HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY, 23 SEPTEMBER 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
Councillor Mary Barnes, Rother District Council
Councillor Stephen Gauntlett, Lewes District Council
Councillor Richard Hallett, Wealden District Council
Councillor Amanda Morris, Eastbourne Borough Council
Councillor Mike Turner, Hastings Borough Council

Voluntary Sector Representatives
Geraldine Des Moulins, VCSE Alliance
Jennifer Twist, VCSE Alliance

AGENDA

1. **Minutes of the meeting held on 10th June 2021** *(Pages 7 - 14)*

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. **Urgent Care in East Sussex** *(Pages 15 - 46)*

6. **Redesigning Inpatient Mental Health Services in East Sussex** *(Pages 47 - 78)*

7. **HOSC future work programme** *(Pages 79 - 88)*

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

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
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15 September 2021

Contact Harvey Winder, 01273 481796,
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Next HOSC meeting: 10am, Thursday, 2 December 2021, County Hall, Lewes

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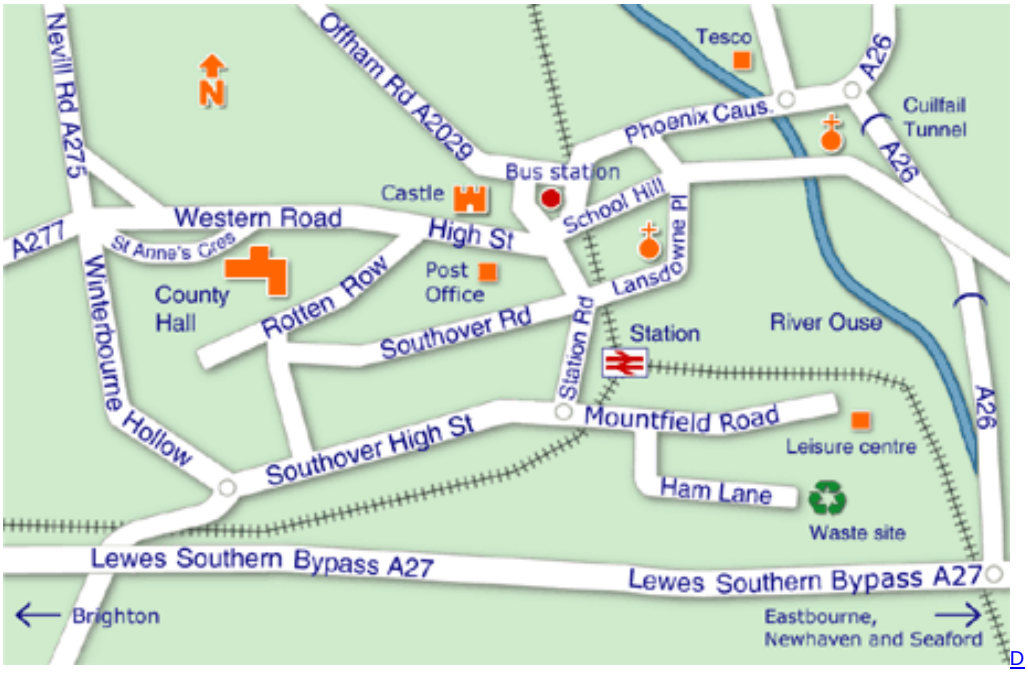

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

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

PRESENT:

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

WITNESSES:

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

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

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

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

Paula Kirkland, Programme Director, Sussex Partnership NHS Foundation Trust

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

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

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

LEAD OFFICER:

Stuart McKeown, Senior Democratic Services Adviser

1. MINUTES OF THE MEETING HELD ON 4 MARCH 2021

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

2. APOLOGIES FOR ABSENCE

2.1. Apologies for absence

3. DISCLOSURES OF INTERESTS

3.1. There were no disclosures of interest.

4. URGENT ITEMS

4.1. There were no urgent items

5. REDESIGNING INPATIENT MENTAL HEALTH SERVICES IN EAST SUSSEX

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5.26. The Committee RESOLVED to:

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

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

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

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

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

6. NHS RESPONSE TO COVID-19 IN EAST SUSSEX

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.16. The Committee RESOLVED to:

1) note the report;

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

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

7. HOSC FUTURE WORK PROGRAMME

7.1. The HOSC considered its work programme.

7.2. The Committee RESOLVED to

1) agree its work programme; and

2) appoint Cllr Robinson to the joint HOSC working group

The meeting ended at 11.36 am.

Councillor Colin Belsey
Chair

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Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**23 September 2021**
By:	**Assistant Chief Executive**
Title:	**Urgent Care in East Sussex**
Purpose:	**To consider an update on a number of issues relating to urgent care in East Sussex**

RECOMMENDATIONS

The Committee is recommended to:

1) **Consider and comment on the update on NHS 111 attached as appendix 1;**
2) **Consider and comment on the update on Eastbourne Station Health Centre, Hastings Station Plaza and Crowborough Minor Injuries Unit attached as appendix 2;**
3) **Agree a future update on Eastbourne Station Health Centre; and**
4) **Consider whether to request a further report on any of the other areas covered in the update.**

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1. Background

1.1. Urgent care services are healthcare services that provide the diagnosis and treatment of non-emergency, minor injuries or illnesses that ideally need to be seen on the same day, such as strains and sprains, ear and throat infections and feverish illnesses.

1.2. NHS England has in recent years raised concerns that many people are using Emergency Departments (ED) for non-emergency healthcare when they should be using urgent care or same-day primary care services. A key factor driving this trend, according to data compiled by NHS England, appears to be a widespread confusion amongst the public about the array of urgent care services available that leads individuals to conclude that ED seems like their only option. In response, NHS England has required local Clinical Commissioning Groups (CCGs) to develop a new integrated urgent care system in their local area comprising primarily of Urgent Treatment Centres (UTCs); an enhanced NHS 111 service; and evening and weekend GP appointments.

1.3. HOSC has undertaken considerable scrutiny of the new urgent care system in East Sussex over the past three years. This report provides an update on several strands of this work, specifically:

- 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.
- progress of the closure of the **Eastbourne Station Health Centre**
- the development of the service at **Hastings Station Plaza** to date; and
- the temporary closure of the **Crowborough Minor Injuries Unit**

2. Supporting information

NHS 111

2.1. The NHS Long Term Plan, published in January 2019, included a requirement for CCGs in England to have commissioned by 2019/20 an enhanced NHS 111 service with the ability to book

people into urgent face to face appointments and provide a proportion of callers with advice from a clinician via a Clinical Assessment Service (CAS).

2.2. South East Coast Ambulance NHS Foundation Trust (SECAmb) provides the NHS 111-CAS service for Sussex, Kent and Medway. The new 111 service went live on 1st October 2020.

2.3. The HOSC has followed the procurement process of the new NHS 111 service, which includes the development of a CAS, over the past three years. The Committee also identified the enhanced NHS 111 service as a key element of the new urgent care system developed in East Sussex during its review of the Eastbourne Station Health Centre. The HOSC most recently received an update on NHS 111 at its meeting on 4th March 2021 as part of a wider report on SECAmb's work.

2.4. SECAmb has spent a considerable amount of time over the past year and a half responding to the COVID-19 pandemic. The Trust, however, has continued to develop its NHS 111 service. The report attached at **Appendix 1** provides an update on NHS 111.

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

Eastbourne Station Health Centre

2.6. On 29 March 2018, HOSC considered a report by the local CCGs on the proposed closure of the Eastbourne and Hastings Walk-in Centres (WIC) as part of the development of UTCs at the Eastbourne District General Hospital (EDGH) and Conquest Hospital, respectively.

2.7. Under health scrutiny legislation, NHS organisations are required to consult HOSCs about a proposed service change which would constitute a 'substantial development or variation' to services for the residents of the HOSC area. The HOSC may then make comments in response to the proposals consulted on prior to the CCG's decision.

2.8. The Committee resolved that the proposals constituted a substantial development or variation to services requiring formal consultation by the CCGs with HOSC.

2.9. The CCGs subsequently revised their proposals for Hastings WIC and the Committee agreed on 26 September 2019 that the proposals no longer constituted a substantial variation to services.

2.10. The WIC was located at the Eastbourne Station Health Centre alongside a GP practice. The CCG proposed to close the WIC and disperse the GP patient list, resulting in the closure of the whole facility.

2.11. HOSC established a Review Board to consider the evidence in relation to the proposed closure of the Eastbourne Station Health Centre in detail and prepare a report and any recommendations as the Committee's response to the consultation.

2.12. The HOSC agreed on 10th September 2020 to endorse the draft report, subject to further amendments after considering the outcome of the public consultation, and submitted the final report to the CCG Governing Body ahead of its meeting on 9th December 2020.

2.13. At that meeting, the East Sussex CCG's Governing Body agreed to approve the post-consultation Decision Making Business Case, specifically to:

- carry out a managed dispersal of the Eastbourne Station Health Centre GP list to the new Victoria Medical Centre only once the centre's branch surgery in Eastbourne town centre has been established;
- commission GP and community nurse drop-in clinics (at least weekly) in the town centre to meet the medical and nursing needs of rough sleepers and homeless patients;
- decommission the WIC function at Eastbourne Station Health Centre; and
- following the list dispersal, continue to commission the walk-in aspect of the service at Eastbourne Station Health Centre for a short period (likely three to four months).

2.14. The CCG further agreed to develop a wide-ranging communication and engagement programme, including the recruitment of care navigators.

2.15. At its 10th December meeting, the HOSC agreed by a vote of seven to five that, based on the assurance that alternative services will be in place prior to the closure of the Eastbourne Station Health Centre, the decision is in the best interest of the health service in East Sussex.

2.16. The Committee also requested an update on the progress of the implementation of the decision once the Eastbourne Station Health Centre had closed, which it did so on 30th August 2021.

2.17. The report attached as **Appendix 2** provides an update on the implementation of the CCG's decision in relation to Eastbourne Station Health Centre, including an update against the recommendations of the HOSC report.

2.18. The HOSC will wish to consider whether a future update is necessary to allow further analysis of the performance of the new urgent care services in Eastbourne.

Hastings Station Plaza

2.19. The CCGs initially planned to close the Hastings Station Plaza WIC, however, the proposal was revised due to various reasons including the consistent increase in demand for walk-in centre services in Hastings; and a small but significant group of patients in Hastings with multiple and complex needs who struggle to navigate healthcare services and who, therefore, accessed their healthcare through the WIC.

2.20. The CCGs presented a report to HOSC on 26th September 2019 in which it was explained that the Hastings WIC would instead be replaced with a Primary Care Led Hub on a temporary basis before deciding on a final clinical model for the site in April 2021. This process was delayed due to COVID-19 and the site remains as a Primary Care Led Hub as at 23rd September 2021.

2.21. The report attached as **Appendix 2** includes an update on the Hastings Station Plaza.

Crowborough Minor Injuries Unit

2.22. Sussex Community NHS Foundation Trust (SCFT) provides a Minor Injuries Unit (MIU) located at Crowborough War Memorial Hospital. The HOSC was informed recently that the decision was taken to temporarily close Crowborough MIU from 8pm on Sunday 15 August for approximately eight weeks due to particular challenges around staffing.

2.23. The CCG advised that closing the MIU for the short-term would enable staff to be redeployed to Uckfield MIU and Lewes UTC, ensuring that an effective and comprehensive service is available to the local community. The CCG committed to review the situation every fortnight with a view to reopening the unit as soon as possible.

2.24. The report attached as **Appendix 2** includes an update on the Crowborough MIU.

3 Conclusion and reasons for recommendations

3.1 The reports attached as appendices provide an update to the Committee on the urgent care system in East Sussex. HOSC is recommended to consider the reports and decide whether future updates are needed on any of the areas covered in the reports, particularly the Eastbourne Station Health Centre closure, as this was subject to a substantial variation to services review by the HOSC in 2020.

PHILIP BAKER
Assistant Chief Executive

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

23 SEPTEMBER 2021

SOUTH EAST COAST AMBULANCE SERVICE UPDATE

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

Summary

This report follows the update in November 2020 and further updates to the committee on the South East Coast Ambulance Service NHS Foundation Trust's mobilisation of the NHS 111 contract, including the establishment of the Clinical Assessment Service (CAS) and the development of 111 First. The key areas included are go-live of the NHS 111 contract, establishment of 111 First and Direct Access Bookings, operational performance and recovery, the impact of COVID-19 and the development of the new SECAmb NHS 111 Operations Centre in Medway.

1. Background

1.1. In 2012, South East Coast Ambulance Service NHS FT (SECAmb) and Care UK (formerly Harmoni) were awarded the contract to provide NHS 111 services across Kent & Medway, Surrey, and Sussex (excluding East Kent).

1.2. At the end of the 5-year contract period in March 2019, Surrey commissioners procured a new provision with Care UK (now Practice Plus Group) specifically to focus on the Surrey Heartlands geographical area, with a contract start date of the 1st April 2017 (extended twice). East Kent also started a new provision with Nestor Primecare Services Ltd (Primecare) on the 1st September 2016, however, Primecare's decision to end the contract prematurely in December 2017 saw the transfer of the NHS 111-service provision to the not-for-profit social enterprise - Integrated Care 24 Ltd (IC24). Both these procurements followed a competitive tendering process.

1.3. The Kent & Medway, and Sussex (KMS) commissioners advised both SECAmb and IC24 that a joint county procurement would take place with one provider delivering the NHS 111 service across Kent & Medway and Sussex from the 1st April 2020 however, the start date of the new contract was delayed by 6 months until the 1st October 2020.

1.4. This delay of 6 months which was primarily attributable to the COVID-19 pandemic, would enable the Kent & Medway, and Sussex commissioners to incorporate in the new NHS 111-service a Clinical Assessment Service (CAS) as outlined in the Urgent and Emergency Care Route Map (November 2015). It was also recognised that the NHS 111 service, going forward, would be a key system partner in the delivery of the Integrated Urgent Care programme, of which the Clinical Assessment Service would be a key element, therefore an interim arrangement was put in place with both SECAmb and IC24 continuing to deliver their respective NHS 111 services.

1.5. On the 12th July 2019, following a competitive procurement process, SECAmb was confirmed as the preferred bidder for the Kent & Medway, and Sussex (KMS) NHS 111 CAS service.

1.6. The new five-year contract, awarded in August 2019 by NHS commissioners across Kent & Medway, and Sussex, was valued at £90.5m. SECAmb and IC24 had previously provided NHS 111 to parts of Kent and Medway, Sussex, and Surrey but would now work in a joined-up way.

1.7. The significant impact of the COVID-19 pandemic and the uncertainty it caused further delayed the go-live by 6 months and the contract was finally mobilised on the 1st October 2020.

Since the last update to the HOSC in November 2020, the Trust has:

- continued to respond to the COVID-19 pandemic
- mobilised the NHS 111 Integrated Urgent Care (IUC) CAS
- delivered the NHS 111 First programme, which was launched across the region, via a pilot, in Medway on the 16th September 2020, and subsequently implemented across Kent & Medway, and Sussex by the end of November 2020, aligned to the national roll out - timelines and milestones put in place by NHS England
- East Sussex Health Care NHS Trust (ESHT) was the first site in Sussex to go live
- SECAmb worked collaboratively with commissioners to implement the digital 'interoperability road map' across the region

1.8. COVID-19 brought significant challenges in the period prior to the 'go-live' of the new NHS 111 CAS contract, with levels of activity not experienced before by an NHS 111 provider, delayed the mobilisation by 6 months, and has continued to challenge the delivery of the 111 service with sustained higher than planned levels of activity to date.

1.9. These increased activity levels have affected all NHS 111 providers across England.

1.10. South East Coast Ambulance Service NHS FT (SECAmb) is the only 111 CAS to go-live nationally since the 1st January 2020.

2. Service Mobilisation

2.1. Prior to the award of the KMS NHS 111 CAS contract, SECAmb had already been increasing the number of clinical staff in its 111 operations centre as well as broadening the clinical expertise available to support the health advisors, either when a patient required a clinical call back due to complex medical conditions or when an NHS pathways disposition required a clinical validation. The CAS would also provide clinical support to a Health Advisor (HA) during a call if required.

2.2. Following the announcement of the award, the Trust, working with its sub-contractor, IC24, started to plan the integration of the two services to form a single NHS 111 CAS service across Kent & Medway, and Sussex.

2.3. The key areas of focus for the integration of the two legacy and incumbent services (SECAmb/IC24) were:

- Digital interoperability, including telephony systems, compatible digital hardware, network connectivity and system testing to ensure that all clinical risk management standards would be met etc.
- IC24 staff training on the SECAmb 'Computer Aided Dispatch' system (Cleric)
- Robust governance frameworks in place and understood
- Resilience and contingency plans in place
- Implementation of a full Electronic Prescribing Service (EPS), incorporating First of Type (FoT) with NHS Digital for the Cleric Computer Aided Dispatch (CAD)
- Creation of a fully integrated CAS, with a clinical multi-disciplinary team to oversee patient flow across the integrated urgent and emergency care system, with a focus on mitigating the risk to other emergency care services and providers with effective, clinical intervention
- Delivery of Direct Appointment Booking (DAB) to ensure that patient flow through the healthcare system is managed more effectively, reduced unheralded demand and addressing healthcare service provider capacity inequalities across the region

2.4. Service delivery is from 4 key sites:

- SECAmb's existing site in Ashford
- IC24's existing site in Ashford
- SECAmb's East Emergency Operations Centre in Coxheath
- SECAmb's West Emergency Operations Centre in Crawley

2.5. A recruitment programme commenced due to the additional workforce required. This included both health advisors (HA) and clinical staff for the CAS.

2.6. Complimentary rotas for both SECAmb and IC24 staff were established to ensure that rota profiling matched expected demand, following a clinical skill-mapping exercise to ascertain which clinicians would be needed at what times to ensure apposite clinical care.

2.7. On the 1st October 2020 at 11:00, the switch over from the two independent service providers took place into the one service provision.

3. 111 Clinical Assessment Service (CAS)

3.1. The NHS 111 CAS was a key part of NHS England's transformation of NHS 111 into a key partner in the delivery of the Integrated Urgent Care (IUC) programme.

