of Health Building Note 03-01: Acute mental health units – best practice guidance to the design and planning of acute inpatient units.
- the patient accommodation would to be arranged at ground floor level only with access to external areas/gardens, and space for staff and visitor parking, landscaping and service areas.

Shortlisting considerations comprised:

- development constraints and prospect of achieving planning permission in 2022 and commencing the build within 12 months of receiving planning permission (in order to meet the requirements of the eradicating dormitories programme)
- access – ease of access for the patients, carers and staff to public and private transport, parking and cycle routes, noting the population dispersal across East Sussex
- availability locally of public and private transport travel options
- site shape and size, boundaries and constraints including site topography (substantially flat, certainly not steep), landscape and ecology all needed to be amenable to a development of this nature
- opportunities for sustainability and minimising environmental impacts
- flexibility - potential for the site to offer further expansion to accommodate future inpatient growth or consolidation under later stages of the RIS:ES programme should this be required and should further capital funding become available.

Ultimately following a multi-stakeholder option assessment and further detailed due diligence on the shortlisted sites, two viable options remain from an initial list of 17.

This shortlisting and assessment discounted:

- six sites as they were too far away from major population centres or were too remote.
- a further six sites because they were less than six acres in size which means they could not provide the flexibility we need to achieve the long-term vision for campus-style facilities
- two sites because they would not meet important criteria such as the likelihood of securing planning permission within the timescales or they were challenging landscapes for development, and
- one site which had no supporting information.

Following this work the shortlisted options were:

- Amberstone, Hailsham
- Lottbridge Drove, Eastbourne, and
- A greenfield site next to Mount View Street, in North East Bexhill, Bexhill-on-Sea.
- Woodlands Centre, Conquest Hospital.

These sites were all analysed in more depth and:

- The Woodlands Centre was discounted because it could not provide the flexibility needed to achieve the long-term aim, and
- Lottbridge Drove was discounted because planning and environmental restrictions would have made development too costly and would have taken too long to implement.

The Bexhill and Hailsham sites were selected as the best options, meeting the criteria established and offering improvement in the short term and flexibility on the longer term.

These options would each enable the reprovision of the 54 beds from the Department of Psychiatry and provide an improved therapeutic and physical environment, including better outdoor and therapy spaces. It would also potentially provide the option to be able to accommodate later, incremental developments to consolidate other inpatient mental health services from across East Sussex onto a single site.

The conclusion of the options appraisal is that a new build on a new site is the preferred way forward and that this new building can be accommodated in either Bexhill-on-Sea or Hailsham.

Bexhill-on-Sea was the preferred site in the options appraisal on the basis that it has a larger, clear site that enables greater flexibility in design and accommodating future phases, it lies between large population centres of Eastbourne and Hastings and is closer to acute hospitals to enable fast transfers for physical care.

While the Bexhill-on-Sea site is preferred, both Bexhill-on –Sea and Hailsham are considered deliverable options and are proposed for public consultation.

In spring/early summer 2021, SPFT is undertaking a due diligence exercise on both sites to ascertain in more detail the town planning risks and understand better the prevailing conditions of each site that will need to be accounted for when developing costed construction proposals. This information will be used to help inform the selection of the preferred option, alongside feedback from the public consultation and other relevant evidence and feedback including implementation timescales.

## 1.6 Impact Assessments

Transport, Quality, Equality and Health Inequalities, and Privacy Impact Assessments have been carried out and are provided with this PCBC. These have been used to inform the options appraisal.

The Equality and Health Inequalities Impact Assessment will be iterated further as part of public consultation in order to ensure all relevant information learned is reflected in our assessments. It highlights strong patient and population and workforce data, identifies key service user groups and describes clearly the impact of the changes across the protected characteristics, together with any action required.

Overall, the changes are expected to reduce health inequalities by enabling more effective integrated mental health care. It also shows benefits in addressing health inequalities, in particular with regard to access for our populations in the lower socio-economic deciles.

## 1.7 Affordability

This PCBC demonstrates that the proposals are affordable and supported by appropriate capital and revenue modelling. This detailed financial planning work assessed the financial impact of both site options. The analysis concludes that redevelopment on both sites, i.e. Bexhill and Hailsham, is affordable to the local health and care system.

This is important as it demonstrates the options being taken forward for consultation are sustainable financially. The plans are supported by the wider Integrated Care System.

## 1.8 The five service reconfiguration tests

The proposed service changes meet the four reconfiguration tests and the fifth 'bed test' is not applicable:

## **1. Strong public and patient engagement**

A Communications and Involvement Oversight Group meets regularly and is supported by an Assurance Group (service users) and Governors' Advisory Group (including staff representative) which have both established to act as 'critical friends'.

Opinion Research Services (ORS) - an independent social research practice that works across the UK - has been commissioned to advise on, and independently manage, our patient and public engagement programme.

A period of early involvement activity was carried out and completed between October 2020 and January 2021, involving wide range of stakeholders including service users, carers, clinicians and other representative organisations.

Engagement in the options appraisal process has been critical to the programme.

An interim report setting out findings was completed and made available to all relevant parties, informing next steps.

A Communications and Involvement Strategy and Plan is in place to provide the foundations for the formal public consultation which is provisionally scheduled for Monday 14 June for 12 weeks.

