

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY, 2 DECEMBER 2021

10.00 AM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP - <u>East Sussex County Council Members</u>

Councillors Abul Azad, Colin Belsey (Chair), Penny di Cara, Sorrell Marlow-Eastwood, Sarah Osborne, Christine Robinson (Vice Chair) and Alan Shuttleworth

District and Borough Council Members

Councillors Councillor Mary Barnes, Rother District Council Councillor Christine Brett, 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 23 September 2021 (Pages 7 16)
- 2. Apologies for absence
- 3. **Disclosures of interests**

Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.

4. Urgent items

Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.

- 5. Reconfiguration of Cardiology Services at Maidstone and Tunbridge Wells NHS Trust (Pages 17 42)
- 6. Reconfiguration of Cardiology Services at East Sussex Healthcare NHS Trust (Pages 43 72)
- 7. Reconfiguration of Ophthalmology Services at East Sussex Healthcare NHS Trust (Pages 73 104)
- 8. **East Sussex Winter Plan 2021/22** (*Pages 105 120*)

- 9. Community Mental Health Services in East Sussex (Pages 121 128)
- 10. Redesigning Inpatient Mental Health Services in East Sussex (Pages 129 176)
- 11. **HOSC future work programme** (Pages 177 184)
- 12. Any other items previously notified under agenda item 4

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
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24 November 2021

Contact Harvey Winder, 01273 481796, 01273 481796

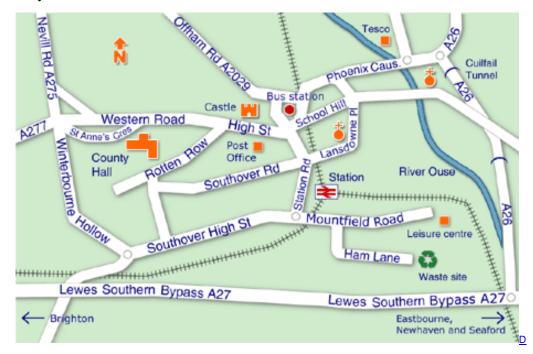
Email: harvey.winder@eastsussex.gov.uk

Next HOSC meeting: 10am, Thursday, 3 March 2022, County Hall, Lewes

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Agenda Item 1.

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 23 September 2021

PRESENT:

Councillor Colin Belsey (Chair), Councillors Penny di Cara, Sorrell Marlow-Eastwood, Christine Robinson and Alan Shuttleworth (all East Sussex County Council); Councillor Mary Barnes (Rother District Council), Councillor Stephen Gauntlett (Lewes District Council), Councillor Richard Hallett (Wealden District Council), Councillor Mike Turner (Hastings Borough Council) and Geraldine Des Moulins (VCSE Alliance)

WITNESSES:

Jessica Britton, Executive Managing Director, East Sussex Clinical Commissioning Group Maggie Keating, Urgent and Emergency Care Programme Director, East Sussex CCG Simone Button, Sussex Partnership NHS Foundation Trust

Paula Kirkland, Programme Director, Sussex Partnership NHS Foundation Trust Richard Hunt, Sussex Partnership NHS Foundation Trust

Simon Clarke, Head of Operations, Integrated Urgent Care, 999 & 111, South East Coast Ambulance NHS Foundation Trust

Ray Savage, Strategic Partnerships Manager, South East Coast Ambulance Foundation NHS Trust

Matthew Webb, Associate Director of Strategic Partnerships and System Engagement, South East Coast Ambulance NHS Trust

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

LEAD OFFICER:

Harvey Winder, Democratic Services Officer

8. MINUTES OF THE MEETING HELD ON 10TH JUNE 2021

8.1. The minutes of the meeting held on 10th June were agreed as a correct record subject to the addition of Cllr Barnes having given her apologies.

9. <u>APOLOGIES FOR ABSENCE</u>

9.1. Apologies for absence were received from Cllr Abul Azad, Cllr Sarah Osborne, Cllr Amanda Morris, and Jennifer Twist.

10. <u>DISCLOSURES OF INTERESTS</u>

10.1. Cllr Richard Hallett declared a personal, non-prejudicial interest in item 5 as a member of Friends of Crowborough Hospital.