3.2. NHS 111 is available 24/7 and is free for the caller either via a mobile or a landline and can also be accessed online via www.111.nhs.uk.

3.3. Prior to the development of the 111 CAS, NHS 111 would receive calls from the general public via the 111 number and the calls would be answered by a Health Advisor (HA).

3.4. The HA would use the NHSE, Clinical Decision Support System (CDSS), NHS Pathways, to reach a disposition (outcome) and linking in with the Directory of Services (DoS), would present a number of appropriate endpoints for signposting the caller to. This is unless an emergency response was needed, a clinical call back was required, or the call could be closed without the need for onward referral. The system used by SECAmb in both its 999 and 111 services, is NHS Pathways.

3.5. NHS Pathways is the NHS E preferred CDSS tool for 111 services and is the only one that directly links to the DoS.

3.6. NHS Pathways telephone triage system is also used across England in the following settings:

- NHS 111
- 999
- Integrated Urgent Care Clinical Assessment Services
- NHS 111 Online
- Reception points in emergency departments

3.7. NHS Pathways is a Department of Health and Social Care owned tool, commissioned by NHS England and delivered by NHS Digital.

3.8. NHS Pathways principally works through a series of algorithms that link to clinical questions. Each time the HA asks a question and enters the response, the algorithm will then present new questions until a disposition is reached. It is important to note that life-threating questions are asked early in the process to ensure that an urgent or emergency disposition is reached quickly, e.g., when an ambulance response is required.

3.9. When the disposition is for an emergency response by an ambulance, the patient details are immediately electronically transferred to the trust's 999 emergency operations centre and appear on the ambulance dispatcher's screen.

3.10. The transformation from the original NHS 111 service into the NHS 111 IUC CAS, significantly increases the level and breadth of clinical support available to the HA. The clinician in the CAS will speak directly with the patient either whilst still connected, or when completing a clinical call back.

3.11. Certain dispositions may automatically result in a caller being advised that a clinician in the CAS will call them back to discuss their presenting condition. Also, many ED (as per NHS E 111 First criteria) and all ambulance category 3 and 4 NHS Pathway dispositions will be transferred to the 'clinical queue' (a virtual list of calls requiring clinical input), which is monitored 24/7 by clinical safety navigators and supported by 24/7 GP oversight. This is to ensure that calls are appropriately risk assessed and managed to meet clinical need and call back timeframes.

3.12. Prior to the award of the KMS 111 CAS contract, SECAmb had already been in the process of broadening the range of clinical specialists and developing a multi-disciplinary team in both its NHS 111 Operations and 999 Emergency Operations Centres and therefore, was in a good position to build on award of the contract.

3.13. The level of clinical expertise and support now available through the CAS includes:

- Dental nurses
- Mental health practitioners
- Advanced clinical practitioners (e.g., an Advanced Nurse Practitioner)
- Paramedics and specialist paramedics
- Midwives

- Pharmacists
- General practitioners
- Urgent care practitioners
- Paediatric nurses
- Palliative care nurses
- Registered general nurses

3.14. Through this expansion of the CAS, NHS 111 is able to accept more dispositions, and this has been evidenced in the number of patients referred to the CAS. Prior to the formal launch of the CAS in October 2020, an average of 28,000 per month were being referred to the CAS, and since October 2020 this average has increased to 42,000 referrals per month (see Appendix A).

3.15. NHS 111 has now been established as a key first point of contact for clinical advice/guidance not only for patients but also health care professionals, in the delivery of integrated urgent and emergency care.

3.16. SECAmb has continued to integrate both its 111 and 999 operations and has a dedicated management team who provide clinical and operational oversight for both, creating resilience and robustness in the delivery of the service, in addition to enabling the sharing of best practice, which has been made possible digitally through a single computer platform.

3.17. The 'Cleric', Computer Aided Dispatch (CAD) computer system is used across both 111 and 999 as well as being installed in the IC24 contact centre to provide a seamless digital platform for service delivery, along with enabling several SECAmb staff to be dual trained in the answering of both 111 and 999 calls, therefore enhancing the resilience of both services.

3.18. SECAmb has also undertaken several pilots in its 111 CAS during the COVID-19 pandemic to improve patient accessibility to senior clinicians and to enhance patient care. These include the 2020 NHS England National Paediatric Consultant pilot, which saw paediatric specialists working as part of the SECAmb 111 CAS, leading the care for children accessing 111 and the use of Video Consultation (VC) technology to enable patients' access to GP's, particularly beneficial during the COVID-19 pandemic lockdowns.

3.19. The introduction of the Kent & Medway Care Record (KMCR) has given NHS 111 IUC CAS clinicians access to patient records to support patient assessment and clinical decision making. Sussex is continuing on developing its patient record sharing platform.

3.20. Following 18 months of collaboration, working with NHS England, NHS Digital, Commissioners, and the Computer Aided Dispatch system provider – Cleric, SECAmb was the first ambulance service in England to implement an Electronic Prescribing Service (EPS) in its own CAD during May 2021. EPS is an integral part of the CAS and enables other clinicians like Advanced Nurse Practitioners, Urgent Care Practitioners, Pharmacists as well as the General Practitioners (GPs) working in the CAS to generate prescriptions and electronically send them to a dispenser (such as a pharmacy) near to the patient.

3.21. During July 2021, the NHS 111 IUC CAS went live with the Pathways Clinical Consultation Support (PaCCS) tool, further enabling clinicians to remotely consult with

patients during a clinical call-back as well as enabling the referring of patients into new pathways, e.g., Same Day Emergency Care (SDEC).

4. NHS 111 First

4.1. NHS 111 First was a national initiative by NHS England to reduce the unheralded (walk-in) activity that would have traditionally self-presented at an acute hospital's emergency department (ED). This is achieved through a patient contacting NHS 111 in the first instance and following a telephone triage, a disposition (outcome) would be reached. This could result in an ambulance being dispatched or an appointment/arrival time offered at an appropriate end point.

4.2. NHS England's ambition was to have NHS 111 First in place by the 1st December 2020 as a response to public behaviour during the first wave of the pandemic when attendances at emergency departments reduced significantly and call volumes into NHS 111 dramatically increased as patients sought urgent medical advice from alternative sources.

4.3. SECAmb, along with system partners and commissioners, set about achieving this through a programme of digital interoperability where appointment slots/arrival times are made available to NHS 111 with the appropriate end point having the capability to generate an appointment slot and receive an electronically transmitted Direct Appointment Booking (DAB).

4.4. Across Kent & Medway, and Sussex, Medway was the first system to go-live with NHS 111 First across Kent & Medway, with a soft launch on the 16th September 2020. In Sussex, the first acute trust to go-live was the East Sussex Healthcare NHS Trust.

4.5. The development of NHS 111 First was not to be limited to booking appointment slots for EDs and therefore highlights other appropriate end points earlier, e.g., GP surgeries, Urgent Treatment Centres, Same Day Emergency Care (SDEC), surgical assessment units, community frailty teams etc.

4.6. Despite the challenges of linking the different providers digital systems, NHS 111 First DAB was fully implemented across Kent & Medway, and Sussex during December 2020.

5. Directory of Services

5.1. The Directory of Services (DoS) is a central directory that is integrated with NHS Pathways providing real time information on available services to support clinicians and HAs in NHS 111 and emergency medical advisors in 999 and patients (via NHS 111 online).

5.2. The DoS is automatically accessed when NHS pathways reaches a non-emergency disposition and will give the HA a list of end points/pathways to refer the caller into, in a priority order, with the most appropriate service available as the first option.

5.4. The interoperability between NHS Pathways and the DoS requires a patient's condition(s) to be entered only once and avoids the patient being asked several times to repeat the same information.

5.5. The clinical commissioning groups have dedicated DoS leads whose primary responsibility is to maintain the profiles on the DoS, liaise with end users and ensure any amendments are made in a timely manner due to the DoS being a live directory. The DoS leads are supported by a regional DoS lead who liaises with NHS Digital on a regular basis.

6. Performance

6.1. SECAmb's NHS 111 service has been on a significant journey prior to, during and post mobilisation of the new contract, transitioning from a traditional NHS 111 service to a full, complex and integrated CAS with several interoperability challenges as well as the NHS England/Digital initiatives this entails.

6.2. The NHS 111 IUC CAS was the only mobilisation to have taken place during the COVID-19 pandemic, working through the volatility in activity, changes in patient behaviours and service provision across the system, and staffing levels that the pandemic brought.

6.3. The service had experienced unprecedented levels of activity during February 2020, followed by a decrease in March, however, there has subsequently been a steady increase of activity through the summer. This trend continued into the autumn and winter with the service activating the national contingency on a regular basis during December and January (2021) due to a combination of increased call activity linked to the implementation of NHS 111 First and short-term staffing abstraction issues, predominantly COVID-19 related to infection outbreaks in the Trust's contact centres.

6.4. During October 2020, the number of 'calls offered' was 105,146 and overall has continued to increase to a figure of 138,884 in July 2021. February 2021 was the only month when the number of calls fell below the October level with circa 89,000 calls (see Appendix B).

6.5. These pressures have continued throughout 2021, with activity continuing to significantly exceed the originally forecast/commissioned levels. This has resulted in working with KMS commissioners to agree funding for increased staffing levels to meet the 'new' demand.

6.6. Some of the key contributing factors for the continuing high levels of activity are:

- The COVID-19 pandemic and patients not having accessed health services during the periods of lockdown
- Illnesses usually seen during the winter period continuing into the summer months
- Callers expressing difficulty in accessing Primary Care or being redirected to NHS 111 from Primary Care providers
- Communication promoting NHS 111 as the first point of contact for urgent medical advice.

6.7. The service has also experienced rapidly changing demand profiles with a clear increase in activity prior to the traditional 18:00, Monday to Friday, call levels. This change in demand required a significant review of the existing rotas for HAs and CAS clinicians and continues to be monitored in conjunction with the ongoing recruitment campaign for all staffing groups.

6.8. The ongoing recruitment programme is meeting the required contracted staffing levels for both health advisors and clinicians for the CAS based on the agreed forecast levels of demand however, current demand is routinely in excess of the activity levels currently funded.

6.9. The time it takes to answer a call is the 'service level' and as the call volume continued to increase, inevitability the time taken to answer a call has become challenged. During the past 10 months, the service level has ranged from 90% call answering in 60 seconds at the beginning of March 2021 to 19.7% in July 2021 (see Appendix C).

6.10. The service also saw a deterioration in call abandonment performance. The abandonment rate after 30 seconds for quarter 1 (April, May, June 2021) was 13% against a target of 5%. This was discouraging when compared to quarter 3 of 2020 with an abandonment rate of 6.67%. As with the service level, the extenuating circumstances within which the NHS 111 service is operating must be taken into consideration. This deterioration in both call answering responsiveness and abandoned call rates is reflected across all 111 providers nationally.

6.11. Performance in the NHS 111 IUC CAS for clinical contact rate has been consistently above the national average, with the past 3.5 months achieving over 148,000 cases being directed into the CAS. For quarter 1, the KMS NHS 111 service achieved a clinical contact rate of 46% compared to a national achievement of 41% (see Appendix A/D).

6.12. NHS 111 ambulance referral rates have continued to be strong and have delivered below the national rate, underpinned by SECAmb consistently achieving a referral rate to 999 of c9%, with an average of 92% validation of all C3 and C4 dispositions resulting in c62% of incidents being downgraded to an alternative outcome (see Appendix E).

6.13. When a disposition is reached for an emergency treatment centre, cases are clinically reviewed and during July 2021 55.5% of these cases were diverted to alternative providers.

6.14. SECAmb's ED referral rate has been consistent at c9% and again, this is below the national average with SECAmb being the 4th best performer amongst NHS 111 providers (see Appendix F).

6.15. During the first 6 months of the CAS being operational, 49.5% of ED dispositions, following validation, were signposted to a non-ED service.

6.16. The Trust has continued to work closely with commissioners and NHS England (NHS E) since the launch of the CAS and NHS 111 First programme, as these services have developed further.

6.17. NHS 111 First DAB continues to be successful with SECAmb continuing to book more appointment slots/arrival times than most other 111 services. March 2020 saw c300 direct appointments made. May, June, July and August saw an average of 26,280 (27%) of all patients triaged by 111 receiving a DAB. The direct benefit of this is to support system partners in managing capacity by converting unheralded activity into heralded activity (see Appendix G).

7. Staff Engagement

7.1. Staff within the 111-operating environment have been constantly working under pressure with the continuing high levels of activity, programme mobilisation, launch of 111 First, COVID-19 related absences, and the ongoing recruitment campaign.

7.2. Staff wellbeing has been a priority with a continued focus on facilitating support while at work and also through services available outside of the workplace. Some of the key initiatives in place are:

- Desk top fans
- Agile working provision
- Roll-out of staff uniform
- A wellbeing room for staff to relax
- Access to the senior leadership team
- Weekly Q n A forum for all staff to access via “Ask111leaders”
- Coloured identification lanyards
- Updated eating areas, including outside space
- Wellbeing Hub

8. Patient Satisfaction

8.1. The number of complaints that the 111 service has received has directly correlated to the periods of sustained high levels of activity. The month of June 2021 saw 22 complaints received against 126,452 calls offered or 0.01%, compared to 9 in February 2021 against 87,249 calls offered or 0.01% (see Appendix H).

8.2. The complaint themes again correlated with activity levels, with April, May and June 2021 receiving the most complaints for ‘delays in a call back’ (see Appendix H).

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

9.1. Work is progressing on the building of the new and exciting joint 999 Emergency Operations Centre and 111 Operations Centre in Gillingham. This new unit will incorporate the Make Ready Centre for ambulance operations in the Medway area and house the relocation of the 111 Operations Centre from Ashford and 999 Operations Centre from Coxheath.

9.2. This co-location further enhances the integration of and aids the development of synergies between both the 999 and 111 services, which is a key part of the Trust’s Strategic Plan to deliver new integrated services over a wider area. In addition, having both of these services housed in the same building will facilitate the sharing of best practice especially as both are using the same computer system, Cleric, and NHS Pathways as the triage tool. This is a key feature for both services as it allows the continued training and development of staff to undertake both 999 and 111 calls.

10. Recommendations

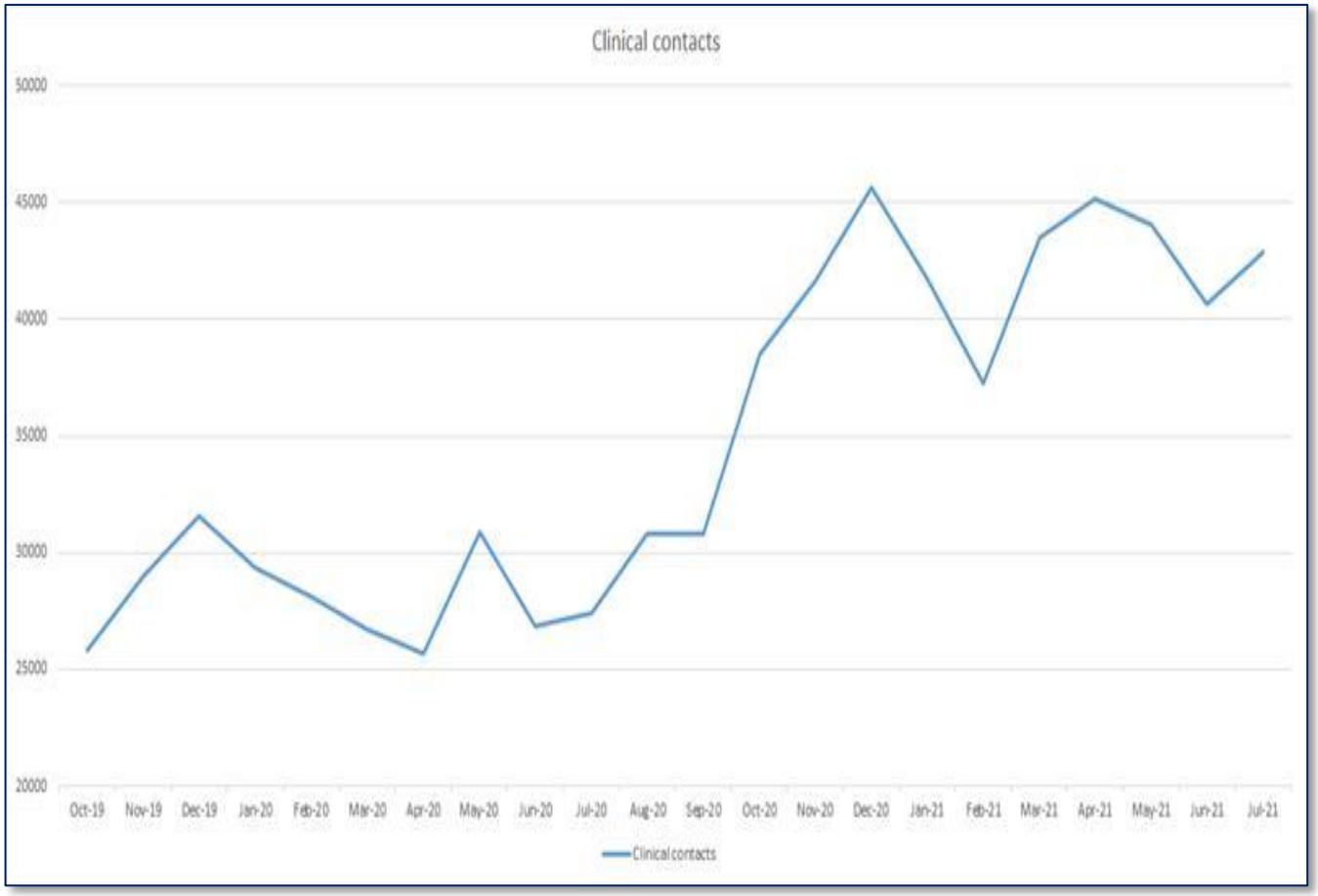
10.1. The committee is asked to note and comment on the update provided.