## **2. Consistency with current and prospective need for patient choice**

For most people using services at the Department of Psychiatry, the clinical model will remain the same, although the ability to deliver this in an improved environment will maximise benefits for local people. However, it is anticipated that there will be improvements in the co-ordination between community, crisis and inpatient services on a single pathway.

With most mental health services being delivered in the community, the range of service user choice is unaffected. Also, the proposed changes will have minimal impact on the choices available as there is no change in the number of providers or beds serving the local area.

Patients, carers and staff will benefit from higher quality services offering improved privacy, dignity, safety and more and better therapeutic interventions. Patient choice would be improved as the proposed redevelopment offers service users a purpose-built, higher quality, and safer facility from which to receive care than is available currently.

## **3. A clear clinical evidence base**

The proposals set out in this PCBC have been generated with significant clinical input which forms the foundation for a clear clinical evidence base. The clinical model of care will benefit from delivery in an improved environment. The proposals for the new clinical environment have been informed by using a wide range of clinical evidence, including national standards, clinical guidelines and the expert knowledge of stakeholders.

Development of the proposals has been overseen by a Clinical Working Group (CWG), made up of clinicians, operational leads, quality leads, business intelligence and commissioners.

Implementation plans will continue to be supported by the CWG to ensure they have a robust clinical evidence base. As a result, the clinical environment will help address current challenges in the delivery of care, meet high service standards and provide the best outcomes for patients.

#### **4. Support for proposals from clinical commissioners**

The RIS:ES Programme Board is chaired jointly by the CCG/Trust Senior Responsible Officers and includes CCG representatives such as clinical leads.

A Clinical Working Group has been established which includes CCG Commissioners and GP Clinical Leads. The GP Clinical Lead represents the Executive Clinical Leadership function for the CCG, and has supported a continued robust primary care engagement strategy.

There is a clear plan in place to further engage with primary care representatives in East Sussex and make sure that this voice is incorporated as part of wider engagement and feedback. East Sussex GPs are part of the Primary Care Networks (PCNs) and a PCN Clinical Director has recently joined the East Sussex Mental Health Oversight Board which will offer place-based oversight of this programme of work.

The Communications and Involvement Oversight Group includes leads from both the CCG and the Trust as well as representatives from Healthwatch and East Sussex County Council.

The early draft proposals were reviewed by Sussex Partnership Board of Directors and East Sussex CCG Governing Body and support was given to progress the Programme on that basis.

#### **5. Bed closures**

This test is only applied where the proposal includes plans to significantly reduce bed numbers. The proposals re-provide the 54 inpatient beds currently at the Department of Psychiatry in Eastbourne. Therefore, this test is not applicable.

## **1.9 Governance and Implementation**

Programme and project governance is established and as well as the pre-engagement plans already delivered, a plan has been established for both the public consultation phase and the project implementation phase that would follow. This reports to SPFT and CCG governance and to the wider Sussex Health and Care Partnership.

A full communications and engagement plan is in place. The public consultation would run for 12 weeks, supported by a consultation document (including questionnaire), available in all formats, website presence and other awareness-raising materials. This will be sent to a definitive list of relevant stakeholders.

A series of forums, either online or face-to-face, with relevant groups, organisations and individuals will be held. There will be significant communications activity such as media announcements, advertising, online activity, including websites, social media and other interactive tools.



## Redesign of Inpatient Services: East Sussex - RIS:ES

### Communication and Engagement Delivery Plan - May 2021

#### 1. Introduction

This plan describes how we will communicate and engage with the public and our stakeholders during the twelve weeks of formal consultation process regarding the relocation of the Department of Psychology currently on site at Eastbourne District General Hospital (DGH). The plan has been informed by our pre-consultation engagement work, which included attending virtual meetings, organising workshops, undertaking in-depth interviews and a survey.

The plan includes communications and engagement that may be required with staff.

#### 2. Background and context

East Sussex Clinical Commissioning Group (ESCCG) in collaboration with Sussex Partnership NHS Foundation Trust (SPFT) is proposing to relocate the acute adult mental health services provided at the Department of Psychiatry (DoP), currently on the site of the Eastbourne District General Hospital, to a new site either in Hailsham or Bexhill.

As well as the need to relocate, there is a national requirement to replace dormitory accommodation, which currently comprises 40 beds in multi-bed rooms in the Department of Psychiatry (as part of an overall complement of 54 beds), with 54 single ensuite bedrooms (18 beds for Working Age Males, 18 beds for Working Age Females and 18 beds for Older Adults) and this change is expected to:

- enhance the safety, privacy and dignity of patients
- improve the individual care that can be given to patients
- enable a reduced length of patient stay in a facility
- improve patient safety, including better infection control
- reduce the risk of incidents involving patients or staff; and
- provide a better environment for patients and staff to support improved outcomes

Improved inpatient accommodation with ensuite single bed rooms configured optimally to enable unobtrusive patient supervision and with provision of improved indoor and outdoor therapeutic spaces will play its part in supporting delivery of the Trust's Clinical Model. It will maximise the positive impact of inpatient stays as part of a holistic service with a single pathway to community and inpatient services.

The potential re-provision of the DoP on to a new site forms the first step in a longer-term vision. The vision is for new state-of-the-art facilities in East Sussex to cover all inpatient services which could be 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.