11. URGENT ITEMS

11.1. There were no urgent items

12. URGENT CARE IN EAST SUSSEX

12.1. The Committee considered an update on a number of issues relating to urgent care in East Sussex.

12.2. The Committee asked whether the Clinical Assessment Service has a target for its clinical call back time

- 12.3. Simon Clarke, Head of Operations Integrated Urgent Care (IUC) at South East Coast Ambulance NHS Foundation Trust (SECAmb), said that in 46% of cases where someone calls NHS 111, they will receive a call back from the Clinical Assessment Service (CAS). This call will be from a healthcare professional from the CAS multi-disciplinary team that includes dental nurses, mental health professionals, midwives, general nurses, GPs, Advanced Nurse Practitioners, paramedic practitioners and paediatric nurses. Depending on the acuity of the patient's symptoms, NHS Pathways will drop them in to a call back queue at the CAS and an appropriate clinician will call them back depending on their skill set. The target call-back times are 20 minutes, 1 hour, 2 hours, 6 hours, 12 hours and 24 hours. The system is generally risk averse and will often set a quicker call back than may be necessary.
- 12.4. Simon Clarke explained that just under 40% of patients have been receiving their call back within the set time frame, which was the result of demand far outstripping planned activity. The Trust is mitigating this issue by prioritising call backs for patients with shorter wait times, as they are perceived as higher risk. A Patient Safety team, which is not part of the CAS, will also provide patients who are close to or beyond their waiting time with a welfare call to check whether anything has changed and if their symptoms have gotten worse. Simon Clarke added that this team will not close any of these cases but may recommend to a CAS operator that they are closed. There is also a Clinical Navigator reviewing the call queue on a 24/7 basis to see if any high acuity patients have not been called, or who may need an upgraded call time based on their symptoms.

12.5. The Committee asked what the pathway is for a patient who calls NHS 111 and is booked into a GP appointment.

- 12.6. Simon Clarke explained that patients who ring 111 are triaged by a health advisor using the national NHS Pathways system. Following a series of questions, NHS Pathways will present the health advisor with a number of services from the Directory of Services (DOS) to refer the patient to. Simon Clarke said that 27% of all patients who call 111 are now being directly booked into an appointment, either by a health advisor or a CAS clinician, to a variety of services including GP practices, Urgent Treatment Centres (UTCs), Emergency Departments (EDs), Walk-in Centres, and GP Primary Care Hubs. GP Extended Access appointments and better access to mental health support and services will also be added to the DOS soon.
- 12.7. Simon Clarke said that the DOS may include the option for a call back from the patient's own GP practice, even if that practice had told the patient there were no appointments. The Head of Operations explained this was because there are unique slots reserved in GP practices for 111 to book, with all GP practices in East Sussex signed up to the service. Maggie Keating, Urgent and Emergency Care Programme Director at East Sussex Clinical Commissioning Group (CCG), confirmed that GP Practices are committed to provide in-hours appoints to NHS 111 at a rate of 1 per 500 patients on their patient list per day due to COVID-19, however, this will shortly revert to 1 per 3,000 patients per day. Once booked into a GP practice, the patient will appear in that practice's call back list and be prioritised for a call back based on the information provided by 111.

12.8. The Committee asked how long on average calls take to be answered by NHS 111.

- 12.9. Simon Clarke said the average speed to answer calls has unfortunately gotten longer over the course of the year. This is due to COVID-19 increasing the volume of people contacting the service whilst also reducing workforce capacity through increasing the number of call handlers going off sick. The service should be answering 95% of calls within 60 seconds, however, that is currently varying from day to day between one minute and up to six minutes. The 111 service run by SECAmb, however, is generally performing better than the national average, for example, 78% of calls in July were answered compared to 76% nationally, and 76% in August compared to 70% nationally. Call abandonment rates are also lower than the national average, albeit still in need of improvement.
- 12.10. Simon Clarke explained that patients calling 111 are played a national 'busy message' in recognition of the demand on the service. This message recommends that patients should go online if they are able to, as the NHS 111 online site has the same functionality as the telephone service, for example, direct referrals to the CAS, EDs, UTCs and 999.
- 12.11. The Head of Operations said SECAmb is working hard to improve performance and has increased the number of health advisors by 25% over the amount the Trust is funded to provide, with further recruitment ongoing. NHS England (NHSE) now recognises that the volume of calls NHS 111 is dealing with nationally far outstrips the predicted volume and the funding envelope provided to deliver the service. NHSE is now speaking with CCGs about how they, as commissioners, can help bridge the funding gap.