Lead Officer Contact

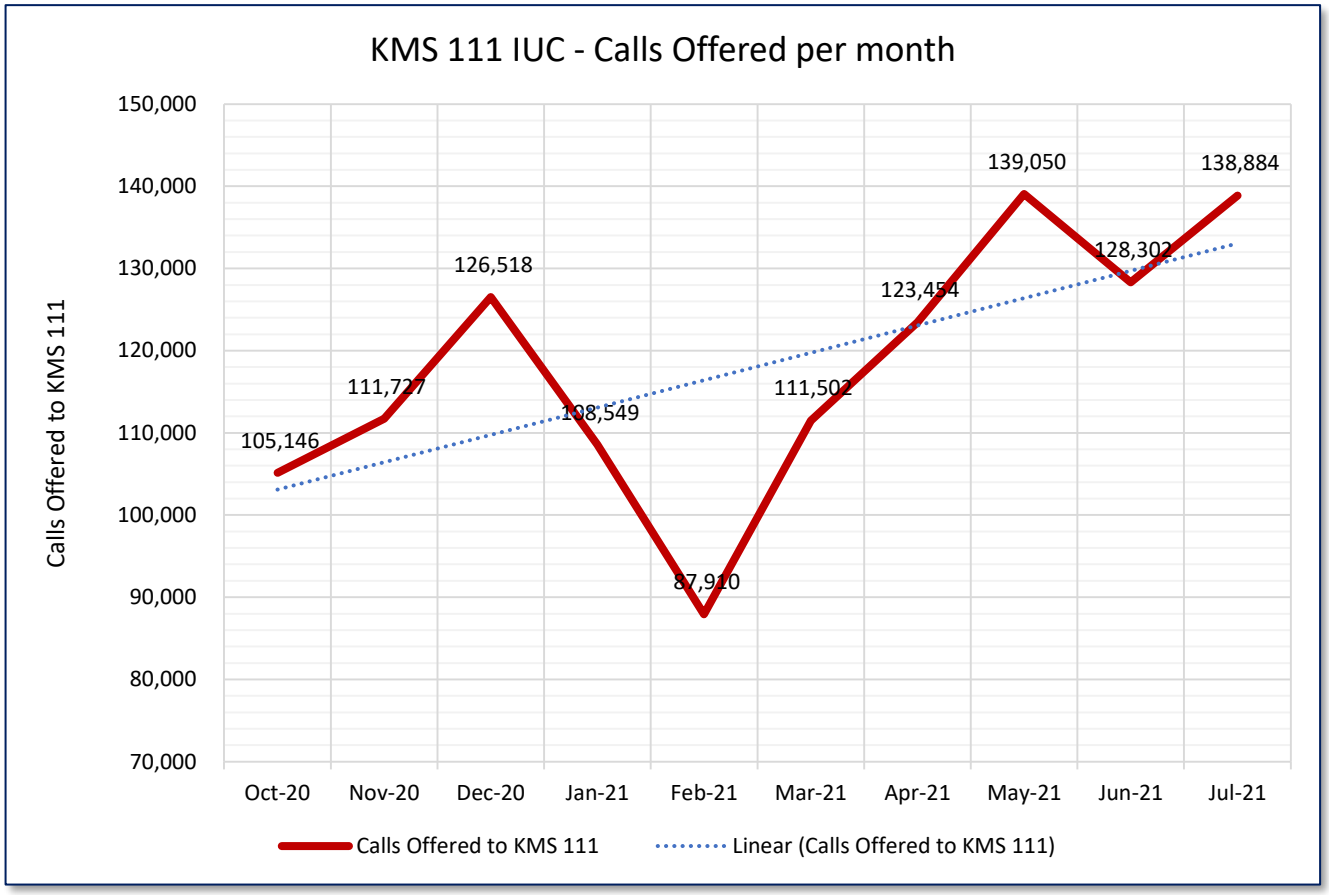
Ray Savage, Strategic Partnerships Manager (SECAmb)

Appendices

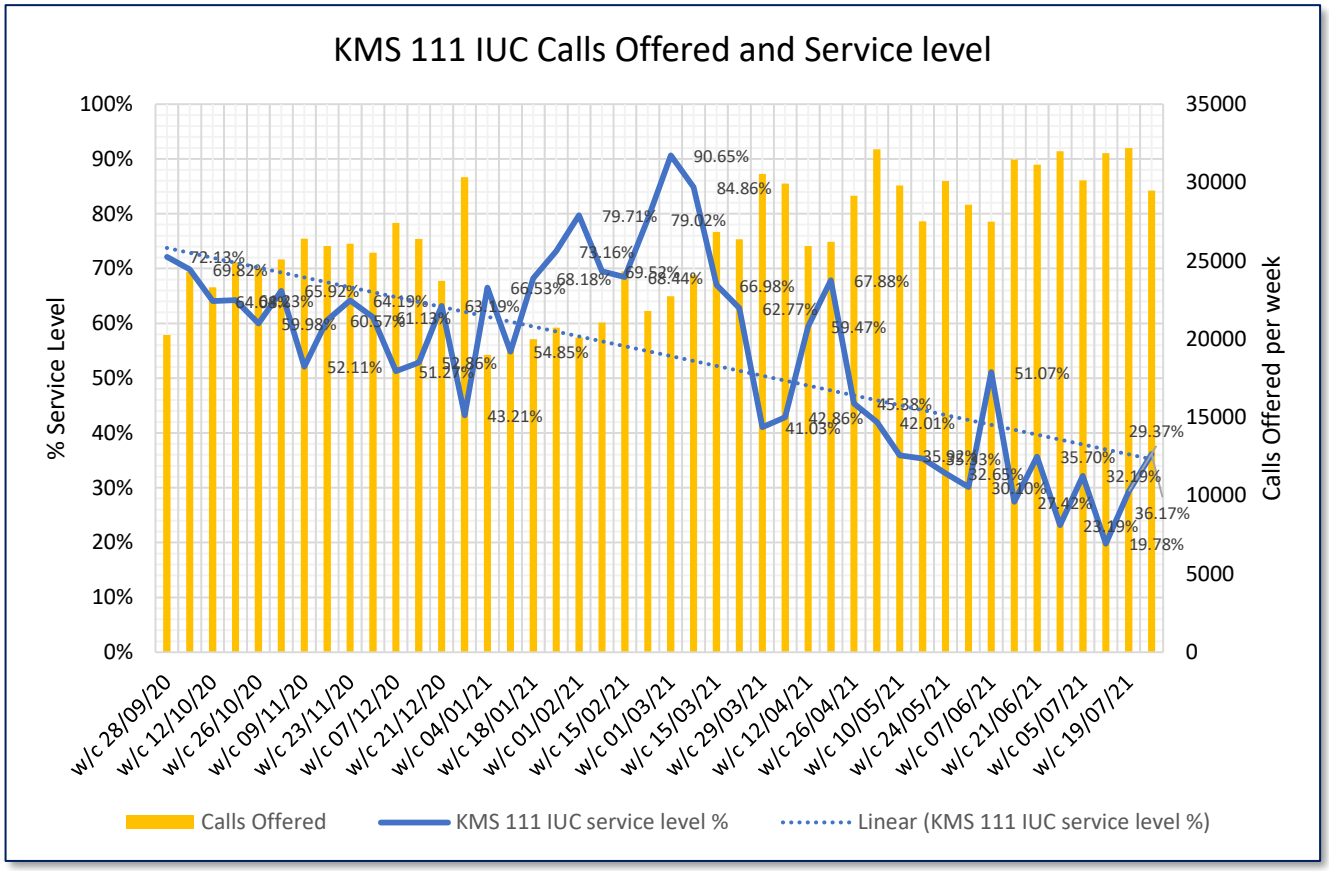
Appendix A – Cases Referred to the CAS



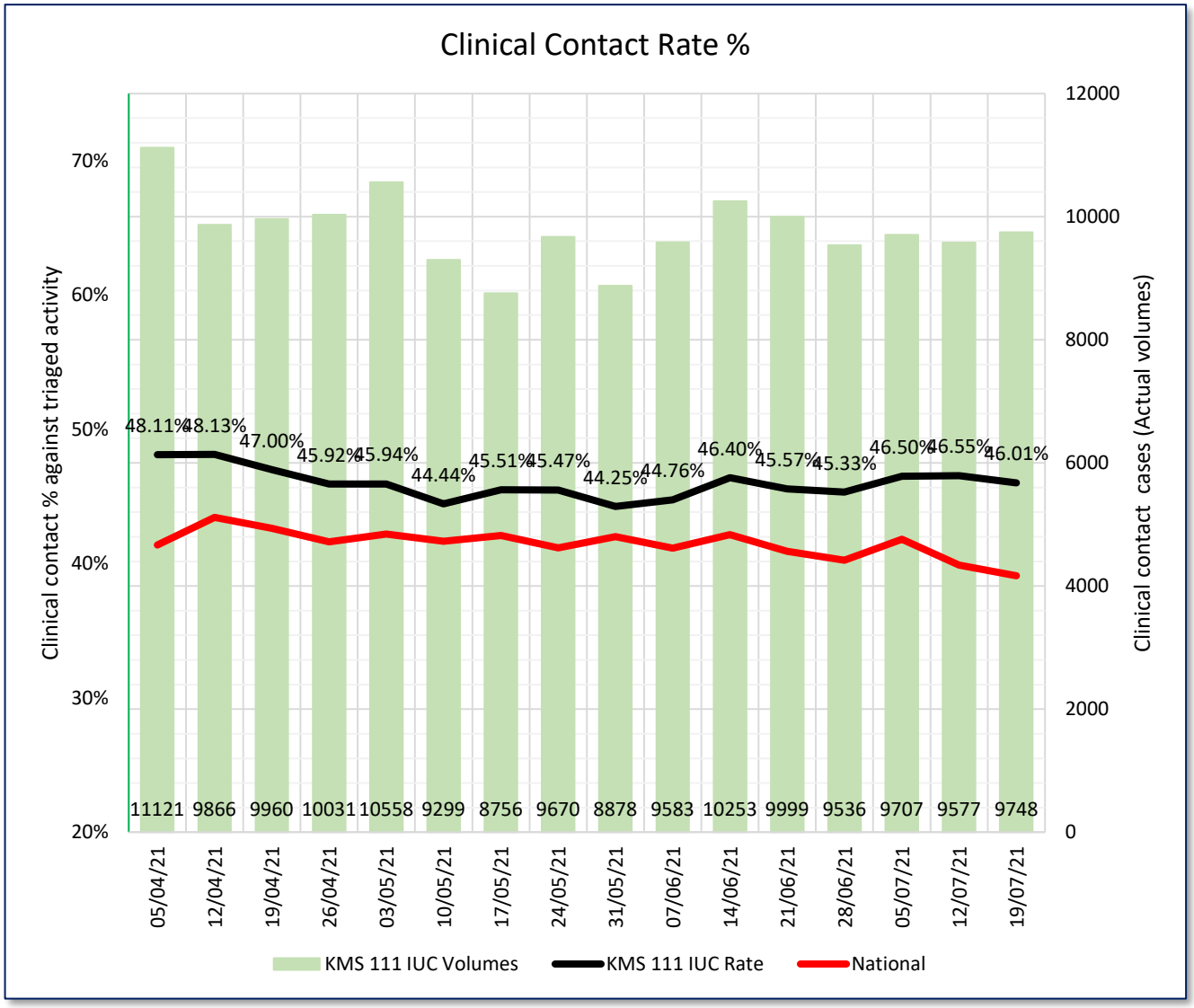
Appendix B – KMS 111 IUC - Calls offered per month



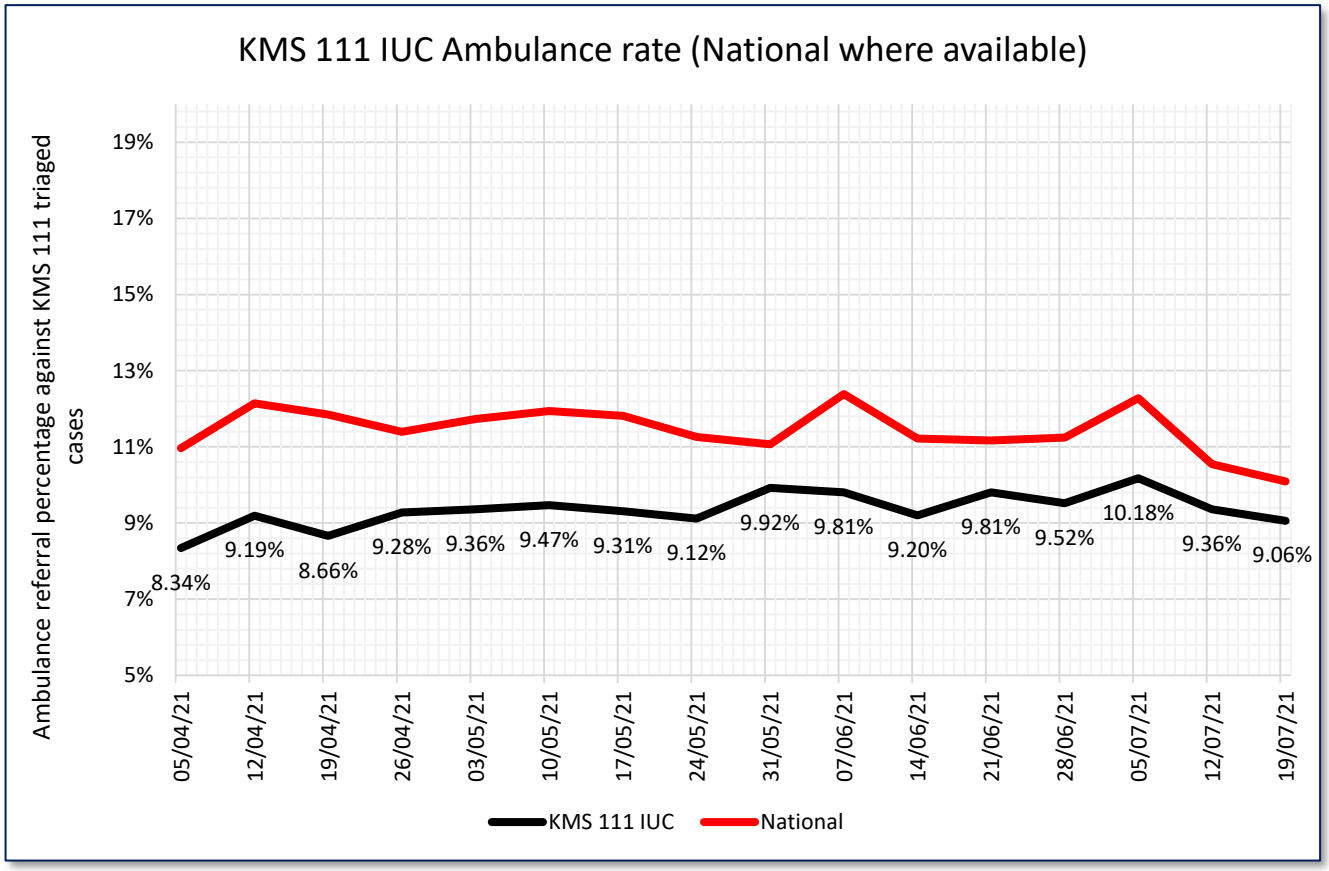
Appendix C – KMS 111 IUC - Calls offered and service Level



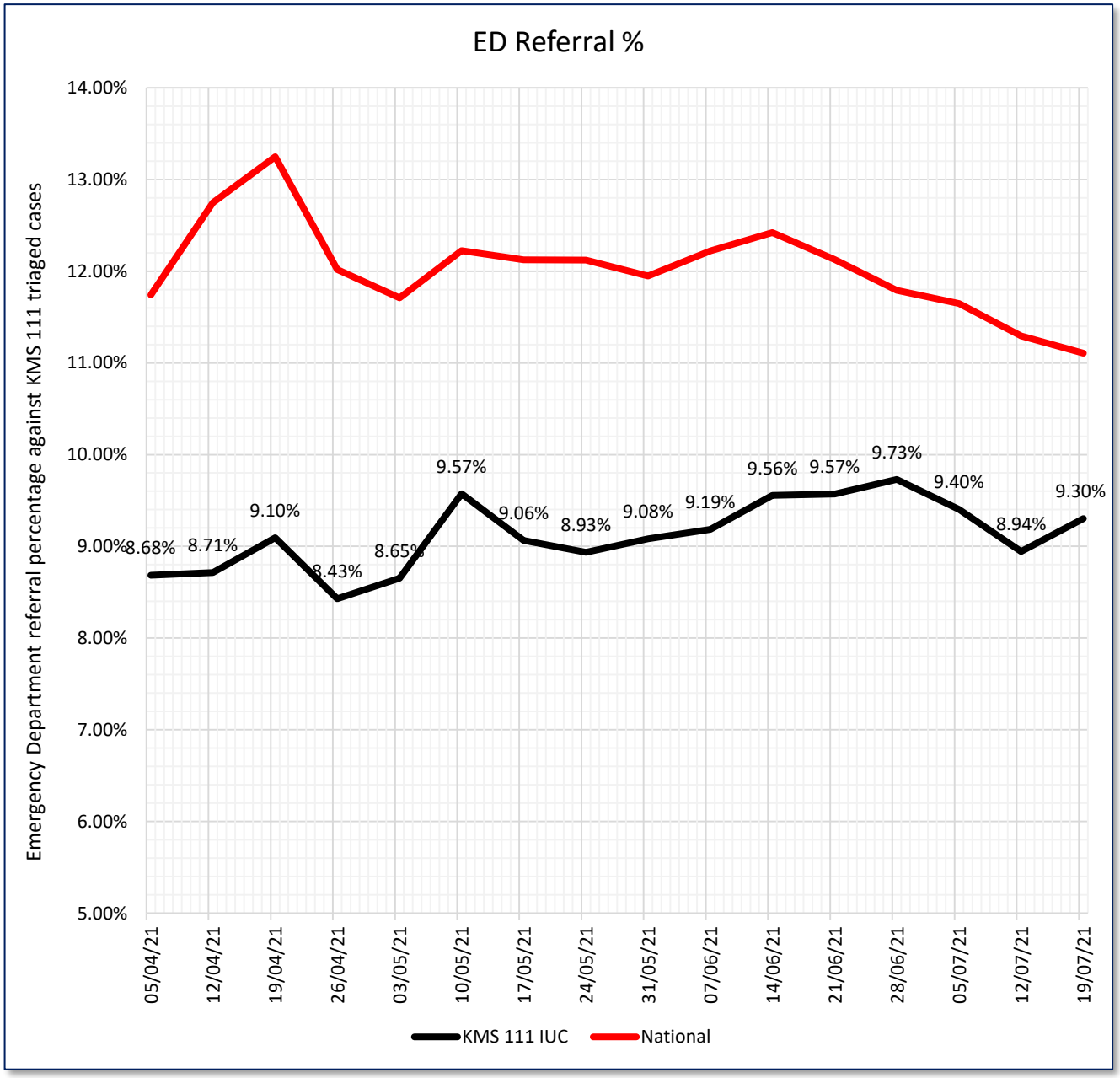
Appendix D – KMS 111 IUC - Clinical contact rate