To support the public consultation process, an independent organisation, Opinion Research Services (ORS) have been commissioned to provide additional capacity for consultation activity and be a critical friend when reviewing key documents and communications. They have a wealth of experience in supporting and delivering public consultations. Once the consultation comes to a close they will undertake the analysis and provide an in-depth report with the findings.

### 3. Governance

To provide a communications and involvement governance framework to support the wider activity undertaken by the Programme Board, a **Communications and Involvement Oversight Group** has been established and meets monthly.

Membership includes:

- Communications representatives from both Sussex Partnership and ESCCG
- People participation representatives from both Sussex Partnership and ESCCG
- Sussex Partnership's Workforce, Diversity and Inclusion Lead
- Healthwatch East Sussex
- Communications and engagement representatives from East Sussex County Council

**An Assurance Group** has also been established - which includes service user, carer and staff representatives, Experts by Experience and Healthwatch. This Group will act as a 'critical friend' throughout the development of the Programme to make sure it fulfils the key co-production priority we have set ourselves.

In addition, a **small advisory sub-group of Sussex Partnership Governors** has formed. This group will provide advice, support and challenge throughout the length of the programme. The group consists of five Governors who will also be asked to report on the RIS:ES Programme at any relevant Governors' meetings.

#### 4. Key principles

In undertaking communications and engagement around our formal consultation we will adopt a transparent, best practice approach based on a number of key principles:

- Building on our wide range of previous engagement with local people and describing our journey, the purpose of our review and our intent to consult;
- Sharing information about current of mental health inpatient bed services and acknowledging the importance of service user feedback and insight to further inform our options;
- 'Strength-testing' all aspects of our thinking, planning and approach;
- Incorporating the findings from our Equalities/Health Inequalities Impact Assessment (EHIA) to help us identify the groups and communities we should target for our communications and engagement work;
- Embed participation and collaboration into the work of the programme from the outset to final implementation of any agreed proposals;
- Utilising our stakeholder mapping to ensure that we engage with all groups and partners with an interest in our plans including local councillors and MPs;
- Approaching our conversations with transparency in relation to our financial challenge and our need to balance the sustainability of inpatient mental health services while offering high quality care, at the right time and place for service users;
- A 'you said, we did' approach will be taken when routinely feeding back to those who have shared their views and where necessary, provide reasons why we did not take on board particular responses.

#### 5. Consulting during COVID-19

Currently in line with national guidance and roadmap out of the COVID-19 pandemic, a lot of the consultation activity is planned to take place face to face. These activities are subject to change and contingencies are being put in place to respond to any change in national or local direction of travel. Key learning has been transferred from previous consultations that were live during the pandemic to ensure that there is maximum reach and opportunity for the public to get involved.

## 6. High level timeline

Organisation	Activity	Date
<b>NHS England Stage Two Assurance</b>	Sign off	27 <sup>th</sup> April 2021
<b>East Sussex CCG Governing Body</b>	Presentation of reviewed consultation plans and proposal for endorsement of proposal to go out to consultation	09 <sup>th</sup> June
<b>HOSC</b>	Presentation of consultation plans	10 <sup>th</sup> June
	<b>Consultation begins</b>	14 <sup>th</sup> June
<b>East Sussex Communications and Engagement Steering Group</b>	Communications and Engagement – discuss and share progress with communications and engagement partners in Healthwatch, East Sussex Healthcare Trust and East Sussex County Council	24 <sup>th</sup> June with two further updates midway and two weeks before end date
<b>East Sussex CCG Governing Body</b>	Communications and engagement – Update re. consultation progress	TBC
<b>East Sussex HOSC Review Board</b>	Communications and engagement – Update re. consultation progress	TBC
	<b>Consultation ends</b>	6 <sup>th</sup> September
<b>Independent third party</b>	Collation and analysis of feedback – Opinion Research Services (ORS) report prepared and submitted to the CCG	7 <sup>th</sup> September- 8 <sup>th</sup> October
<b>RIS:ES programme team</b>	Final decision-making business case produced	11 <sup>th</sup> October

<b>NHS England</b>	Final decision-making business case submitted to NHSE for assurance	TBC
<b>East Sussex CCG Governing Body</b>	Final recommendation paper, together with the decision-making business case, taken to the East Sussex CCG Governing Body	1 <sup>st</sup> December
<b>East Sussex HOSC</b>	CCG final decision submitted to HOSC for scrutiny	2 <sup>nd</sup> December
	<b>Post Consultation engagement</b>	December 2021- Febrary 2022

## 7. Stakeholders

Stakeholder mapping has also been undertaken to identify the people, groups, staff and organisations we want to reach through the delivery of this plan.

## 8. Equality and Health Inequality Impact Assessment

We have developed an EHIA to identify, prior to public consultation, population groups that may be disproportionately negatively or positively affected by the proposed re-location and to make appropriate recommendations to mitigate any potential inequity in access to services and to reduce the inequalities in outcomes. It also provides an opportunity to proactively assess the proposals in terms of tackling known health inequalities and promoting equality, diversity and inclusion. Having reviewed the EHIA, there are key equalities groups that will be targeted as part of the consultation process.