12.12. The Committee asked whether the CCG has plans for extra funding to meet the expanding demand for the 111 service.

12.13. Jessica Britton, Managing Director at East Sussex CCG, said there is review and discussion both nationally and locally about ensuring the right investment funding into urgent care to ensure it is delivered effectively. Future updates to the Committee on urgent care will be able to provide more details on funding plans.

12.14. The Committee asked when the digital 111 booking system will be available for patients to book online without calling.

12.15. Simon Clarke said that much of the same functionality of the NHS 111 call service is available online, especially since August 2021 when ED validation was introduced. ED validation means that if certain questions are answered via 111 online, a patient will be advised to attend ED or will be given the option for a call back from a CAS clinician. It was estimated that this would result in an additional 35 calls per day from the CAS to patients using this ED validation service, however, there have been closer to 60-70. He clarified that this ED validation service was introduced as part of the Think 111 First initiative that expects providers to offer digital services that have parity with telephony services to encourage people to use the digital service rather than just call.

12.16. The Committee asked for confirmation the CAS would not take paramedic practitioners away from frontline ambulance work.

12.17. Simon Clarke confirmed that SECAmb does not actively move paramedics from frontline service to the 111-CAS. There are, however, some paramedics currently in the CAS who have been placed on alternative duties, meaning they cannot be on the frontline; and some may do shifts at the CAS to give them a better understanding of the wider service and expand their skill portfolio by practicing diagnosing illnesses over the phone.

12.18. The Committee asked about what will happen to the service if there is a flu epidemic.

12.19. Simon Clarke said that if there was a flu epidemic there are specific 111 protocols that can be used, such as enabling other 111 services in the country to take calls, and adding messages on how to self-medicate flu symptoms that are automatically played when someone calls 111.

12.20. The Committee asked whether 111 can book patients directly into hospital wards.

- 12.21. Simon Clarke said that 111 can book patients directly into the front door of the UTC or ED at Conquest or EDGH already, but plans are underway to enable direct booking into same day ambulatory care services at the ED, meaning patients will be able to circumnavigate the ED front door.
- 12.22. Matthew Webb, Associate Director of Strategic Partnerships and System Engagement at SECAmb, added that SECAmb is working with commissioners and system partners to identify further areas within the healthcare system where direct access through 111 may improve the

patient journey and provide a more coordinated use of the available resources. SECAmb is also reviewing the UTC referral pathway to ensure that the UTC is being used effectively to reduce pressure on the wider system.

- 12.23. The Committee asked what 111 does when all available appointment slots are fully booked.
- 12.24. Simon Clarke said that services listed on the DOS can turn themselves off if they are too busy, for example, an ED can remove itself if there was a sudden surge in demand and 111 would refer patients to other nearby services.
- 12.25. Matthew Webb added that SECAmb is also rapidly increasing the resources it puts into its new urgent care hubs. These are ambulance stations with one located in each of SECAmb's 10 operating units that are staffed by paramedic practitioners. They are able to offer directions to frontline crews if they are struggling to find where to take a patient if nearby services are full.
- 12.26. The Committee asked whether there were mixed messages about whether patients should be accessing the NHS, and how the NHS can improve awareness of NHS 111 and what it now offers to patients.
- 12.27. Jessica Britton said that there is increasing demand for NHS services both nationally and locally that is causing pressure on the service. She reminded the Committee, however, that it is important people know the NHS is open for business and that they should access its services if they need to. Whilst the NHS locally raises awareness about its services and how to access them, including on social media, the CCG is always grateful for feedback or advice from HOSC members about how to improve communications regarding how local people should access services and advice.
- 12.28. The Committee asked how the healthcare needs of patients not registered with a GP and living in Eastbourne town centre will be catered for now the Eastbourne Station Health Centre is closed, such as those who are either homeless or in emergency accommodation.
- 12.29. Jessica Britton explained that the majority of patients at the Eastbourne Station Health Centre patient list had transferred to the Victoria Medical Centre and can use the branch surgery in the town centre either remotely or face to face. The CCG is continuing to evaluate the transfer of the patient list to ensure that the provision put in place is responding to the needs of those patients, including for homeless and rough sleepers. In terms of accessing healthcare via alternative routes to the Eastbourne Walk-in Centre, patients are recommended to ring 111 where they can either receive a clinical assessment via the CAS or a booked appointment at the most clinically appropriate service to meet their needs. The service for our homeless population had been implemented as planned. The Executive Managing Director said the CCG had not seen a significant change in the pattern of service use since the closure of the WIC.
- 12.30. The Committee asked whether all patients at the Eastbourne Station Health Centre who wanted to transfer to GP practices other than the Victoria Medical Centre were able to