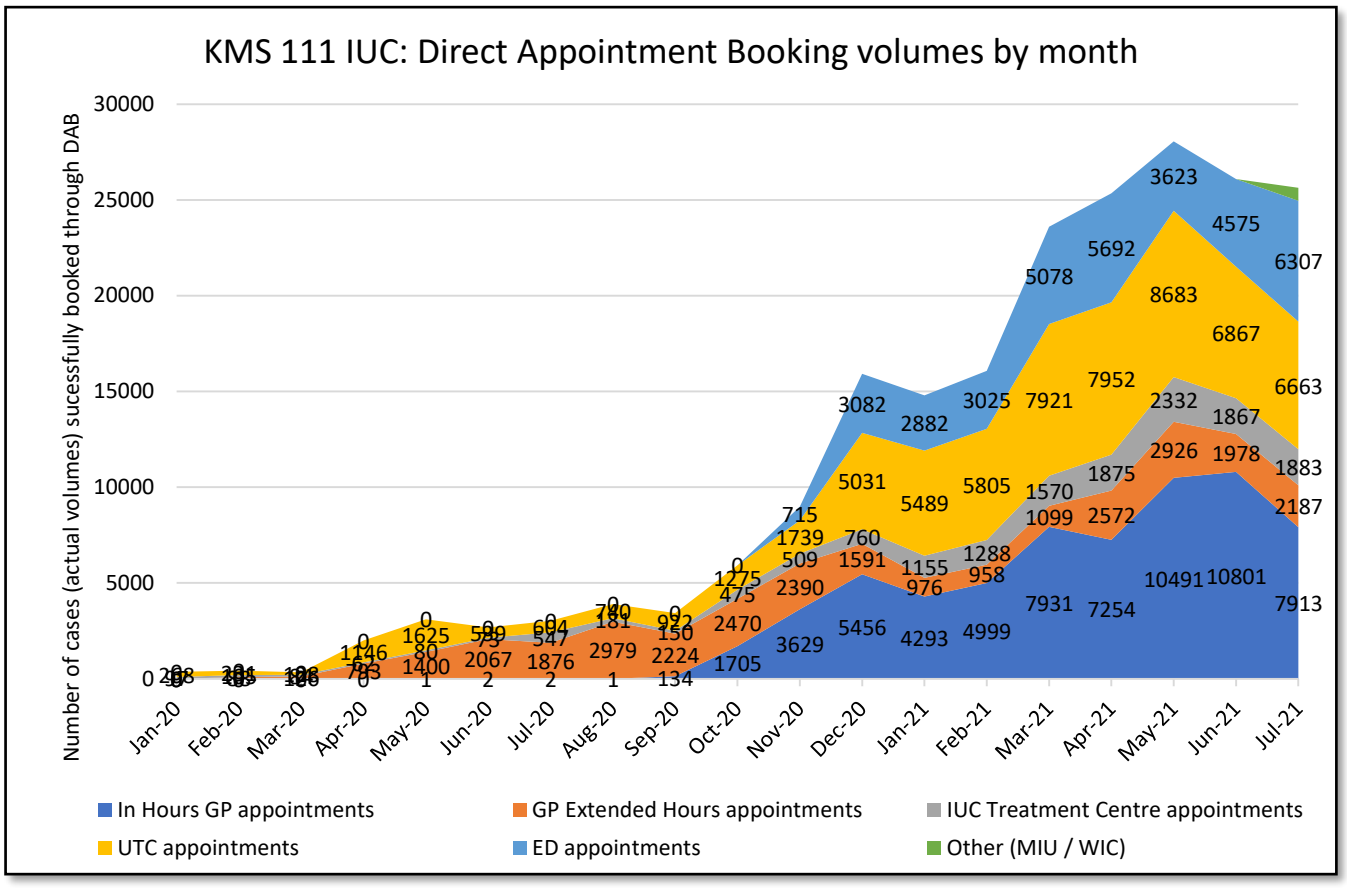
Appendix E – KMS 111 IUC - ambulance referral rate



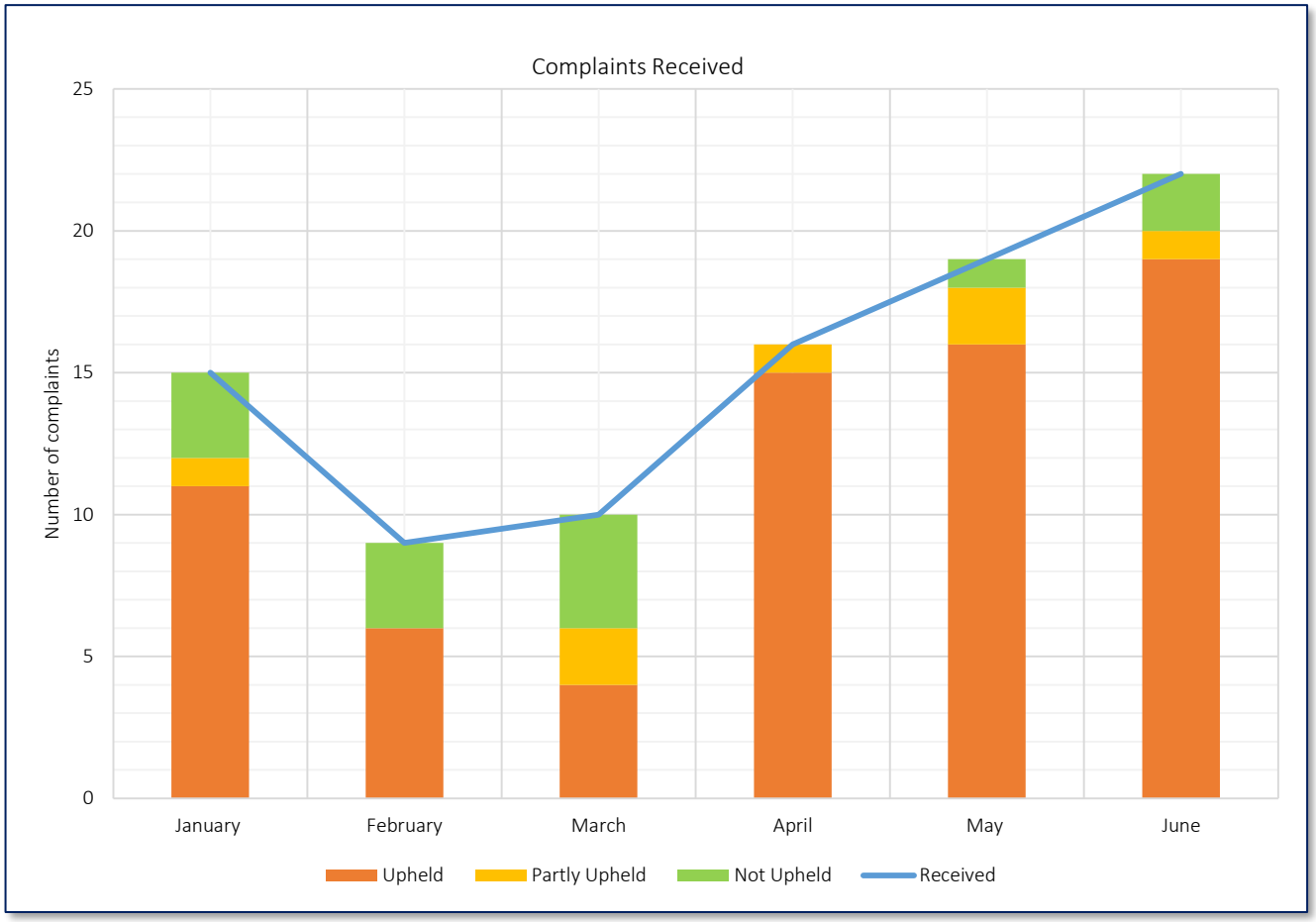
Appendix F – KMS 111 IUC - ED referral rate

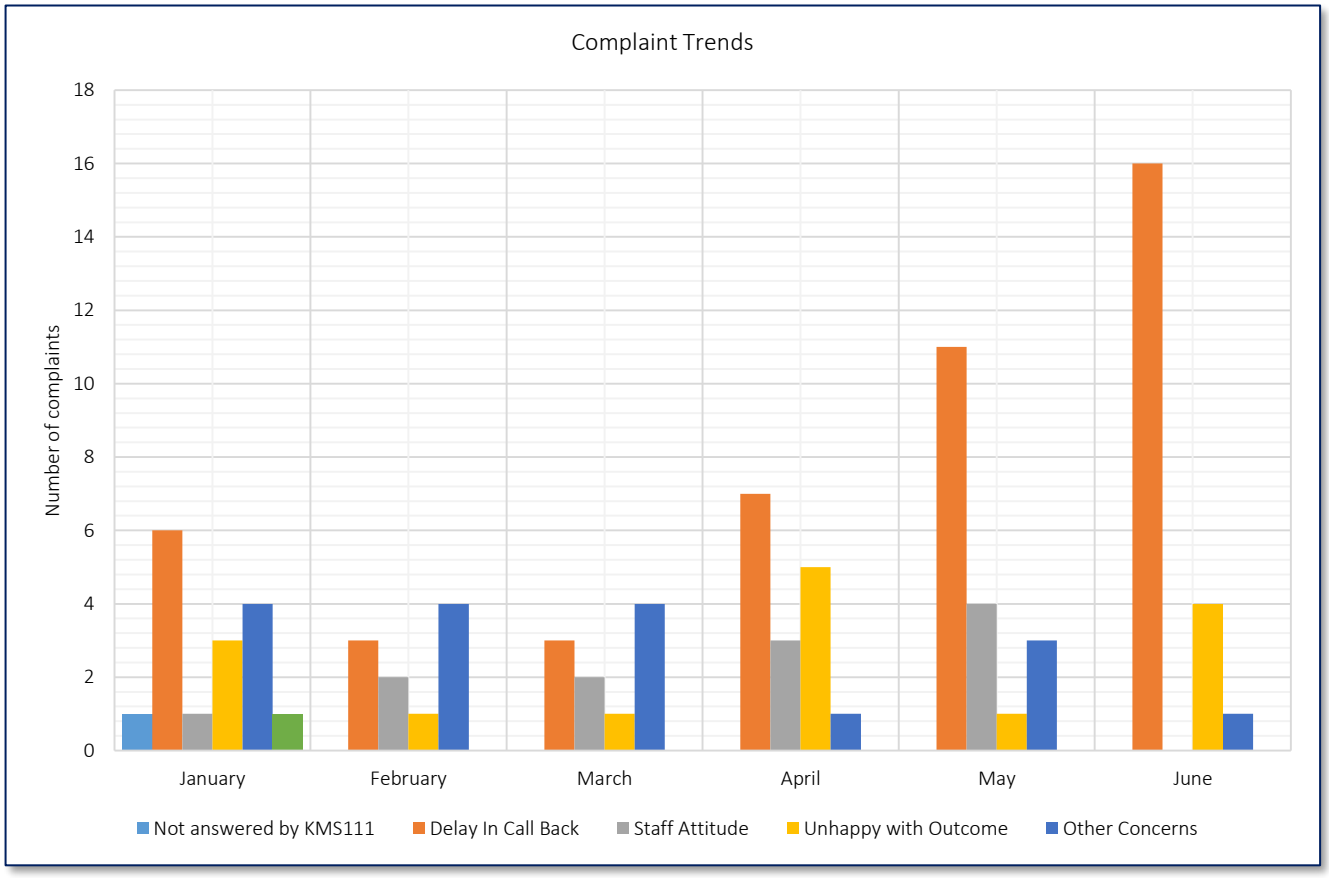


Appendix G – KMS 111 IUC - DAB by month



Appendix H – Patient satisfaction





Background papers

None

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1.0 Introduction

HOSC has requested an update on a three service areas within East Sussex that support local access to care including:

- The closure of Eastbourne Station Health Centre and related action to support access to services for local people
- The development of the Hastings Plaza service and;
- The temporary closure of the Crowborough Minor Injury Unit.

A summary update is included below on each of these areas.

2.0 Eastbourne Station Health Centre: background

The Governing Body of NHS East Sussex Clinical Commissioning Group agreed proposals to close the walk-in facility at Eastbourne Station Health Centre (ESHC) and support the registered patients to move to a new surgery (Victoria Medical Centre) at a meeting on 9 December 2020.

The Governing Body members agreed that improvements to local health and care services, and other developments to come, meant that this was the right decision for the local population.

The decision followed a comprehensive review and evaluation of feedback from the public consultation and from other organisations invested in providing care and support services to local people.

In making their decision, the Governing Body considered recent and on-going developments to further improve health services in Eastbourne.

The decision was then endorsed at the East Sussex Health Overview and Scrutiny Committee (HOSC) meeting on the following day (10 December) with clear recommendations to be taken into account as this work progressed.

Since this decision was taken we have continued to work with our local partners to address the detailed recommendations made by HOSC and the feedback we received from the public consultation.

2.1 Implementation

In line with our plans, the ESHC closed on 30 August 2021 and all patients previously registered with ESHC have been successfully transferred to Victoria Medical Centre.

Ahead of the closure, the CCG wrote to the registered patients in July with all the details about this arrangement, and a dedicated telephone number and email address for them to contact if they needed further assistance.

Victoria Medical Centre – a new, purpose-built GP practice which opened on 9 August – is located in Victoria Drive, Eastbourne. As this new facility is further away from the centre of town, a new branch surgery is being opened in the Beacon Centre, which is expected to be ready to start seeing patients this month.

The opening of the permanent branch surgery is later than originally expected due to unforeseen technical difficulties and building supply issues, so we have worked with the GP practice to ensure

there is an interim measure that makes sure there continues to be provision of general practice services in the town centre.

To offer provision in the town centre, as the ESHC closed, patients transferred to VMC who need to be seen face-to-face have the option of attending their appointments at either the main Victoria Medical Centre branch in Victoria Drive, or at its current vaccination service facility in the Beacon Centre. This is located on the ground floor of the Beacon Centre, Eastbourne and is a short-term temporary measure while work is completed at the permanent branch surgery, which will also be located on the ground floor of the Beacon Centre.

During the formal public consultation about the future of ESHC, concerns were raised about the future access to health services for vulnerable groups including homeless people and rough sleepers if the walk-in closed. In response to these concerns we commissioned the Homeless and Rough Sleepers Service (HRSS), which aims to meet the needs of this particular vulnerable group in Eastbourne linking into and working together with other services in Eastbourne and East Sussex designed to support their needs.

This service includes GP and community nurse drop-in clinics, taking place at least once a week. The Rough Sleepers Initiative nurse is, and will remain seconded from East Sussex Healthcare NHS Trust (ESHT) to maintain the links and support to this vulnerable group when they are discharged from hospital. This nurse will be embedded in the new service retaining the collaborative multi-agency model supported by the Ministry of Housing, Communities and Local Government (MHCLG). This service launched in early August 2021 and, from initial feedback and evaluation, is working well.

All of the services highlighted when we began our consultation into the future of Eastbourne Station Health Centre are still available to everyone, even if the means of access may have changed due to the COVID-19 pandemic – often via NHS 111 with a call-back from a service with a pre-arranged appointment time. This includes:

- Patients continue to have access to their GPs, through telephone, video and face-to-face appointments and Improved Access (evening and weekend appointments).
- The Urgent Treatment Centre (UTC) and A&E at Eastbourne District General Hospital continue to accept walk-in patients.
- Community pharmacies are open allowing patients to get their medication both over the counter and prescribed by a clinician.
- The Clinical Assessment Service (CAS) is an enhancement to the existing NHS 111 service. When a person rings 111 they are connected to a health advisor who uses a clinical decision tool called ‘NHS Pathways’ to understand their symptoms to determine the most appropriate support for them. This could be a referral to another service by a booked appointment, a home visit, advice, or the call being transferred to a clinician. The type of clinician a patient is referred to will depend on the patient need. The skill-mix of CAS includes GPs, paramedics, nurses, mental health professionals, midwives, and pharmacists. If during the call it becomes apparent that the patient needs emergency treatment, NHS 111 CAS can book an ambulance, which will then be dispatched via 999 to the patient.

2.2 HOSC recommendations

The HOSC made a number of helpful recommendations in response to the CCG's decision with regard to ESHC. The recommendations and how the CCG has ensured each of these has been addressed is included below for information.