<b>Key populations</b>	<b>Planned engagement activity*</b>
BAME - Approximately 8% of patients at the four inpatient units across East Sussex were recorded as BAME. This indicates that people from a BAME background are twice as likely as other groups in East Sussex to be admitted to an inpatient unit. Engagement was lower with these communities in the pre-engagement phase.	<ul style="list-style-type: none"> <li>• Provide communications and the questionnaire in the five most common community languages. Further languages will be available on request</li> <li>• Link in with local faith and cultural groups including the Eastbourne Cultural Inclusion Group</li> <li>• Briefing to Vandu/ Diversity Resource International/ Sussex Interpreting Services to be shared with linguists</li> <li>• Opportunity to arrange telephone interviews (with support from Bilingual Advocates where there are language barriers)</li> </ul>

	<ul style="list-style-type: none"> <li>• Work in partnership with “Friends, Families and Travellers” (national charity working on behalf of all Gypsies, Travellers and Roma) to develop appropriate communications and offer support with accessing involvement activity.</li> </ul>
Religion. There are much higher proportions of other religions than Christianity among patients (9.7%) and staff (23%) than across East Sussex as a whole.	<ul style="list-style-type: none"> <li>• Link in with East Sussex Interfaith forum</li> <li>• Use existing relationships with leaders of places of worship to promote public consultation and ask what communications materials/involvement activities would be appropriate for their congregations and visitors</li> </ul>
Gender re-assignment – currently no data is collected on Transgender inpatients	<p>Liaise with the following organisations to promote public consultation and offer closed focus groups to encourage a safe space to share experiences and feedback on plans:</p> <ul style="list-style-type: none"> <li>• Rainbow Alliance Trans Support Group (HRRAT)</li> <li>• LGBT Switchboard</li> <li>• MindOut (LGBT mental health project)</li> </ul>
People with disabilities or sensory needs	<ul style="list-style-type: none"> <li>• Promote consultation through known forums such as Eastbourne Disability Group and Access Group</li> <li>• Liaise with DeafCOG (local d/Deaf led organisation) to invite d/Deaf people to take part in one-to-one interviews and/or support a virtual focus group with interpretation</li> <li>• Promote the Signlive Video Relay Service to enable direct feedback to CCG Involvement team</li> <li>• Approach Eastbourne Blind Society to promote the consultation through their telephone service and provide dedicated CCG telephone number for people to feedback</li> <li>• Share information and consultation documents with East Sussex Disability Involvement Group</li> </ul>
Other disadvantaged or Inclusion groups- Carers	<ul style="list-style-type: none"> <li>• Work with carers organisations including Care for the Carers and Association of Carers</li> <li>• Continue to utilise networks built up in pre-engagement and offer a range of engagement activities so they have the opportunity to participate around their</li> </ul>

	caring schedule including one-to-one interviews, liaison with representative groups and targeted focus groups
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\*This list is not exhaustive but provides examples of the activities planned to reach marginalised groups

## 8. Supporting information/materials

Supporting information will be published on EngagementHQ (with links in from a page on the CCG and SPFT webpages); an interactive platform that enables people to give their views and feedback on programmes and public consultations. For this public consultation, a project page has been created which holds all important documents, promotes all engagement opportunities and encourages the public to share their views through the use of the official survey, quick polls, sharing stories, a live Q and A section and an ideas area.

<https://yoursaysussexhealthandcare.uk.engagementhq.com>

The CCG's public website has also been updated with the correct documents and promotes the new webpage;

Item	Location/format	Details	Responsible
<b>Consultation document</b>	Available in print and on SPFT/CCG website and EngagementHQ website		Communications lead
<b>Survey</b>	Link on SPFT/CCG website and EngagementHQ website; paper copies provided at engagement events and on request		Involvement Lead
<b>Easy Read Consultation summary document and survey</b>	Available in print and on SPFT/CCG website and EngagementHQ website		Involvement Lead
<b>British Sign Language consultation document and survey</b>	Link on EngagementHQ website		Involvement Lead



<b>Community language translated consultation document and survey</b>	Top ten languages translated	Will be translated further as required	Involvement Lead
<b>Equality and Health Inequality Assessment</b>	On EngagementHQ website		Involvement Lead
<b>Pre Consultation Business Case</b>	On EngagementHQ website		Project team
<b>Frequently Asked Questions</b>	On EngagementHQ website	To be added to during consultation	Comms lead/project lead
<b>Posters</b>	A4 poster, display in Libraries, Council offices, Urgent Treatment Centres, GP practices and local walk in services (sexual health, mental health services)	"Have your say" generic message	Communications lead
<b>Leaflets</b>	A5 leaflet, available in GP practices, UTCs, in any other languages identified as a result of the EHIA and our engagement. Send out with food parcels from foodbanks.	To include dates and details of key engagement opportunities	Involvement Lead

## 9. Draft consultation activity plan for the period June- September 2021

**Note:** some activity subject to change and confirmation of dates

<b>Communications</b>	
<b>Date</b>	<b>Activity</b>
<b>May 2020</b>	<b>Planning</b> Key documents including: EHIA Communications and Involvement delivery plan written and approved





	<p>Consultation document written, approved and printed</p> <p>Questionnaire written, approved and printed</p> <p>Accessible formats of Consultation document and questionnaire arranged and ready for launch day</p> <p>EngagementHQ set up- frequently asked questions, links to Easy Read, community languages and BSL surveys</p> <p>Posters, flyers and leaflets designed and printed</p> <p>Press release drafted and approved</p> <p>Social media planning</p> <p>MP briefings and letters</p> <p>Templates for engagement activities (events, roadshow, forums etc.)</p> <p>Briefings and newsletters for staff</p>
<b>14<sup>th</sup> June 2021</b>	<p><b>Implementation</b></p> <ul style="list-style-type: none"> <li>• Consultation document and associated supporting documents published on EngagementHQ webpage with link to complete consultation questionnaire on Opinion Research Services webpage</li> <li>• Video launch on all three websites</li> <li>• Materials including the Consultation document and leaflets to be distributed to food banks, libraries, council offices, GP practices, hospitals, community hubs, Citizens Advice Bureau and mental health organisations such as MIND and Southdown Housing Association</li> <li>• Press release issued (including press release in British Sign Language)</li> <li>• Tailored emails to: <ul style="list-style-type: none"> <li>➢ Key stakeholders (based on stakeholder mapping)</li> <li>➢ East Sussex Patient Participation Group members</li> <li>➢ Community and Voluntary Sector (CVS) organisations</li> <li>➢ Healthwatch East Sussex</li> </ul> </li> <li>• Social media posts</li> <li>• Inclusion in GP Primary Care bulletin</li> <li>• Article in East Sussex Health and Social Care News</li> <li>• Articles in local newsletters</li> </ul>

	<ul style="list-style-type: none"> <li>Content sharing by key partners (e.g. ESHT, ESCC Social Care, Healthwatch, voluntary and community sector etc.) on social media, public websites, intranets, newsletters, etc.</li> <li>Local radio/print/online advertising</li> </ul>
14 <sup>th</sup> June – 5 <sup>th</sup> September 2021	<ul style="list-style-type: none"> <li>Social media posts continue until end of the consultation</li> <li>Geo targeted social media based on locations, underrepresented groups</li> <li>Reminder in GP bulletin</li> <li>Article in East Sussex Health and Social Care News</li> <li>Articles in local newsletters - ongoing</li> <li>Content sharing by key partners (e.g. ESHT, ESCC, Healthwatch, voluntary and community sector etc.) on social media, public websites, intranets, newsletters, etc.</li> <li>Reminder tailored emails to: <ul style="list-style-type: none"> <li>➤ Key stakeholders (based on stakeholder mapping)</li> <li>➤ East Sussex Patient Participation Group members</li> <li>➤ Community and Voluntary Sector (CVS) organisations</li> <li>➤ Healthwatch East Sussex</li> </ul> </li> </ul>
Post Consultation and final report	<ul style="list-style-type: none"> <li>Tailored emails to: <ul style="list-style-type: none"> <li>➤ Key stakeholders (based on stakeholder mapping)</li> <li>➤ East Sussex Patient Participation Group members</li> <li>➤ Community and Voluntary Sector (CVS) organisations</li> <li>➤ Healthwatch East Sussex</li> <li>➤ RIS:ES public distribution list (gathered throughout the public consultation)</li> </ul> </li> <li>Article on East Sussex CCG website</li> <li>Press release which includes highlights from consultation feedback report and a link to the full report</li> <li>Provide update and copies of the final report at all forums and groups that took part in the consultation</li> </ul>

## Engagement Activities

### Membership and provider engagement

Date (to be added in as confirmed)	Activity	Leading (SPFT/ Public Involvement Team/ ORS)
10.06.21	East Sussex Communications and Engagement Steering Group	SPFT / CCG
TBC	Sussex wide GP webinar/ localities with discussion and Q+A promoting the start of the consultation and how to get involved	Clinical Lead
TBC	Informal huddles on Wards	SPFT
<b>Patient and public involvement</b>		
14.06.21-	<p><b>Roadshow</b></p> <p><b>Shopping Centres:</b></p> <ul style="list-style-type: none"> <li>• Beacon</li> <li>• Priory Meadow</li> <li>• Langney</li> <li>• The Mall Bexhill</li> <li>• Quintins Centre</li> </ul> <p><b>Libraries:</b></p> <ul style="list-style-type: none"> <li>• Eastbourne</li> <li>• Hastings</li> <li>• Battle</li> <li>• Rye</li> <li>• Hailsham</li> <li>• Newhaven</li> <li>• Uckfield</li> </ul> <p><b>Open air markets:</b></p> <ul style="list-style-type: none"> <li>• Eastbourne Borough Market</li> <li>• Eastbourne Seafront Market</li> </ul>	Public Involvement Team