Table 1. HOSC recommendations

	HOSC Recommendation	CCG Action
1	The CCG should liaise with the current provider at the appropriate time to understand what opportunities there are for potential employment of the ESHC staff to minimise any loss of available healthcare staff in the local system, and mitigate the impact on staff members themselves.	The CCG initiated and facilitated discussions between the provider of the ESHC service and the GP practice that was accepting the managed list transfer of registered patients to ensure that all staff from ESHC were offered the opportunity to work at the receiving practice. Some staff have transferred, others are remaining with the provider of the ESHC service and being re-deployed within that organisation.
2	The communications and engagement plan for Integrated Urgent Care must help improve residents' understanding of how they can access urgent care in their local communities. Communications should focus on the benefits of the new service to patients and should therefore emphasise the wider variety of booked appointments and the potential additional convenience of telephone and video consultations, for example: • The enhanced NHS 111-Clinical Assessment Service that includes where appropriate the ability to speak to a clinician via NHS 111 for initial medical advice and book a same day face-to-face appointment at either the Urgent Treatment Centre (UTC), their local GP, a Primary Care Improved Access Hub (PCIA) or a community pharmacy. • If people cannot attend a GP appointment during core hours, they have the option of attending early morning, evening and weekend appointments at a PCIA hub, or potentially their own GP practice both face-to-face or over a video or phone consultation • Patients can order urgent prescriptions over the phone via NHS 111 and have them delivered to a community pharmacy. • Patients with self-care illnesses can now book to see a pharmacist via NHS 111. Publicity about the above options for patients should begin well in advance of any closure of the ESHC to ensure people are aware of the new services available to them. The CCG should also encourage GP practices to inform their patients about these changes, for example, by placing advertisements in waiting rooms or on their websites and advising	A communications campaign to launch NHS 111 First in East Sussex began in October 2020, with staff, stakeholder and public messaging shared in the 'traditional' media, social media, partners websites and newsletters, and on site at our two main hospitals in East Sussex: Eastbourne District General Hospital and The Conquest Hospital in Hastings. The key messages include: • If you need urgent medical help, just call NHS 111. They can direct you to the right place and can book a time slot / appointment for services at our Emergency Departments or Urgent Treatment Centre; • By calling 111 first you are making sure you are going to the most appropriate service for your needs – getting the right care in the right place in a more timely way; • If you or someone you know is experiencing a medical emergency, you can still attend the Emergency Department or call 999. This messaging continues to be shared and developed alongside other communications – including our summer 2021 campaign Think Twice. These messages are run continuously to promote access to services such as GP appointments, community pharmacies, mental health support, etc. The CGG developed a signposting guide which is designed to help when having conversations with people about accessing health services in and around Eastbourne. It includes information about primary care, urgent and emergency care, and a wide variety of other support services. The guide includes information on how to access these services, including how to register with a GP practice as a temporary resident and how to

	patients when they call their GP practice about accessing 111, for example for an urgent prescription, if it is clinically appropriate to do so.	access language support services. The guide was used within ESCH to raise awareness before its closure, and with statutory and voluntary sector partners, local language schools, tourist information centres and the local hospitality industry. Practices also raise awareness of appointments outside of core hours and video and phone consultation opportunities.
3	The CCG should engage with Primary Care Networks to encourage them to consult with their Patient Participation Group (PPG), if they have not done so already, to find out what extended hours services patients would find most helpful, if current utilisation is low.	The CCG encourages this and most recently attended an additional meeting in July 2021 with the Eastbourne, Hailsham and Seaford PPG Forum to provide an update on the progress of the agreed mitigations and discuss experiences of GP Improved Access. PPG members offered support to disseminate communications to continue to raise awareness.
4	The CCG should investigates the feasibility of commissioning a drop-in clinical service for homeless and rough sleepers in the town centre ahead of the publication of its Decision Making Business Case.	This is in place as outline in the main body of his report.
5	The CCG should ensure that Care Navigators employed to assist people target any homeless and rough sleepers and advise them of the Rough Sleepers Initiative (RSI) and any other available services. Care Navigators should also ensure they focus on other vulnerable groups such as people living in temporary accommodation, young carers, or those with English as a second language to ensure they understand the new Integrated Urgent Care system and are confident they can access it. They should also be in a position to use social prescribing to help ensure vulnerable groups are supported to access non-clinical support from community based services.	The CCG has provided information to support signposting throughout the implementation of these plans and as well as people using ESHC being kept informed, this has been shared with a wide variety of stakeholders in line with section 2 of this table.
6	The CCG should contact language schools and ensure that they are aware they should advise their students to use 111 as the first point of contact if they feel ill.	The CCG sign-posting guide includes information about primary care, urgent and emergency care, and a wide variety of other support services. The guide has been shared with local language schools, tourist information centres and the local hospitality industry to enable them to support and inform their respective audiences.
7	If the decision is taken to close ESHC, the CCG should ensure that assistance is provided to help people register at a new GP practice. This includes:	The new Victoria Medical Centre (VMC) premises opened on 9 August 2021 and patients on the ESHC registered list were transferred by a managed list dispersal to the new practice on the

	• Ensure Care Navigators and letters to patients advise that the local practice they have been allocated will have a full range of primary care services available. • Ensure Care Navigators and any letters to patients explain patient choice and that people may choose a practice in the town centre or nearby to where they live. • Ensure the CCG Allocations team is able to assist with the potential influx of contact from patients registering at new practices and can help patients register at a preferred practice where it has a patient cap in place. • Ensure that the homeless patients registered at ESHC are all registered at new practices elsewhere in the town centre. • Ensure that the Care and Protect service and RSI can register homeless and rough sleepers at alternative town centre practices in the future.	27 August 2021. ESHC closed at 8 p.m. on Monday 30 August. VMC also has a branch surgery in the Beacon Shopping Centre in central Eastbourne. A letter to ESHC registered patients was sent out on the 21 July 2021. This included information on the dispersal of the registered list to VMC, how patients could access support via a dedicated CCG telephone number and, if desired, move to a different practice. Information and dates for a series of patient meetings with the team from VMC were also shared. These meetings were attended by over 250 patients. The events were led by GPs and other practice staff and were supported by members of the CCG. The CCG attended key forums including Eastbourne Access Group, Eastbourne Disability Group and East Sussex Seniors Association to update on progress, and to provide information on new services such as the branch surgery in the Beacon Shopping Centre. The CCG has set up a dedicated page on the Engagement HQ website to include all relevant information about the closure of ESHC and the dispersal of the registered list and this page will be regularly updated. Links to this page have been provided to key stakeholders and included in patient letters. The homeless and rough sleeper service incorporates functions previously carried out by the Care and Protect service. Homeless and rough sleepers who were registered at Eastbourne Station Health Centre automatically transferred to Victoria Medical Centre when Eastbourne Station Health Centre closed down. For any patients not wanting to transfer to Victoria Medical Centre they were free to register at another local GP practice. The Primary Care team at the CCG are on hand to support any patient who is seeking to register with an alternative GP practice. The homeless and rough sleeper provider is unable to register patients as it is not a GP practice, however it can encourage and direct homeless and rough sleepers to practices in

		Eastbourne with whom they can register. The provider has been informed that if the patient faces any barriers to registration then the Primary Care team at the CCG are on hand to support any patient requiring registration with a GP practice.

3.0 Hastings Station Plaza

The CCG previously proposed to develop and test a primary care led hub (PCLH) at Hastings Station Plaza from 1 December 2019 for a maximum period of 16 months. During this time, it was intended the CCG would finalise the service specification, the clinical model and formally commission the future hub to become operational from April 2021.

The proposal outlined our plans to develop and test a primary care led hub at Hastings Station Plaza, which best meets the care needs of local people, building on the previous WIC service and that through working with local people and stakeholders to test out revised opening hours and a new, more integrated model of care that takes into account the range of enhanced services that have been introduced since the establishment of the WIC (for example NHS 111 CAS, or Primary Care Improved Access which is already in place). This proposal follows a Proof of Concept framework that has been developed across the Sussex Health and Care Partnership to allow CCGs to develop services with local people, stakeholders and providers. During the testing phase, we began to test out our proposals, bringing together a wide body of patients, clinicians and other stakeholders to understand how our revised opening hours and clinical model is meeting the needs of local people and impacting on local services and to use this insight, alongside our knowledge of a local need and the development of local services, to inform our future service specification.

Since this work began, we have had to pause the testing stage as our local system has responded to the Covid-19 pandemic and ensure consistency of service provision available for local people. We continued to offer a service at Hastings Station Plaza 7 days a week, including bank holidays (08.00 – 18.30 Monday to Friday and 08.00 – 20.00 at weekends). This offers treatment for conditions such as wound care, skin complaints, minor illnesses and infections, signposting and navigating people to local services and supporting people to register with a local GP. The testing work is now restarting.

We have undertaken an Equality Health Impact Assessment for the Proof of Concept service which identified three vulnerable patient groups: Veterans, Single parent families, Homeless and Rough sleepers. The CCG, provider and other key stakeholders are working together to develop new care pathways that meet the health needs of these groups as well as the needs of our wider community. Further engagement is planned for September to establish links and foster integration with local stakeholders. With the easing of lock down restrictions and in line with the CCGs commitment, we plan to trial dedicated clinics (for at least one of the vulnerable patient groups initially), working closely with agencies supporting them. This will feed into a wider design with the aim of finalising a specification for the service by winter 2021. In the meantime, the current service offer remains in place and we will continue to update HOSC on progress.

4.0 Crowborough Minor Injury Unit

System partners recently took the decision to temporarily close Crowborough Minor Injuries Unit (MIU) from Sunday 15 August for an estimated period of eight weeks. This has been communicated

widely. This decision was taken because of the extreme pressure that healthcare services are currently facing in Sussex, and in particular the challenges around the adequate safe staffing of services. The closure of Crowborough MIU has enabled enable staff to be redeployed to the Uckfield MIU and Lewes Urgent Treatment Centre (UTC), ensuring that people are still able to access urgent treatment in the local community. Patients who are seeking help with minor injuries are being encouraged to call NHS 111 first, where trained clinical staff will be able to advise which service is most appropriate for them. No other services at Crowborough War Memorial Hospital are affected by this. The CCG will ensure HOSC is updated as this reopens.

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**23 September 2021**
By:	**Assistant Chief Executive**
Title:	**Redesigning Inpatient Mental Health Services in East Sussex**
Purpose:	**To consider the HOSC Review Board's draft report on NHS proposals to move mental health inpatient services, which are currently provided at the Department of Psychiatry in Eastbourne District General Hospital, to new facilities to be built on a different site at either Bexhill or Hailsham.**

RECOMMENDATIONS

The Committee is recommended to:

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

1. Background

1.1. On 10th June 2021 the HOSC considered a report by the East Sussex Clinical Commissioning Groups (CCG) in partnership with Sussex Partnership NHS Foundation Trust (SPFT) on the proposal to move mental health inpatient services from the Department of Psychiatry to new facilities to be built on a different site at either Bexhill or Hailsham.

1.2. The Department of Psychiatry is located at the Eastbourne District General Hospital and contains three wards with a total of 54 beds of which 40 are dormitory beds. Two of the wards are dormitory wards with 18 beds each and the other is a mixture of four dormitory beds and 14 single bedrooms with shared bathrooms.

1.3. The Government announced £400m of funding in October 2020 for the eradication of dormitory wards. SPFT, supported by the CCG, successfully applied for funding of £46.67m to replace the Department of Psychiatry by March 2024 with a new facility containing 54 single ensuite bedrooms.

1.4. Following an options appraisal of a number of potential sites, the CCG and Trust agreed to consult on two possible sites for the new facility: a greenfield site off Mount View Street, North East Bexhill-on-Sea; or Amberstone Hospital, near Hailsham. Bexhill is the CCG and Trust's preferred option.

1.5. The Committee resolved that the proposals constituted a 'substantial development or variation to services' requiring formal consultation by the CCG with HOSC in accordance with health scrutiny legislation.

1.6. HOSC established a Review Board to consider the evidence in relation to the proposed closure and replacement of the Department of Psychiatry and prepare a report and any recommendations as the Committee's response to the consultation. The Board comprised Cllrs Belsey, Mrs Barnes, Robinson and Turner, and Jennifer Twist; the Review Board elected Cllr Belsey as the Chair.

1.7. The Review Board considered a wide range of written and oral evidence from NHS and other witnesses and agreed a draft report and recommendations, which is included as **Appendix 1** to this report.

1.8. Due to the timings of the HOSC meetings, the analysis of the separate public consultation by the CCG has not been completed ahead of this HOSC meeting, although some initial insights were provided to the Board. It is recommended, therefore, that HOSC agrees that the Review Board finalises the report having considered the outcome of the public consultation when this is available.

2. Conclusion and reasons for recommendations

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

PHILIP BAKER
Assistant Chief Executive

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Scrutiny Review of the proposal to redesign Inpatient Mental Health Services in East Sussex

Report by the Health Overview and Scrutiny Committee (HOSC) Review Board

Councillor Colin Belsey (Chair)

Councillor Mary Barnes (District representative)

Councillor Christine Robinson

Councillor Mike Turner (Borough representative)

Jennifer Twist (Community and voluntary sector representative)

September 2021

Health Overview and Scrutiny Committee (HOSC) – 23rd September 2021

Scrutiny Review of the proposal to redesign Inpatient Mental Health Services in East Sussex

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Recommendations

1	**The Committee endorses the reasons for developing a new inpatient mental health facility to replace the Department of Psychiatry. In particular:** • **that dormitory wards are outdated and should be replaced with a like for like number of single en suite rooms in a new facility with sufficient indoor and outdoor therapeutic facilities;** • **that the current location of the Department of Psychiatry is not a suitable site to develop a new inpatient facility with these criteria;** • **that a long term goal of creating a single centre of excellence is the preferred model that East Sussex Clinical Commissioning Group and Sussex Partnership NHS Foundation Trust should develop; and** • **that both Bexhill and Amberstone sites could be viable sites for the replacement of the Department of Psychiatry and also offer the potential to accommodate a centre of excellence in the future.**
2	**The Committee recommends that whichever site is chosen for the new inpatient mental health facility, the East Sussex Clinical Commissioning Group and Sussex Partnership NHS Foundation Trust should take steps to ensure the following:** • **be prepared to work with NHS England for a solution to any funding constraints well in advance should prices appear to be increasing dramatically and risking the viability of the scheme;** • **develop a design that takes advantage of high levels of modern methods of construction in order to ensure speedier construction and improved carbon footprint;** • **move forward with the construction of whichever site is chosen as soon as is reasonably practicable, for example, finalising the design of the building; pre-ordering as many prefabricated elements as possible; and submitting a planning application by Spring 2022;** • **ensure that the travel and access needs of patients, staff, families and carers are addressed as far as is practicable via the Transport and Travel Review Group;** • **ensure service users and their families and carers are involved in the more detailed design process, including ensuring that the new site has a range of digital communications available to enable patients to contact their families and carers;** • **produce a travel and transport strategy during the planning process that offers adequate parking for staff, families and carers, whilst being compliant with the local authority's planning requirements and which includes charging points for electric vehicles;** • **once a site has been agreed, investigate the possibility of new bus stops with the appropriate organisations, such as Stagecoach and East Sussex County Council;** • **develop a clear inter facility transfer agreement with South East Coast Ambulance NHS Foundation Trust to ensure patients are transferred from**

	acute sites to mental health inpatient wards in a timely manner as soon as is reasonably practicable; • **ensure the Urgent Care Lounge at the Department of Psychiatry is replaced on site at the EDGH once the Department of Psychiatry closes; and** • **continue to review demand for inpatient services and take steps to mitigate demand wherever possible.**

Background

1. Sussex Partnership NHS Foundation Trust (SPFT) provides a range of mental health services for the residents of East Sussex. This includes 136 inpatient mental health beds located across four different sites comprising 108 beds for working age adults, older people and dementia patients and 28 rehabilitation beds.

2. Two of the sites – the Department of Psychiatry (DoP) at Eastbourne District General Hospital (EDGH) and St. Anne's Centre at Conquest Hospital, Hastings – contain dormitory style wards. 40 of these beds are at the DoP and 16 are at the St. Anne's Centre.

3. In October 2020, the Government announced its National Eradicating Dormitory Programme that included more than £400 million capital funding over the next four years to eradicate dormitory accommodation from mental health facilities across the country and replace them with single ensuite bedrooms to "improve the safety, privacy and dignity of patients suffering with mental illness."[1]

4. In December 2020, SPFT, supported by East Sussex Clinical Commissioning Group (CCG), applied to the Department of Health and Social Care (DHSC) for capital funding to eradicate its dormitory style beds and replace them with sufficient capacity in modern, compliant accommodation. The DHSC confirmed a funding allocation of £46.67m for the replacement of the DoP which must be spent by March 2024.

5. The CCG (as the responsible NHS organisation) attended the Health Overview and Scrutiny Committee (HOSC) meeting on 4th March 2021, along with representatives of SPFT, to advise the Committee of the proposals to close the DoP and replace it with a new inpatient mental health site somewhere in the county. The CCG could not yet say where this would be, as the options appraisal process was not yet complete.

6. Following the completion of its options appraisal process, the CCG returned to the HOSC at its meeting on 10th June to provide a summary of its Pre-Consultation Business Case (PCBC) and consultation plan, titled Redesigning Inpatient Services in East Sussex (RIS:ES). The CCG proposed to close the DoP and build a new inpatient mental health unit at either a green-field site in Bexhill-on-Sea, or at Amberstone Hospital near Hailsham, with the Bexhill site its preferred option. The CCG announced the replacement of the DoP would be the first stage in a wider long-term vision to create a new, single 'campus' site to provide care for a range of mental health needs, although only stage one would be carried out for now. The CCG planned to run a public consultation for 12 weeks from 14th June to 6h September on the proposed relocation of the services provided at the DoP.

7. The HOSC agreed the proposals constituted a substantial variation to services requiring formal consultation with the Committee under health legislation. HOSC established a Review Board to carry out a detailed review of the proposals and produce a report and recommendations on behalf of the Committee. The Review Board comprised Councillors Colin Belsey, Mary Barnes, Christine Robinson and Mike Turner and a community and voluntary sector representative, Jennifer Twist. The Review Board elected Cllr Belsey as the Chair.

8. The Review Board carried out the majority of its review during August 2021. This report sets out the evidence the Board considered, along with its conclusions and recommendations, and will be submitted to the CCG for consideration at its Governing Body meeting on 1st December 2021.

[1] *"Over £400 million pledged to remove dormitories from mental health facilities*", GOV.UK, October 2020

1. The proposals for the future of the Department of Psychiatry

National plans to eradicate dormitory wards

9. Inpatient mental health beds are used by patients experiencing a mental health crisis, such as severe depression or suicidal behaviour, where staying in hospital – rather than being treated in the community – may be the best way to keep them safe and provide them with the level of treatment they need.