	<b>Pre-existing events (tbc)</b>  Attendance to promote public consultation and carry out socially-distanced questionnaire completion with the public	
	<b>Series of public events (virtual or face to face) for residents:</b> <ul style="list-style-type: none"> <li>• Hailsham (face to face)</li> <li>• Eastbourne (face to face)</li> <li>• Bexhill (face to face- be aware of impact of potential development on community)</li> <li>• Hastings (face to face)</li> <li>• Rother (covered as part of two virtual events)</li> <li>• Uckfield (covered as part of two virtual events)</li> <li>• Newhaven (covered as part of two virtual events)</li> </ul>	SPFT/ Public Involvement Team (face to face)  ORS facilitate virtual events (Q+As)
	Community Voluntary Sector organisations and Forum meetings*- opportunity to discuss consultation and seek views from key voluntary and community sector groups where a face to face or virtual meeting can take place (equalities data)	SPFT/ Public Involvement Team
	PPG meetings- opportunity to discuss consultation and seek views <ul style="list-style-type: none"> <li>• East Sussex PPG Steering Group</li> <li>• PPG forums (Eastbourne Hailsham and Seaford, Hastings and Rother, High Weald, Lewes Havens)</li> </ul>	Public Involvement Team
	Stakeholder workshop(s)- Including statutory stakeholders (Police, SECamb, Social Services etc), those working with vulnerable people (housing associations, CAB, Shelter, ACORN, student support services etc), and specific advocacy and support groups and charities (digital)	ORS with intro from SPFT and CCG attendance
	Meeting/s with inpatients at the SPFT Dept. of Psychiatry (face to face)	Decision pending discussion with leadership team at DoP
	Meeting with SPFT patients discharged and in the community (probably digital)	Decision pending discussion with leadership team at DoP
	Meeting with EbE at the SPFT East Sussex Working Together Group (digital)	SCFT
	Recruited to focus groups (including closed FG for transgender people if there is an appetite)	ORS

	In depth telephone interviews offered to members of the public using dedicated telephone number, with Signlive assigned and interpretation available	SPFT/ Public Involvement Team/ ORS
	Standard telephone support to complete questionnaires	SPFT/ Public Involvement
	Commissioning of and support from Equalities organisations such as those supporting Gypsy, Roma, Traveller	SPFT

\*Including:

- Eastbourne Disability Involvement Group
- Eastbourne Strategic Partnership Board
- Eastbourne Cultural Involvement Group
- Working Together Groups
- I-Rock Youth Advisory Group
- Southdown Community Groups
- East Sussex Interfaith Forum
- East Sussex Seniors Association (ESSA)
- Deaf Cultural Outreach Group
- Care for the Carers forums
- YMCA groups and forums

This list provides a flavour of the types of forums that will be attended. It is not comprehensive and will continue to be added to during the consultation period.

## 10. Monitoring activity

A Communications and Engagement Log will be established that can be added to throughout the public consultation and will inform the final report. ORS will provide a dashboard to enable SPFT and ESCCG to monitor volume and equalities data so further targeted communications and engagement can be planned in if there is a low response from certain equalities groups. ORS will work with SPFT and ESCCG colleagues to design standardised templates for all engagement opportunities so, regardless of who is undertaking the activity, feedback is collected in a methodical way.

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

**Date of meeting:** 10 June 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

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## **RECOMMENDATIONS**

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

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### **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. With the roll out of the vaccine to over half the adult population and significantly reduced numbers of Covid-related hospital admissions, attention in the NHS has begun to turn to the restoration and recovery of planned care services that were significantly disrupted during the pandemic.

1.2. HOSC has considered updates on the NHS response to Covid-19 over its past few meetings in order to scrutinise the ongoing work in relation to the pandemic, and the wider impact on NHS services.

### **2. Supporting information**

2.1. HOSC considered a report on the initial NHS response to Covid-19 at its meeting on 10 September 2020. The report set out the impact of the virus on residents in East Sussex and the healthcare system, and the local NHS response. Since that time the HOSC has received two further updates on the local NHS response to the pandemic in December 2020 and March 2021. The Committee requested a further update for consideration at this meeting, to include reference to the restoration and recovery of cancer services and how the NHS is helping more vulnerable groups to receive the Covid-19 vaccine

2.2. The report from NHS East Sussex Clinical Commissioning Group (CCG), attached as **Appendix 1**, contains a summary of the latest developments regarding the NHS response to Covid-19 in East Sussex and includes:

- A summary of COVID-19 impact in East Sussex
- NHS response to the COVID-19 pandemic in East Sussex
- COVID-19 vaccination programme
- An update on restoration of services

### **3. Conclusion and reasons for recommendations**

3.1. HOSC is recommended to consider and comment on the report, including identifying any areas for further scrutiny.

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# East Sussex HOSC

Page 57 *Health response to the Covid-19 pandemic*

June 2021

- Sussex health and care partners in East Sussex continue to work together to respond to the Covid-19 pandemic, both in terms of the active support for an operational response (including the Covid-19 vaccination programme) and the restoration of health and care services;
- These slides set out:
  - The current impact of Covid-19 on our population
  - Our operational response
  - The current position of the vaccination programme in East Sussex
  - An update on restoration

# Summary of COVID-19 impact in East Sussex

- As at 24 May 2021 there have been **30,663 confirmed cases of Covid-19** amongst East Sussex residents.
- For the seven-day period to 18 May 2021; England has 21 cases per 100,000 population, East Sussex county 4, Eastbourne 2, Hastings 1, Lewes 7, Rother 9 and Wealden 4.
- As at 24 May 2021, **East Sussex has the 3rd lowest rate of all 149 Upper Tier Local Authorities in England** and **Hastings is the lowest of all 315 Lower Tier Local Authorities.**
- As at 7 May 2021, there have been **1,763 deaths for East Sussex residents where Covid-19 was mentioned on the death certificate** (based on death registrations to 15 May 2021).
- 55% of these deaths have occurred in a hospital setting and 38% in a care home setting.