10. Patients will usually be admitted to a bed nearby to where they live, however, they may be admitted further away if there are no available beds nearby; they require more specialist treatment, such as for eating disorders; or they require admission to a Psychiatric Intensive Care Unit. Lack of available beds leading to out of area placements for patients who require non-specialist acute beds is a longstanding issue. The NHS Long Term Plan made a commitment to end acute out of area placements by 2021[2].

11. Some patients who are admitted to an inpatient ward will be admitted to a dormitory ward. Dormitory wards are wards where two or more patients share the same bedroom. Since 2000, all new-build acute mental health units have been required to incorporate single bedrooms, ideally with ensuite facilities, however, the Care Quality Commission (CQC) reported in 2019 that 25 of the 51 mental health trusts still have dormitory wards, amounting to around 1,176 beds, or 7% of the total number of inpatient beds. SPFT was ranked fifth highest in total number of dormitory beds.[3]

12. There has been a steady increase in calls for eradicating dormitory wards in recent years due to their effect on the wellbeing of mental health patients who are made to sleep in the same space as other mentally unwell patients. For example:

- The CQC said of the continued existence of dormitory wards in its report *The state of care in mental health services 2014 to 2017*: "In the 21st century, patients, many of whom have not agreed to admission, should not be expected to share sleeping accommodation with strangers – some of whom might be agitated. This arrangement does not support people's privacy or dignity."[4]
- The *Modernising the Mental Health Act – final report from the independent review* in March 2019 recommended "All existing dormitory accommodation should be updated without delay to allow patients the privacy of their own room".[5]
- The Royal College of Psychiatrists published a report titled *Next Steps for Funding Mental Healthcare in England: Infrastructure* in August 2020 that included an action for "NHS mental health trusts to replace dormitory accommodation with single en-suite rooms"[6]

13. Many mental health trusts have been unable to replace dormitory wards with more appropriate facilities due to national constraints on capital funding. The NHS Long Term Plan published in 2019 promised to act on the Modernising Mental Health Act review and recognised

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[2] NHS Long Term Plan, NHS England, January 2019, p.71

[3] "*Exclusive: Hundreds of patients kept in 'distressing' dormitory-style wards"*, Health Service Journal, 17 June 2019

[4] The state of care in mental health services 2014 to 2017, Care Quality Commission, 2017, p.43

[5] Modernising the Mental Health Act: Final Report of the Independent Review of the Mental Health Act 1983, GOV.UK, December 2018, p.157

[6] Next Steps for Funding Mental Healthcare in England: Infrastructure, Royal College of Psychiatrists, 6 August 2020, p.14

"capital investment from the forthcoming Spending Review will be needed to upgrade the physical environment for inpatient psychiatric care".[7]

14. In June 2020, the Government announced, as part of a £1.5bn NHS capital programme, up to £250m of funding for 2020/21 to progress the replacement of mental health dormitories with single bedrooms in England. In October 2020, the Government announced a further £400m over four years for eradicating dormitory wards. The news was welcomed by the President of the Royal College of Psychiatrists[8] and by the mental health charity, Mind.[9]

15. In December 2020, SPFT, supported by the East Sussex CCG, applied to the DHSC for a share of the £400m capital funding to eradicate its dormitory style beds and replace them with sufficient capacity in modern, compliant accommodation. The DHSC confirmed a funding allocation of £46.67m for the replacement of the DoP with a new site at either Bexhill or Hailsham comprising 54 single bed ensuite rooms. The building must be complete by March 2024.

16. SPFT has received separate funding of £3.28m over three years to turn St Raphael Ward at Conquest Hospital into single bedrooms with ensuites by expanding it into the adjacent and empty St. Gabriel ward. This process will be undertaken separately and is not subject to the public consultation or HOSC review, as it is the upgrading of an existing ward.

Comment of the Review Board

17. The Review Board agrees with the principle that dormitories are outdated and not suitable places to care for people who are mentally unwell. There is a clear national priority to eradicate dormitories and funding has been made available for this purpose. The Board congratulates the Trust on receiving capital funding to replace all of its remaining dormitory beds with new, single ensuite rooms.

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[7] NHS Long Term Plan, NHS England, January 2019, p.71

[8] *"Over £400 million pledged to remove dormitories from mental health facilities*", GOV.UK, October 2020

[9] "*Mind responds to PM's commitment to close mental health dormitories*", Mind, 30th June 2020

Department of Psychiatry

18. SPFT provides 136 inpatient beds across East Sussex as set out in the table below.

Location	Name	Service	Gender	Current beds
Uckfield Hospital, Uckfield	Beechwood Unit	Dementia Treatment Unit - short-term inpatient care for people with dementia	Mixed	15
Eastbourne District General Hospital, Eastbourne	Department of Psychiatry	Amberley Ward - inpatient care for adults with mental health problems	Female	18
		Bodiam Ward - inpatient care for adults with mental health problems	Male	18
		Heathfield Ward - inpatient mental health care for older people or those with additional physical and wellbeing needs	Female	18
Conquest Hospital, St Leonards-on-Sea	St Anne's Centre	St Raphael Ward - acute mental health ward for older people or those with additional physical and wellbeing needs	Mixed	16
	Woodlands	Abbey Ward - inpatient care for adults with mental health problems	Female	14
		Castle Ward - inpatient care for adults with mental health problems	Male	9
Amberstone Hospital, Hailsham	Amberstone	4 wards for assessment and active rehabilitation for working age adults with severe enduring mental illness.	Mixed	28
Total beds				136

10

19. 56 of these beds, or around 40%, are dormitory style beds. The DoP, which is located on the Eastbourne District General Hospital (EDGH) campus, contains 40 of the dormitory beds. The DoP's 54 beds are spread across three wards, of which two wards, Bodiam and Heathfield Wards, are solely dormitory wards with 18 beds each; whilst Heathfield Ward is made up of four dormitory beds and 14 single rooms with shared bathrooms. The remaining 16 dormitory beds are in the St Raphael Ward at the St Anne's Centre in the Conquest Hospital, Hastings.

20. In addition to the three wards, the DoP contains:

- internal communal space;
- external space consisting of two small, mostly concrete, internal courtyards. One is used as a growing garden and the other has no greenery;
- a small family meeting space;

[10] [10] Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.42

- a small Multi-disciplinary Team meeting room;
- an Electroconvulsive Therapy (ECT) suite;
- a health-based places of safety (HBPOS); and
- an Urgent Care Lounge (UCL).

21. There are approximately 165 members of staff, including acute and facilities staff, currently working at the DoP and the annual budget is £8.243m.

22. In addition to the DoP, the EDGH also hosts several other mental health services such as outpatient appointments, including for Child and Adolescent Mental Health Services (CAMHS); a Mental Health Liaison Team in the ED; and a Crisis Resolution Home Treatment Team (CRHT).

Patient admission to the Department of Psychiatry

23. The DoP is an acute service, so a patient will be admitted to the DoP to be looked after for a short period of time when they can longer be safely managed by other SPFT services in the community, for example, if they have relapsed due to coming off medication, started taking drugs, or they are presenting with psychosis for the first time.

24. Not all patients are a risk to themselves when they are admitted, but some will be, and some will be a risk to others. They will either be admitted voluntarily, or will be detained there under the Mental Health Act based on the decision of a consultant psychiatrist. Voluntary patients will be admitted from a number of locations, including from the Emergency Department (ED) at the EDGH, where they may be assessed by the Mental Health Liaison Team once their physical needs have been met; by the community mental health teams; or from a referral by a GP. Patients cannot be admitted without a referral from a clinical professional, so a patient wishing to be admitted could not just travel to the DoP and ask for admission. Any patient who is admitted to the DoP from elsewhere will be taken there via secure transport provided by South East Coast Ambulance NHS Foundation Trust (SECAmb).

25. Patients at the DoP will have access to a range of talking therapies and medication and access to trained staff. There are also indoor and outdoor therapeutic treatments to aid them in their recovery. Electroconvulsive Therapy (ECT) may also be available as a third-line treatment in a very small number of cases following approval by a consultant psychiatrist and under strict oversight from a consultant, nurse and anaesthetist.

26. An inpatient unit is never the best place for someone to be long term, particularly when it is a dormitory ward where people may struggle with the lack of privacy. The national average length of stay in an acute mental health ward is 32 days.[11] Patients will only stay at an inpatient ward until they can once again be more safely managed in the community. When a patient is close to being ready to be discharged, the CRHT will help facilitate their timely discharge back home or to a family home, usually after three or four weeks. If a patient has a social care or housing requirement, then during the course of the stay someone from the East Sussex County Council assessment team will visit the patient to ensure a discharge plan is in place and emergency accommodation is available for them.

27. Once a patient has been discharged, they will be referred to a Community Mental Health Team, or, if it was an admission for psychosis, the Early Intervention in Psychosis Team. Only a very small proportion of patients are discharged back to the community without follow up care, as the majority are unwell enough to have been admitted in the first place, particularly those detained under the Mental Health Act.

[11] NHS Mental Health Implementation Plan 2019/20 – 2023/24, NHS England, July 2019, p.6

28. The Board heard from SPFT that where possible patients will be admitted as close to home as possible, unless they require more specialist services, or a bed is not available nearby. This means that patients from West Sussex would not normally be admitted to DoP unless provision in Worthing, Chichester or Crawley was full. Likewise, patients in Hastings would most likely be transferred to the Woodlands at Conquest Hospital in the first instance and patients in the Havens area would go to Mill View in Hove.

29. The Board saw evidence of the number of patients admitted to the DoP during the past two years and the location of where they are admitted from. The table below shows that although the DoP is in Eastbourne, only around 20% of patients admitted there are from Eastbourne and around 50% are from East Sussex.

	2018/19		2019/20	
	Number of Patients	**%**	**Number of Patients**	**%**
Brighton and Hove	38	6%	69	10%
Eastbourne	123	19%	139	21%
Lewes	59	9%	54	8%
Wealden	79	12%	76	11%
Hastings	53	8%	44	7%
Rother	25	4%	24	4%
West Sussex	46	7%	80	12%
Not known	231	35%	182	27%
	654		668	

Concerns about the Department of Psychiatry

30. The Trust and CCG have been clear in their PCBC and in their evidence to the Board about the shortcomings of the DoP. Dr Hamid Naliyawala, Consultant Psychiatrist at SPFT described the DoP to the Board as being already old fashioned when it opened 30 years ago and that it was from a safety, quality, patient and staff perspective not fit for purpose.

31. Dr Naliyawala, as well as other representatives of the Trust and the CCG described to the Board some of the many issues with the DoP in relation to the dormitory wards themselves; the indoor and outdoor therapeutic and communal spaces; and the layout of the building itself. Some of these issues are also detailed in the PCBC.

Issues with the dormitory wards

32. The Board heard that:

- patients are often upset and distressed about the quality of the facility, complaining on a daily basis about their sleep being affected by other patients; a lack of decency and privacy; and having to share rooms with other patients without personal toilet facilities;

- some patients have described the ward as a 'hostile environment', especially if it has a number of young males with a history of drug problems present on the wards;
- very unwell patients may not be admitted to the DoP due to the impact sharing a sleeping space with other patients may have on them, meaning admissions could be needed further afield;
- maintaining separate male and female wards is difficult as patients need to leave bedrooms to access sanitary facilities or outdoor space; and
- on occasion women cannot be admitted as the female dorm ward is full but there is space on the men's ward, or vice versa. This results in the DoP being 'full' when not all beds are occupied.

Lack of outdoor space

33. The Board heard that:

- outdoor communal spaces are limited in size and quality – lacking adequate gardening and exercise space – and are shared between male and female inpatients meaning they may be out of bounds to half the patients at any one time as patients need to remain segregated, more often than not for female patients; and
- because there is little outdoor space, some patients cannot go outside at all until they receive Section 17 permission to leave the hospital, resulting in them being inside in a confined environment for sometimes up to two weeks.

Lack of adequate indoor therapeutic space and other communal services

34. The Board heard that:

- there is a shortage of indoor therapy spaces such as counselling rooms to help patients' recovery and outcomes;
- there are no sensory rooms to provide a calmer environment for patients on the autistic spectrum;
- there are no purpose built de-escalation facilities and no private bedrooms (for working age patients) meaning the communal patient lounges sometimes have to be used as a makeshift private space for patients in distress, which closes them off to the other patients;
- it lacks a dedicated medical room;
- the family visiting room and multi-disciplinary team rooms are undersized; and
- food is heated up on site rather than prepared, although the Trust ensures it is balanced nutritionally and is prepared using safe infection control methods.

Issues with the layout of the building

35. The Board heard that:

- the layout of the facilities makes clinical management of patients more difficult and risky, as they are often out of line of site of staff; and

- whilst the wards are segregated by gender, patients upstairs must be escorted downstairs through the other ward to get outside. [12]

36. Due to the issues described above, the PCBC describes how the DoP does not adequately meet the needs of patients with protected characteristics, for example, cognitive impairment such as those on the dementia and autism spectrums or with learning disabilities; wheelchair users or bariatric patients; and the transgender and non-binary population. [13]

37. On the other hand, the Board did see that there was some stakeholder support for dormitory-style beds on the grounds that they "can work for some individuals as they are less isolating and enable social interaction".[14]

Comments of the Board

38. The Board notes that patients may be admitted to the DoP from a number of locations around East Sussex and possibly from elsewhere in Sussex when SPFT does not have beds available more locally.

39. The Board agrees with the SPFT and CCG assessment, and concerns from patients, that the DoP is no longer fit for purpose due to its dormitory wards and inadequate therapeutic space and should be replaced.

Proposed options for replacing the Department of Psychiatry

40. The CCG and Trust have received capital funding to replace the DoP with a like-for-like facility containing 54 single ensuite rooms by March 2024. In addition to this initial first stage of replacing the DoP, the CCG and Trust have a longer term vision to develop the new site as a single 'campus' site containing all of their inpatient mental health beds. It is hoped this campus would become a "leading centre for mental health services to achieve outstanding outcomes for patients, and excellent teaching and research opportunities".[15]

Choice of site

41. In order to find a suitable site for the new facility, the CCG undertook an options appraisal of 17 potential sites across East Sussex against a range of factors including location, size, tenure, availability and timing, access, transport links, sustainability, and flexibility. The assessment aimed to find a site capable of taking all phases of the single campus site, not just the DoP. This meant smaller sites were excluded as this would, by default, mean that the option to create a single site option in the future would be excluded.

42. The CCG shortlisted four possible sites and after more in-depth analysis concluded that there were two viable sites for the new inpatient facility:

- A greenfield site off Mount View Street, North East Bexhill, Bexhill-on-Sea.
- Amberstone Hospital, near Hailsham.

43. The Bexhill site is the CCG and Trust's preferred site, but the Amberstone Hospital site could meet most of what they hope to provide so is a viable alternative site. The Board asked

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[12] Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.46-7 // Discussions with SPFT and CCG representatives, 11 & 24 August

[13] Ibid. p.46-47

[14] Ibid.

[15] Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

why Bexhill would be the preferred site when it already owns the Amberstone site and was told the Bexhill site is larger, at 6-7 acres, and more topographically flat, making it less constrained and less complex to develop and so overall less expensive. More importantly, the health and wellbeing outcomes from the ability to develop larger parking and garden spaces on the Bexhill site, as well as the ability to develop the site long term, would be much greater, so the price differential is an important but not a determining factor.

44. The Board also asked whether the DoP could be refurbished, however, this was not possible because "direct access to gardens is recommended for Mental health inpatients and is considered to be a major contributor to recovery, which mean a much larger building footprint is required"[16]. ESHT is redeveloping the entire site as part of the funding it is receiving through the Health Infrastructure Plan and there would not be space to accommodate a larger DoP on the current site. ESHT confirmed it "welcome[d] the opportunity and the benefit arising from greater control/flexibility arising from the vacation of the DoP that ESHT will have".[17] The Chief Executive of the Trust explained to the HOSC at its March 2021 meeting 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".[18] The Board understands the DoP must be vacated by 2026 to make way for the acute hospital rebuild.[19]

45. The Board also understands that one of the two discounted options from the shortlist of four was a site in Lottbridge Drove, Eastbourne, i.e., a replacement site relatively close to the DoP. This was discounted, however, because "planning and environmental restrictions would have made development too costly and would have taken too long to implement".[20]

Services on the new site

46. The Board understands that the new site would provide the following services:

- 54 single ensuite rooms for patients;
- indoor therapeutic spaces including counselling rooms, purpose built de-escalation facilities and sensory rooms;
- separate indoor communal facilities for men and women so there will not be a need to share communal space;
- other social spaces including a gym, spiritual space, freshly cooked food facilities, art rooms, and assisted daily living kitchen;
- outdoor therapeutic space for gardening and other activities with easy ground floor access;
- onsite medical nurses and a pharmacy;
- onsite ECT treatment; and
- more space for parking for staff and visitors.

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[16] Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

[17] ESHT's briefing to HOSC Review Board, 20th August 2021

[18] Minutes of the HOSC Meeting, 4th March 2021

[19] Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021, East Sussex CCG & SPFT

[20] Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021 p.17

Benefits of the new site to patients

47. The Board heard that the new ensuite single rooms and therapeutic environment, on whichever site is chosen, should help improve patient outcomes and reduce re-admission rates within 28 days of discharge[21]. The CCG and Trust conducted an Equality and Health Inequalities Impact Assessment (EHIA) that showed that overall the impact of the proposal was assessed as positive for all patient groups and all the protected characteristics will benefit from improved facilities.[22] The CCG and Trust also produced a Quality Impact Assessment (QIA) that showed the proposals represent a positive impact across all three areas of safety, effectiveness and experience[23]

48. In terms of specific benefits, the EHIA and QIA listed a number of benefits from the provision of en-suite bedrooms, including that they will:

- enhance the privacy and dignity of patients;
- enable all patients to meet with visitors, de-stress, eat, practise any religious or spiritual activities, control light and noise with their private space and avoid disturbance from other patients.
- improve infection and prevention control;
- provide flexible accommodation that can cope with changes in demand; [24]
- improve safety through fewer safeguarding and reportable incidences due to improved lines of sight.

49. The EHIA and QIA also identified that provision of improved indoor and outdoor therapeutic and communal spaces should help:

- provide a calmer environment for patients and help ensure that no patient feels isolated;[25]
- benefit those with religious beliefs though dedicated and improved spiritual spaces;
- benefit those with disabilities through compliant space with sensory rooms, appropriate lighting, better acoustics, accessible bathrooms and rehabilitation kitchen spaces;
- enable the wellbeing of all through fresh cooked food and enable a culturally diverse offer to patients and staff; and[26]
- support patients so they can return home in the shortest time possible. [27]

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[21] Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.58

[22] Equality and Health Inequalities Impact Assessment (EHIA) for Redesigning Inpatient Services in East Sussex (RIS:ES) project, 20th April 2021

[23] Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021, East Sussex CCG & SPFT

[24] Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

[25] Ibid.

[26] Equality and Health Inequalities Impact Assessment (EHIA) for Redesigning Inpatient Services in East Sussex (RIS:ES) project, 20th April 2021

[27] Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021, East Sussex CCG & SPFT

50. The Board understands that there will be improved access to the building itself for people with disabilities, for example, the site will not be over two floors like the DoP.

Benefits of the new site to staff

51. The Board heard from Dr Naliyawala that, given the choice, the majority of staff are attracted to working in modern, purpose built inpatient units. The CCG and Trust are confident the new facility will be a better place for staff to work and the PCBC says the new site will:

- offer a safer, better place to work;
- improve staff morale and retention;
- reduce recruitment costs;
- improve continuity of care within clinical teams; and
- reduce vacancies and reduce the use of agency staff.[28]

52. The QIA also identified that a sustainable building with lower emissions, lower costs and a modern, bright and vibrant setting should improve staff recruitment.[29]

53. The Board sought reassurance staff were in favour of the proposals and received a summary of views expressed during engagement with staff. This explained that a majority of staff recognise the case for change; agreeing that DoP is not fit for purpose; and agree that a new hospital is needed to address dormitories and shared bathrooms, as well as lack of indoor and outdoor therapeutic spaces. The majority also agreed with moving to a new site, but with differences in opinion about where a new site should be.[30]

54. The Board questioned whether a physically larger site with single ensuite rooms would require more clinical staff to manage than the DoP, and whether this would be a risk to recruitment and retention of staff. The CCG and Trust advised that the new site could operate with similar staffing levels because new builds are better designed, have reduced blind spots and are more efficiently laid out, meaning staff are better able to oversee patients. Ensuite rooms also help people to de-escalate quicker than in dormitory wards, meaning there may be fewer interventions from staff. On the other hand, more therapeutic activities will require more staff to manage.

Centre of excellence

55. The creation of a new hospital on a new site is seen by the CCG as the first stage of a planned process to create a single site for all inpatient mental health services in East Sussex, establishing a 'centre of excellence' for mental health care. This would involve expanding the site to accommodate 130-140 beds over time and the movement of other inpatient services to this site.

56. The Board also heard about some of the long-term benefits of a centre of excellence to recruiting and retaining staff. The Trust advised this was based on what has been achieved in other areas of the Trust where inpatient services have been consolidated and improved:

- there is potential to develop it as a teaching unit, like the Mill View Medical Education Centre, which provides a better learning environment that enables all staff, not just

[28] Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021 p.58

[29] Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021, East Sussex CCG & SPFT

[30] High level summary of staff views, SPFT, 20th August 2021

doctors, to improve their knowledge and understanding. This is likely to have a positive impact on attracting people who are not just interested in caring for people but also in doing research;

- clinicians will not have to travel to a different site for teaching, whereas at the moment teaching happens at the DoP but not at Woodlands Centre in Hastings, so clinicians from there must travel to Eastbourne;
- it provides better resilience as existing staff can cover wards more easily in the event of sickness or emergencies if they are co-located on one site; and
- Some ambitious doctors who wish to develop their career could be attracted if there was clear willingness, enthusiasm and funding by a trust to develop a new centre of excellence.

57. The Board was informed, however, that the above discussion points are aspirational and that for now the CCG is only proposing to move the DoP. Although a centre of excellence is the current overall vision for inpatient mental health services, any subsequent phases of reconfiguration would go through the same process as the first phase. This will involve demand modelling and engagement with stakeholders, providers and commissioners to check that it is still the correct vision for inpatient mental health services in East Sussex.[31]

Retaining multiple inpatient sites

58. The location of the new site is limited by its ability to accommodate a potential single site of all 130-140 beds in East Sussex in a future single 'centre of excellence', as explained above. The Board questioned whether retaining the model of multiple sites may be a better alternative, based on some of the representations received by the CCG and Trust and the Board in its own call for evidence, such as:

- the CCG and Trust's engagement showed overall views around refurbishment of existing sites versus a brand-new campus site were mixed among those who participated;[32]
- some staff expressed concern about moving away from an acute hospital site, predominantly due to physical needs of patients and potentially for emergencies due to, for example, self-harm;
- some staff expressed concern about a return to large, 'Victorian-style' institutions, although when told that a larger site would allow for modern separate buildings, they were somewhat reassured;[33] and
- a representation said a single site would gain the stigma attached to the old asylums and that the point of locating mental health units on general hospital sites had been to ameliorate this.[34]

59. In response to questioning from the Board on this point, the CCG produced analysis that identified weaknesses in the multiple site option, compared with the single site option including:

- Less flexibility of provision to meet changes in demand over time;

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[31] Minutes of the HOSC Meeting, 10th June 2021

[32] Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.71

[33] High level summary of staff views, SPFT, 20th August 2021

[34] Response to HOSC Newsletter call for evidence

- the minimum standard for safety reasons is three wards per site. This would mean that there could only be two sites across East Sussex (Uckfield dementia ward is currently a single, isolated ward);
- smaller buildings mean fewer therapeutic activities could be supported;
- less efficient to operate with more travel for clinicians; and
- no ability to create a centre of excellence to enhance training and career opportunities for staff and improve outcomes for patients.[35]

Clinical support for the proposals

60. The Board heard evidence that there is strong clinical support for the proposals. The CCG advised the proposal has been developed with significant clinical input, providing a clear Clinical Evidence Base. The clinical model has been informed by using a wide range of clinical evidence including national standards; clinical guidelines; and the expert knowledge of stakeholders, including a Governors' Advisory Group and an Assurance Group containing Experts by Experience. The Board received witness statements from both confirming their involvement. In his discussions with the Board, Dr Naliyawala also expressed his support of the proposals.

Public consultation

61. The Board saw initial feedback on the public consultation at its meeting on 24th August. The consultation had 171 responses to it with around 80% of them from service users, carers or family members, and NHS staff; the respondents were reasonably spread across the five local authority areas; 56% were aged 45-64 years; 79% were female; and 50% has a mental health condition.

62. Opinion Research Services (ORS), the company independently analysing the consultation responses, had provided a dashboard of the 171 responses. Key findings of the analysis showed:

- 92% of residents tended to agree or strongly agreed with the case for change, i.e., replacement of the DoP;
- 85% of residents tended to agree or strongly agreed with building a new hospital on a new site;
- 75% of residents tended to agree or strongly agreed with the long term vision of a single site centre of excellence for all inpatient services; and
- 54% of residents preferred Bexhill as the site for the new facility and 46% preferred Amberstone.[36]

63. The Trust and CCG have not yet had access to the consultation responses, but ORS has said it is one of the most positive set of outcomes it has ever been involved with. The summary of the consultation responses will be provided to the Board after the 23rd September HOSC meeting.

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[35] Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

[36] Presentation: Re-provision of inpatient mental health services at the Department of Psychiatry – Public Consultation, 24th August 2021

Comments of the Board

64. The limited footprint of the DoP and planned rebuild of the EDGH site means that the DoP cannot be replaced with a suitable like-for-like facility on site containing single ensuite rooms and adequate indoor and outdoor therapeutic space, particularly in the timeframes and funding envelope available to the CCG.

65. The Board agrees with the proposal to develop a new hospital on a new site with single ensuite rooms and expanded indoor and outdoor therapeutic space given the benefits to patient experience and outcomes; staff recruitment and retention; clinical research; and sustainability and resilience of the service. There is also strong national, clinical, staff, patient and public support for this proposal.

66. The Board believes that replacing the DoP with a like-for-like replacement of the existing service in a new building without the space to expand to become a centre of excellence would be a missed opportunity given the additional benefits it could bring to patients and staff, and the potential future efficiencies and resilience it could provide to the service.

67. The Board agrees with the CCG's assessment that Amberstone or Bexhill are the only viable sites where a new facility could be built using the available funding by the deadline of March 2024 and that could also have the potential to support a single site centre of excellence in the future.

68. The Board notes that staff and public views appear split between the two sites, but that the reasons why Bexhill is the preferred option, such as a larger, more topographically beneficial site are also noted.

69. The Board agrees that whatever site is chosen, the proposed further engagement with interested stakeholders on the design of the service is to be encouraged.

Recommendation 1

The Committee endorses the reasons for developing a new inpatient mental health facility to replace the Department of Psychiatry. In particular:

- **that dormitory wards are outdated and should be replaced with a like for like number of single en suite rooms in a new facility with sufficient indoor and outdoor therapeutic facilities;**
- **that the current location of the Department of Psychiatry is not a suitable site to develop a new inpatient facility with these criteria;**
- **that a long term goal of creating a single centre of excellence is the preferred model that the CCG and Trust should develop; and**
- **that both Bexhill and Amberstone sites could be viable sites for the replacement of the Department of Psychiatry and also offer the potential to accommodate a centre of excellence in the future.**

2. Issues with the new service that should be addressed

70. During the course of its review, the Board identified several issues that the CCG should attempt to address regardless of which site they choose:

- the funding and timelines for replacing the DoP;
- access to the new site;
- the retention of other services at EDGH; and
- future demand for the service.

These are described in more detail below.

Funding for replacing Department of Psychiatry

71. The Board raised a number of queries relating to the adequacy of the £46.67m capital funding the Trust received from the Eradicating Dormitories Programme to replace the DoP and the achievability of the timeline for completing the works by March 2024.

Capital funding

72. The Board heard from the CCG and SPFT that the funding envelope had been approved by NHS England, which was calculated using their prescribed financial methodology. The figure was calculated using NHS England's inflation measurements and allows for significant inflation to take place before the funding becomes an issue. The funding envelope also included an optimism bias calculated using a standard NHS England formula, as well as a planning contingency fund of 10%.

73. The CCG advised the Board that the due diligence for both sites was completed in July 2021. This indicates that there are some significant infrastructure works that need to be completed before construction can commence, but that they are affordable and can be completed within the budget. The CCG said the risk and costs associated with the sites, while challenging in the timeframe allowed, are not unusual for greenfield or brownfield sites such as Bexhill and Amberstone, respectively.[37]

74. Whilst the CCG is confident as it can be with current costs, the Board heard that there remains a high risk nationally of supply chain issues and ongoing increases to the cost of labour and materials that could conceivably affect both the whole of the eradicating dormitory wards project and the new hospital building programme.

75. The funding for the site is from a national programme, so resolving overspend caused by these inflationary pressures would need to be a national conversation. The CCG will continue to work with national NHS colleagues in NHS England about these risks and how they may be mitigated nationally, for example, through receiving greater levels of investment.

76. There would be scope to reduce the extent of the new service at the new site if inflation costs increased dramatically, for example, not moving over the ECT suite, not providing medical education facilities, and not moving over the Mental Health Act Team.

Planning application

77. The Board viewed a completion date of March 2024 as challenging and asked what had been done so far to begin the process of meeting that deadline, taking into account that a

[37] Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

decision on the sites had not yet been made. The CCG and Trust confirmed that they had been involved in early, positive discussions with both planning authorities – Rother District Council and Wealden District Council – about both site proposals. Both planning teams agree with the concept of inward investment, provided there is high quality of building design and have no major concerns with the proposals at this stage. Subject to the proposals being agreed, planning permission would be submitted in Spring 2022.

78. The Board also asked about whether the building would be modular, i.e., built offsite then assembled on site to speed up construction. The CCG advised that a full modular build would not be viable due to the limited capacity in the industry, which requires significant upfront cost and lengthy timelines for delivery. Instead, there will be high levels of modern methods of construction used, which involve offsite construction of wall panels and the ability to stack future extensions on top of the existing building. The building is also modular in the sense that it will be built over time, as further stages are added. The individual wards can also be designed to look the same as there are not different clinical needs that need to be met, as is the case with an acute hospital. The CCG assured the Board that these sorts of modular builds are indistinguishable from regular builds, so the building would still have the aesthetic of one built using traditional methods.

79. The new building is also expected to be a greener, more efficient building than the DoP. The CCG's draft business case expects the new build will lower maintenance and facilities management cost per square metre; have lower carbon emissions in comparison to DoP; and reduce the Trust's energy costs.[38]

80. SPFT is about to recruit a contractor to help develop the proposals further, subject to agreement of a site, and will be pre-ordering as much of the pre-fabricated elements of the building as soon as possible to meet the March 2024 deadline.

Revenue costs

The Board also queried the revenue costs. The project is a like for like replacement of the current services at the DoP, so there are no anticipated changes to the staffing costs or clinical costs. The Board heard, however, that the revenue costs of a new build are always higher than of an older building due to public dividend capital and capital depreciation costs. Consequently, the revenue costs of running the new site are estimated at £9.388m, which is a net increase of £1.12m. If revenue costs increased above those budgeted for in the business case, there is assurance that the CCG would not use non-mental health service funds to subsidise them. There is also confidence that the mental health budget, at £336m per annum, is sufficient to fund the increased costs and that efficiencies can be found through the review of unwarranted clinical variation.[39]

Comments of the Board

81. The CCG and Trust appear to have produced a capital funding plan that has adequate contingencies built into it. The Board, however, believes the CCG should remain mindful about the rising costs of construction and be prepared to work with NHS England for a resolution well in advance should prices appear to be increasing dramatically and presenting a risk to the viability of the scheme.

82. The deadline for completion of March 2024 is very challenging. In order to achieve this deadline, the Board endorses the CCG's plans to develop a design that takes advantage of high

[38] Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.58

[39] Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021 p.118

levels of modern methods of construction. The Board believes the CCG and Trust should move forward with the construction of whichever site is chosen as soon as is reasonably practicable, for example, finalising the design of the building; pre-ordering as many prefabricated elements as possible; and submitting a planning application by Spring 2022.

Access to the new site

83. Access to the new sites has been raised as a concern by staff, service users, and their family and carers. The CCG advised the Board that, as anticipated, travel and access are the areas people are most concerned about in the consultation feedback so far. The submissions to the Board by Wealden District Council and the Sussex Partnership Governor's Advisory Group also mentioned this as an issue, as did two of the representations received from members of the public.

Travelling to and from the site

84. The Board understands there are three main groups who might travel to the site: staff, patients, and their carers and families.

85. According to SPFT's engagement with staff, there was a slight preference for Amberstone and based on postcode analysis more staff live in Eastbourne and Wealden local authority areas, which is closer to Amberstone, than in other areas. Focus group discussions were more balanced but staff did express concern about increased travel times and the possibility that staff might not want to move to a new site and would look for job elsewhere. Staff raised the possibility of mitigation measures such as expenses to cover additional travel costs.

86. When these concerns were put to the CCG and Trust, the Board was informed that staff had been raising this issue of travel time as a query rather than as an objection or reason to be against the proposed changes. Due to the location of the two sites in relation to where staff live, not all staff would be impacted unfavourably by the change in location. For those who are, there is an NHS policy to renumerate staff who have to move place of work. SPFT, who would enact this policy as the employer, confirmed that where staff have longer travel times, there are measures in place that may mean they will be remunerated and there are also opportunities for them to work in other locations closer to where they live.

87. Family and carers of patients admitted to the new site would travel there either by private or public transport. The CCG advised the Board that a similar reconfiguration in West Sussex had shown that most access to the inpatient sites was via private transport, at around 80%, and a similar figure would be expected here. The draft business case says 85%-95% of patients and 96% of staff could reach either site within an hour via private transport, albeit a patient would be taken to the site via secure transport.[40]

88. Furthermore, voluntary patients may be given leave from the hospital and all patients are eventually discharged when it is clinically appropriate to do so. The Board understands that discharge planning takes into account how an individual plans to get home and the majority of times it is through family or friends.

89. The CCG and Trust have undertaken some initial research on where bus routes are relative to the proposed locations, however, there had not been any detailed discussions as the site has not yet been chosen. Following the reconfiguration of West Sussex inpatient mental health beds, the West Sussex CCG had discussions with the West Sussex County Council and

[40] Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021

with Stagecoach on the possibility of new routes or redirecting existing routes. A similar approach would be followed in East Sussex after the CCG makes its decision.

90. The CCG believes that whilst setting up a new route can be very expensive, the new housing earmarked for the Bexhill site would likely mean there would be a need for public transport links in the future. The CCG was fairly confident there could be public transport links to the Bexhill site subject to further discussions once the decision has been made, if the decision is made for Bexhill.

91. The Board was informed that the travel implications for both patients and staff will be reviewed by a Transport and Travel Review Group that will be established once the CCG has received all of the feedback from the consultation.

Comments of the Board

92. As the service provided at the DoP is countywide (and includes a large minority of patients from outside East Sussex), the change of location will not be unfavourable or significantly different to all staff, patients and the family and carers. Travel times and parking should also be understood within the context of the far superior service staff will work at and patients will be treated at.

93. Nevertheless, concerns about access are legitimate and the CCG should take appropriate steps to address them, including ensuring they understand the needs of staff, patients – who may leave the site either temporarily or permanently via public and private transport – and their families and carers via the Transport and Travel Review Group.

94. The Board recognises the financial cost of a new bus route, but the CCG should investigate the possibility of new stops with the appropriate organisations.