- The operational response from our acute Trusts to care for those needing hospitalisation for Covid-19 has decreased since the winter;
- As of 28 May there were no patients in critical care (HDU/ICU) beds for Covid-19;
- Over the course of the week up to 28 May, there was only one patient in a Sussex hospital for acute level care for Covid-19;
- All system partners are supporting the continued roll out of the Covid-19 vaccination programme in Sussex and more detail is provided in these slides;
- In addition to treating any patient who is unwell with the virus, and vaccinating our communities, the NHS is also taking action to support those suffering ongoing health issues;
- The NHS in Sussex has established Post-Covid Assessment Services to give patients access to multi-professional advice, and ensure they are on the right clinical pathway to treat their symptoms, including breathlessness, chronic fatigue, “brain fog”, anxiety and stress;
- In Sussex, the two community providers within Sussex Health and Care Partnership (SHCP), Sussex Community NHS Foundation Trust (SCFT) and East Sussex Healthcare Trust (ESHT), were identified as the lead providers for this service, along with their partners.

# Update on Covid-19 Vaccination Programme

- **To date, the Sussex system has achieved the national target** to deliver >90% vaccinations for all those in cohorts 1-9 as at 21<sup>st</sup> May 2021.
- We have offered the vaccination to everyone within **cohorts 1-9** and remain committed to ensuring as many people as possible in these groups are vaccinated if they have not received it to date.
- As at 23 May 2021, **1,028,925 people** had had their first vaccination, and of those 677,497 have also had their second.
- There are a number of ways in which the vaccination is being rolled out across East Sussex:
  - **GP led vaccination services:** including community vaccination services, and pharmacy services in some areas.
  - **Large vaccination centres:** each county has one large vaccination centre which is able to give the vaccine to large numbers of people as more supplies become available.
  - **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:** hospitals across the country have been used to offer vaccines to health and care staff.

# Update on Covid-19 Vaccination Programme

- A summary of activity to date in East Sussex is:
  - **Priority 1:** Vaccinations for residents and staff in a care home for older adults is at 99.2%. 84.5% of care homes staff have received a first dose, 83.8% of residents in all care home types have received a second dose.
  - **Priority 2:** 94.7% of people aged 80+ and frontline health and social care workers and aged 80+ have received a first dose vaccination. 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. 95.9% of those aged 75-79 have received the first dose vaccination.
  - **Priority 4:** People aged 70-74 and clinically extremely vulnerable individuals. 94.1% of those aged 70-74 and 87.8% of those who are clinically extremely vulnerable have been vaccinated.
  - **Priority 5:** 92.4% of people aged 65-69 have been vaccinated.
  - **Priority 6:** 84.0% of people who are at risk and are between 16-65 years old have been vaccinated.
  - **Priority 7:** 89.3% of those aged 60-64 have been vaccinated.
  - **Priority 8:** 87.4% of those aged 55-59 have been vaccinated
  - **Priority 9:** 85.4% of those aged 50-45 have been vaccinated.
  - **Priority 10:** 73.8% of those aged 40-49 have been vaccinated.
  - **Priority 11:** This cohort is partially open vaccinating those aged 34-39. Currently 31.1% have been vaccinated.

# Update on Covid-19 Vaccination Programme

Latest updates from the programme in East Sussex are:

- A **Rye** pharmacy led service has gone live, offering vaccinations to eligible residents in the local community;
- A vaccination bus has been active in **Peacehaven**, reaching out to local areas and making it as easy as possible for people to receive their vaccination;
- Drop in clinics and pop up sessions have been taking place in **Hastings**, as well as focused activity to offer the vaccine to people who are homeless and rough sleepers;
- The vaccination centre at the Welcome Building in **Eastbourne** has moved on 01 June 2021 to the former Mothercare site. Communications activity is supporting the move, and transport is available for anyone who cannot get to the new location.

## Restoration and priorities for this year

In the [2021/22 priorities and operational planning guidance](#) NHS England sets out the main priorities for the year ahead as:

- A. Supporting the health and wellbeing of staff and taking action on recruitment and retention
- B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
- C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
- D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities
- E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
- F. Working collaboratively across systems to deliver on these priorities.



# Restoration – urgent and elective care

- All health system partners are seeing increased in demand, especially on the day, walk in activity for A&E and Urgent Treatment Centre services;
- Work is underway to map and understand the data behind these rises in activity, to develop operational and strategic solutions;
- Work to support urgent care services continues, including
  - the 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.
- In terms of elective care, patients continue to be seen and treated based on clinical priority and then how long they have been waiting according to the Federation of Surgical Specialty Associations guidelines. The number of patients waiting over 52 weeks continues to fall.
- In terms of cancer care, all providers expect to reduce the number of people on cancer 62 day pathways. They are planning average treatment levels higher than the pre-populated Jan-21 baseline in order to achieve this.

- Modelling shows that Covid-19 generated demand is likely to continue to increase over forthcoming years. The planning for 2021/22 has therefore taken account of the need to recover performance, manage the predicted rise in demand and respond to the new and more stringent Long Term Plan deliverables;
- The total investment available to deliver the MH Plan for 2021/22 is £34m. Overarching priority for this financial year is to invest, expand and fast-track the transformation of mental health services to ensure that people are able to access the care they need over the short, medium and longer term
- One area of focus across the system is the rise in the number of urgent and routine referrals of children and young people with eating disorders. CCG has identified significant additional resource to increase capacity in 2021/22;
- 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.