Parking

95. The Trust's engagement with staff highlighted parking as a major issue on existing sites and something that should be prioritised at a new location. Staff listed "ample space for parking" as necessary or desirable at the new hospital. It is also a key concern in initial public consultation feedback, and has been raised in representations sent to HOSC, given the majority of journeys to the site are via private transport. The CCG also lists provision of sufficient parking as a goal of achieving "opportunity for support from local family/carers"[41]

96. The Board questioned how much parking could be provided at both new sites and was informed that based on preliminary design work the size and topography of the Bexhill site will enable there to be more space for parking than Amberstone, however, the final number of spaces needed had not been determined and would be subject to agreement by the planning authority depending on their own transport policies. The Trust explained it would be necessary as part of the planning application to produce a travel and transport strategy that would set out the parking requirements for patients and staff. The proposals also include charging points for electrical vehicles.

Comments of the Review Board

97. According to feedback from staff, there is not very much space for staff to park at the current DoP, so there is no apparent risk of a loss of parking space for staff in moving to one of the two new locations. However, the likelihood that most people will access to the site via private transport makes adequate parking an important requirement.

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[41] Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.58

98. The Board accepts that it is too early in the planning process to finalise the number of parking spaces. The travel and transport strategy should look to include adequate parking for staff, families and carers whilst being compliant with the local authority's planning requirements and should include charging points for electric vehicles.

Secure transport to the site

99. Patients requiring admission to the DoP would require secure transport to be admitted to the site from either the place of incident, i.e., a transfer from a community location, or from another facility, such as an acute ED, known as an inter facility transfer. Secure transport is provided by SECAmb. SECAmb advised that for patients taken from point of incident the activity identified during the 24-month review period equates to an average of 2 direct conveyances per week into the DoP currently. The ambulance trust confirmed that the proposed relocation of this department in Bexhill or Hailsham, is "unlikely to impact on our travel times based on the information known at this time."[42]

100. SECAmb, however, is only commissioned to take patients from the point of incident and not for inter facility transfers, i.e., from the Conquest Hospital or EDGH to an inpatient mental health facility. SECAmb advised that this means it reviews each individual request for an inter facility transfer on a case-by-case basis.

101. SECAmb is currently in the process of reviewing its commissioned position for mental health patients with the CCG. The Trust advised that "if the relocation of the DoP means that we will be receiving requests to undertake transfers from the EDGH to a new location (Bexhill/Hailsham), then we reserve the right to review this impact, and an understanding on these predicted activity numbers will be required from SPFT and may alter our views on the move having a minimal impact."[43] The CCG has said that they are committed to resolving the commissioning gap for inter facility transfers of mental health patients as soon as is practicable.

102. Any inter facility transfer will need to take account of the additional and more lengthy transfers of patients from the EDGH to Bexhill or Amberstone rather than the DoP, which is located on site. Currently, ESHT claim in their statement that "wherever it is clinical and practically possible and where the patient is able to consent, the Trust seeks the most optimal and pragmatic way of transferring a patient". This is illustrated with the scenario "post-assessment there may be the option to 'walk around' with the patient to the mental health facilities [the UCL] on site (subject to a range of checks including clinical risk evaluation and consent)".[44] In other words, they may ask patients to waive the right to secure transport and walk them from the ED to the UCL inside the DoP to avoid the need to wait for secure transport from the ED to the DoP. Presumably, from this point the patient can be moved from the UCL to a ward bed in the DoP if necessary.

103. The Board understands that the UCL will be retained by EDGH as it is separately commissioned service, however, there will still be a need to transfer patients from the UCL to the new hospital site if they require an inpatient stay. In terms of the impact this may have on SECAmb, ESHT put the figure of the number of patients with mental health issues requiring assessment at the Eastbourne ED at between 1-2 a day.[45] The CCG and SPFT confirmed that this figure was correct, but also that most of these patients would not then require admittance to

[42] SECAmb statement to HOSC Review Board, 20th August 2021

[43] ibid

[44] ESHT's briefing to HOSC Review Board, 20th August 2021

[45] ibid

the DoP, meaning the number of additional conveyances for SECAmb would most likely be less than one per day.

Comments of the Review Board

104. Moving the DoP to Bexhill or Amberstone could lead to more patients needing transport by SECAmb, and the ambulance trust has said they reserve the right to reassess their view on the impact of the new site because of this fact. The Board, however, does not believe that the number of patients will be significantly higher than the 2 per week currently taken to the DoP by ambulance.

105. Nevertheless, there is a commissioning gap for the transfer of mental health patients between NHS facilities meaning patients are transferred on an ad hoc basis. The CCG should develop a clear inter facility transfer agreement with SECAmb to ensure patients are transferred in a timely manner as soon as is reasonably practicable, taking into account the additional travel times to the new site when the DoP eventually closes, assuming that a decision is taken to close it.

Remote access

106. Provision of family spaces in the new site will enable better physical access for carers and families of patients than at the DoP. They will also be able to visit patients within their own private rooms. When a family member cannot physically visit a patient, however, remote access using video calls and other digital technology – particularly since COVID-19 – is an increasingly viable and accepted way of staying in touch with them.

107. There may be other reasons why remote contact is important, for example, Wealden District Council submitted a response to HOSC that highlighted the importance of digital solutions in "allowing family/carers to have remote access to Mental Health Tribunals if required and support discreet observation via use of telecare solution and patient independence"[46]

108. The CCG and Trust have stated in the PCBC they are committed to develop a service at the new site that is "aligned to and facilitates the implementation of the Trust's Digital Strategy to meet the needs of patients, carers and evolving models of care".[47]

109. The Board heard that the CCG and Trust will continue to engage with people about elements of the service that are not really part of the consultation but are crucial for the next steps, for example, what they want the building itself to look like; how services are arranged and provided within it; and whether people wish to see services like electronic access to loved ones admitted into the inpatient service. This will help ensure that the design of the site is adaptable and the best it can be at meeting the needs of patients.

Comments of the Board

110. Digital communications have come on leaps and bounds in the NHS in the past year and a full suite of digital communications should be made available to patients at the new site to enable their families and carers to keep in touch with them for emotional comfort, advocacy and safeguarding reasons.

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[46] Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

[47] Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.48

Retention of other services at EDGH

111. The CCG was informed that the 24-hour Mental Health Liaison team is a separately commissioned and nationally mandated service so would remain at EDGH to assess and support patients with mental health problems at the ED. The UCL, where mental health patients may be taken for assessment by the liaison Team, is also not moving from ESHT, so the option to wait there before being admitted to an inpatient facility would remain.

112. The pathway for admission from the ED at the EDGH would therefore remain unchanged, although patients would be transported further to reach an inpatient bed as explained above.

113. Whilst the CCG and Trust has been emphatic that the Mental Health Liaison Team and UCL will remain at the ED, ESHT raised concerns about the pathway for moving patients from the ED to UCL and the importance of doing so to avoid distress to the patient and others waiting in the ED. This, it seems, was because the UCL is located at the DoP.

114. The new site will no longer be co-located at an acute hospital. The trust said it will maintain and upskill a registered General Nurse who can conduct blood tests and other medical interventions, following the addition of one to the DoP during COVID-19 pandemic. More serious physical health interventions would still be done following transfer to an acute hospital, but this is the case now.

Comment of the Review Board

115. Any services remaining at the EDGH should be replaced with a like for like equivalent where they are currently located in the DoP building. The CCG has said that the UCL and Mental Health Liaison Team are separately commissioned and nationally mandated and will remain at the EDGH.

Future demand for the service

116. The CCG's demographic forecasts show an increase in demand for inpatient mental health beds over the next 20 years. Without intervention by 2040, there will need to be an additional 69 beds in East Sussex to meet demand, predominately dementia and older people wards. Furthermore, the current inpatient site sometimes operates at near 100% occupancy (it is currently at around 93%), which is seen as unsustainable and results in some out of area placements. On top of this, the COVID-19 effects on mental health are also yet to be fully understood but could see an increase in adult referrals of up to 40% for the next five years.[48]

117. The risk of no extra beds at a time of increasing demand was raised by some of the witnesses the Board contacted including Healthwatch and East Sussex Save the NHS. SECAmb also clarified their support for the proposals was based on current demand and that further modelling in the future could be required if patient activity numbers change.

118. The CCG has advised that it will mitigate this future demand by the development of enhanced community services via a Sussex-wide community mental health transformation programme. This will consist of two components:

- strengthening existing Community Mental Health Teams with the addition of emotional wellbeing services run in partnership with the voluntary sector and based around Primary Care Networks' (PCNs) footprints; and

[48] Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.56

- developing specialist community mental health services that wrap around additional support and interventions when required and without the need for a referral.

The CCG says this will bring previously disconnected services across sectors together into a single integrated care pathway.[49] In addition, the Trust will continue to increase community-based services such as 24/7 crisis resolution and home treatment teams, which are mandated under the Five Year Forward View for Mental Health and the NHS Long Term Plan. [50]

119. There is also an increase in funding for community services. For East Sussex in 2021/22 there is addition investment of over £1m in adult community mental health services with an expectation of future years' growth.

120. The Board also heard the new inpatient facility is expected to reduce readmissions and length of stay of patients through the improved ward arrangements and therapeutic services. Single bedrooms can be more responsive to demand, as they do not have the same issue of being limited to single sex dorms. The CCG and Trust have also said the future phases of the programme may also provide an opportunity to increase the number of inpatient beds if demand increases. In addition, subject to agreement and over the long term, the development of a single site centre of excellence will benefit from the advantages of economy of scale to treat patients and change the allocation of beds through working age, older people, dementia and rehabilitation as necessary.

121. The CCG expects one of the benefits of the reprovision of the 54 beds at the three wards in East Sussex and implementation of new services models, including more therapeutic services for inpatients and more community services, is a forecast optimal bed occupancy levels of 90%.[51]

122. The Board was also assured by the CCG that forecasting demand is one of its key functions and that services would be commissioned according to need, for example, when undertaking these future phases, the CCG would take into account any projected future demand for the services and potentially adjust the plans accordingly.[52]

Comment of the Board

123. The CCG and Trusts forecasts an increase in demand for beds and concerns about capacity are shared by the NHS and stakeholders alike. Increase in demand may also be made worse due to COVID-19 for several years. The CCG and Trust should continue to review demand and develop mental health community services, however, given the funding constraints and timelines for the project, the CCG and Trust should still proceed with the planned like-for-like replacement of the DoP.

Recommendation 2

The Committee recommends that whichever site is chosen for the new inpatient mental health facility, the CCG and SPFT should take steps to ensure the following:

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[49] Community services presentation

[50] The Five Year Forward View for Mental Health, NHS England, February 2016, p.31

[51] Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.58

[52] Minute of the HOSC meeting, 10th June 2021

- **be prepared to work with NHS England for a solution to any funding constraints well in advance should prices appear to be increasing dramatically and risking the viability of the scheme;**
- **develop a design that takes advantage of high levels of modern methods of construction in order to ensure speedier construction and improved carbon footprint;**
- **move forward with the construction of whichever site is chosen as soon as is reasonably practicable, for example, finalising the design of the building; pre-ordering as many prefabricated elements as possible; and submitting a planning application by Spring 2022;**
- **ensure that the travel and access needs of patients, staff, families and carers are addressed as far as is practicable via the Transport and Travel Review Group;**
- **ensure service users and their families and carers are involved in the more detailed design process, including ensuring that the new site has a range of digital communications available to enable patients to contact their families and carers;**
- **produce a travel and transport strategy during the planning process that offers adequate parking for staff, families and carers, whilst being compliant with the local authority's planning requirements and which includes charging points for electric vehicles;**
- **once a site has been agreed, investigate the possibility of new bus stops with the appropriate organisations, such as Stagecoach and East Sussex County Council;**
- **develop a clear inter facility transfer agreement with SECAmb to ensure patients are transferred from acute sites to mental health inpatient wards in a timely manner as soon as is reasonably practicable;**
- **ensure the Urgent Care Lounge at the Department of Psychiatry is replaced on site at the EDGH once the Department of Psychiatry closes; and**
- **continue to review demand for inpatient services and take steps to mitigate demand wherever possible.**

Appendix 1

Review Board meeting dates

The Review Board met on:

- 11th August 2021 to agree its terms of reference and consider the CCG's proposals;
- 24th August 2021 to consider the public consultation, witness statements and to speak with a Clinical Psychiatrist, Dr Hamid Naliyalawa.
- 8th September 2021 to consider and agree the draft report and recommendations.

Witnesses

East Sussex Clinical Commissioning Group (CCG)

Jessica Britton, Executive Managing Director

Dr Paul Deffley, Medical Director

Jane Lodge, Associate Director of Public Involvement

Sussex Partnership NHS Foundation Trust (SPFT)

Simone Button, Senior Responsible Officer

Paula Kirkland, Programme Director

Dr Hamid Naliyawala, Consultant Psychiatrist

Richard Hunt, Communications and Involvement Lead

List of documents considered by the Review Board

Reports to HOSC

Redesigning Inpatient Mental Health Services in East Sussex report to HOSC, East Sussex CCG, 4th March 2021
Redesigning Inpatient Mental Health Services in East Sussex report to HOSC, East Sussex CCG, 10th June 2021

Documents provided to Review Board by the CCG

High level staff views of the proposals, 24th August 2021
Table of location of Department of Psychiatry patients 2018/19 – 2019/20

New model for community mental health services, Sussex Health and Care Partnership (SHCP) presentation
Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021
Equality and Health Inequalities Impact Assessment (EHIA) for Redesigning Inpatient Services in East Sussex (RIS:ES) project, 20th April 2021, East Sussex CCG & SPFT
Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021
Public consultation document: Working with you to improve mental health in East Sussex
Presentation: Re-provision of inpatient mental health services at the Department of Psychiatry – Public Consultation, 24th August 2021
Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021

Witness Statements

Witness statements received from the following organisations and groups.

East Sussex Healthcare NHS Trust (ESHT)
East Sussex Mental Health Redesign Assurance Group
Healthwatch East Sussex
South East Coast Ambulance NHS Foundation Trust (SECAmb)
Sussex Partnership Governor's Advisory Group

National documents referenced in the report

NHS Long Term Plan, NHS England, January 2019
"Over £400 million pledged to remove dormitories from mental health facilities", GOV.UK, October 2020
"*Exclusive: Hundreds of patients kept in 'distressing' dormitory-style wards"*, Health Service Journal, 17 June 2019
The state of care in mental health services 2014 to 2017, Care Quality Commission, 2017

Modernising the Mental Health Act: Final Report of the Independent Review of the Mental Health Act 1983, GOV.UK, December 2018
Next Steps for Funding Mental Healthcare in England: Infrastructure, Royal College of Psychiatrists, 6 August 2020
Press release: "Mind responds to PM's commitment to close mental health dormitories", Mind, 30th June 2020
NHS Mental Health Implementation Plan 2019/20 – 2023/24, NHS England, July 2019
The Five Year Forward View for Mental Health, NHS England, February 2016

Contact officer for this review:

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Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**23 September 2021**
By:	**Assistant Chief Executive**
Title:	**Work Programme**
Purpose:	**To agree the Committee's work programme**

RECOMMENDATIONS

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

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 2nd December meeting, where the Committee will consider whether or not the proposals constitute a substantial variation to services requiring formal consultation under health legislation.

2.3. During the course of the review of the Inpatient Mental Health in East Sussex proposals, the Review Board suggested a report be added to the work programme on Community Mental Health Services and Child and Adolescent Mental Health Services (CAMHS). This has been provisionally added to the work programme, but a date needs to be agreed.

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.

PHILIP BAKER
Assistant Chief Executive

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Health Overview and Scrutiny Committee – Work Programme

Current Scrutiny Reviews		
Title of Review	**Detail**	**Proposed Completion Date**
Redesigning Inpatient Mental Health Services in East Sussex	HOSC considered the proposals relating to the Redesigning Inpatient Mental Health Services at the Department of Psychiatry in East Sussex to be a substantial variation to services requiring formal consultation with the Committee under health legislation. HOSC has established a review board to conduct a detailed review of the proposals that will report its findings back to the Committee at its September meeting. The review board comprises the following members: • Cllr Belsey • Cllr Barnes • Cllr Robinson • Cllr Turner • Jennifer Twist	2nd December

Initial Scoping Reviews		
Subject area for initial scoping	**Detail**	**Proposed Dates**
Sussex Joint Health Overview and Scrutiny Committee (JHOSC)	Regulations require the establishment of a JHOSC where a substantial variation to services effects more than one local authority area. 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. 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.	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	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. *an update was provided on BSUH at the most recent Sussex Health and Care Partnership HOSC working group Membership: Cllrs Belsey, Robinson and one vacancy	Last meeting: 9 September 2020* Next meeting: TBC 2021
Sussex Partnership NHS Foundation Trust (SPFT) HOSC working group	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. Membership: Cllrs Belsey and Osborne and one vacancy	Last meeting: 27 September 2019 Next meeting: TBC 2021
The Sussex Health and Care Partnership (SHCP) HOSC working group	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. 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. Membership: HOSC Chair (Cllr Belsey) and Vice Chair (Cllr Robinson) and officer	Last meeting: 20 November 2020 Next meeting: 24th September 2021

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
2nd December 2021		
Inpatient Mental Health Services	Committee to consider whether the CCG's decision in relation to the Inpatient Mental Health Services at the Department of Psychiatry in East Sussex are in the best interests of the health service locally. *Please note: dates are dependent on the NHS own decision making process.*	Representatives of East Sussex CCG & SPFT
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. Further reports will be necessary if the HOSC agrees proposals are a substantial variation to services *Please note: dates are dependent on the NHS own decision making process.*	Representatives of East Sussex CCG & ESHT
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
3rd March 2021		
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Democratic Services Officer
30th June 2021		

Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Democratic Services Officer
22nd September 2021		
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Democratic Services Officer
Items to be scheduled – dates TBC		
Community Mental Health Services and Child and Adolescent Mental Health Services (CAMHS).	To consider a report providing an overview of the Community Mental Health Services and CAMHS provided by Sussex Partnership NHS Foundation Trust (SPFT) to residents in East Sussex.	Representative of East Sussex CCGs and SPFT
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. *Note: provisional dependent on CCGs' plans*	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. *Note: Timing is dependent on NHS implementation process*	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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