## Restoration – mental health (cont.)

- 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. including the provision of a new urgent care lounge and an additional staying well café in Eastbourne
- 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.

- The restoration of GP services continues. Data suggests that the number of available GP appointments has risen to within 1% of pre pandemic levels, and the proportion of face to face as opposed to virtual appointments at 53% is in line with the national average.
- The challenge for 2021/2022 will be to ensure the increase in virtual appointments which has been welcomed by a significant number of patients is maintained, but not at the expense of those patients who require a face to face appointment.
- **Engagement** with patient representative groups including Healthwatch will be key to ensure patients needs are represented in this process.
- **Additional funding** has been made available to support the resilience and wellbeing of general practice staff, and to ensure practices can deliver their business as usual while meeting the demands of the mass vaccination programme.
- During the pandemic the recruitment for a number of additional PCN staff was suspended, but the funding for this has been accrued and these staff are now beginning to be appointed.
- The CCG is currently recruiting a **Health Facilitation (HF) team** and recruitment is scheduled to be completed by the end of May. The HF Team will 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 72% target set nationally for 2021/22.
- A new **Locally Commissioned Service** (LCS) has been launched to support people with learning disabilities, autism and Serious mental illness to receive their Covid-19 vaccine.

- The **East Sussex Local A&E Delivery Board (LAEDB) Winter Plan for 20/21** covered the period December 2020 to April 2021 and hence the system has now exited this period and is managing through Spring/Summer whilst preparing for Winter 21/22;
- There was **excellent partnership working between health and local authority partners during winter** and the system managed exceptionally well throughout the period despite significant increased pressure from the substantial Covid-19 peak in East Sussex;
- The learning from winter has supported the planning for summer. A **lessons learned exercise has been undertaken with partners** from across the health and social care system, alongside early-stage development of system demand and capacity modelling;
- Summer planning is expected to be of higher importance this year with an increase in staycations expected across the whole South East this year;
- Winter schemes being developed throughout Summer for **an expected submission date to NHS England of October 21;**
- The East Sussex Operational Executive (OPEX) will support development of the local plan, **with overall assurance undertaken by the East Sussex Local A&E Delivery Board.**

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

**Date of meeting:** 10 June 2021

**By:** Assistant Chief Executive

**Title:** Work Programme

**Purpose:** To agree the Committee's work programme

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## RECOMMENDATION

The Committee is recommended to agree the updated work programme at appendix 1

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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 any 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. The updated work programme will be published online following this meeting. The [HOSC work programme is also available online](#).

2.2. The CCG has amended its timetable for the Cardiology and Ophthalmology review. This means it will instead come to the HOSC at its 23<sup>rd</sup> September meeting, where the Committee will consider whether or not the proposals constitute a substantial variation to services requiring formal consultation under health legislation.

### 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.

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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: TBC 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
Visit to Ambulance Make Ready station	A visit to the new Brighton Ambulance Make Ready station.	TBC

Future Committee Agenda Items		Witnesses
<b>10<sup>th</sup> June 2021</b>		
Inpatient Mental Health Services	<p>Consideration by the Committee of the proposals for the future of the Department of Psychiatry, currently located at Eastbourne District General Hospital (EDGH) and provided by Sussex Partnership NHS Foundation Trust (SPFT), and whether they constitute a substantial variation to services requiring formal consultation with the Committee under health legislation.</p> <p>Further reports will be necessary if the HOSC agrees proposals are a substantial variation to services</p> <p><i>Please note: dates are dependent on the NHS own decision making process.</i></p>	Representatives of East Sussex CCG & SPFT
COVID-19 update	<p>To consider an update on the performance of the NHS in response to the COVID-19 pandemic.</p> <p>Report to focus on:</p> <ul style="list-style-type: none"> <li>the restoration and recovery of the cancer care targets</li> <li>how the NHS is helping more vulnerable groups receive the vaccine</li> </ul>	Representatives of the East Sussex CCG & provider hospital trusts
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
<b>23<sup>rd</sup> September 2021</b>		
Cardiology and ophthalmology	Consideration by the Committee of the proposals for cardiology and ophthalmology services at East Sussex Healthcare NHS Trust (ESHT) and whether they constitute a substantial variation to services requiring formal consultation with the Committee under health legislation.	Representatives of East Sussex CCG & ESHT

	Further reports will be necessary if the HOSC agrees proposals are a substantial variation to services  <i>Please note: dates are dependent on the NHS own decision making process.</i>	
Eastbourne Station Health Centre	An update on the progress of the closure of the Eastbourne Station Health Centre	Representatives of the East Sussex CCG
NHS 111	An update on the performance of the new NHS 111 Clinical Assessment Service (CAS) provided by South East Coast Ambulance NHS Foundation Trust (SECAmb) and the NHS 111 First national programme.	Representatives of the East Sussex CCG and SECAmb
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
<b>2<sup>nd</sup> December 2021</b>		
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
<b>Items to be scheduled – dates TBC</b>		
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
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

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

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