12.31. Jessica Britton said she could provide the Committee with exact figures but, in summary, the majority of patients elected to transfer to the Victoria Medical Centre and that those who did not were given assistance by the CCG's Primary Care Team to register with another practice within their catchment area.

12.32. The Committee asked for more details of the new Homeless and Rough Sleeper Service (HRSS) in Eastbourne and what provision there was to increase its capacity.

12.33. Jessica Britton said the HRSS is running out of two locations in the town centre used by the homeless and rough sleeper community to ensure it is co-located with other services used by that cohort. A mobile health bus is also being introduced that people can drop in to. Jessica Britton explained the HRSS has increased the available provision to homeless and rough sleepers compared with what was previously available both in the town centre and more widely within Eastbourne.

12.34. The Committee asked how patients were accessing the Hastings Station Plaza Primary Care Led Hub since COVID-19, particularly vulnerable patients who may not be able to get GP appointments.

12.35. Jessica Britton said Hastings Station Plaza has been running as a Primary Care Led Hub (PCLH) since 2019. The PCLH is a nurse-led hub open seven days per week that supports a range of needs locally. The CCG is currently reviewing whether the PCLH provides the level of service necessary to meet the needs of the vulnerable groups it is set up to support and this will be reported to HOSC in the future. The Managing Director said there have not been any changes to the service since COVID-19, other than the changes necessary to make it COVID-compliant, and whilst not aware of access concerns to the PCLH, she would investigate any specific concerns relating to any access issues to the PCLH, or to GP practices more widely.

12.36. The Committee asked about the performance of the UTC at the Eastbourne District General Hospital (EDGH)

12.37. Joe Chadwick-Bell, Chief Executive of East Sussex Healthcare NHS Trust (ESHT), said that the Trust has been experiencing significant pressures in recent weeks. The Trust has been trying to ensure more patients presenting with primary care needs are sent to the UTC, however, the Trust has been struggling to get enough primary care workforce to meet demand. It plans to rectify this through the development of an extended workforce model.

12.38. The Committee asked why ESHT was experiencing such high demand in its ED

12.39. Joe Chadwick-Bell said the wards are currently at 99% bed occupancy levels. The Length of Stay of patients is now slightly lower than two years ago, however, a number of staff are off sick or on leave, and there are difficulties moving patients who are medically ready for discharge into community settings due to the availability of home care and care home places. The Trust is attempting to reduce bed occupancy by prioritising discharging those patients who do not need community health or social care and therefore can be safely moved on when medically fit for discharge; and by increasing the amount of patients who receive same day care in the ED and so do not require a bed.

- 12.40. The Committee asked how the temporary closure of a service is communicated internally, for example, the temporary closure of Crowborough Minor Injuries Unit.
- 12.41. Jessica Britton confirmed it was the responsibility of both the commissioners and the service providers to ensure external communications, such as websites, are accurate. Jessica Britton said the temporary closure of the Crowborough Minor Injuries Unit has been communicated internally and externally as part of a communications plan, however, the CCG would review this. The Managing Director confirmed that the CCG does check such information is accurate.

12.42. The Committee RESOLVED to:

- 1) note the report;
- 2) request further details via email on the number of GP appointments available for 111 to book;
- request a future report on urgent care in East Sussex in six months' time, including on internal communication of service changes, and plans for additional funding for 111 and other urgent care services; and
- 4) request confirmation via email the specific number of patients who wanted to be registered with an alternative GP practice to the Victoria Medical Centre.

13. REDESIGNING INPATIENT MENTAL HEALTH SERVICES IN EAST SUSSEX

- 13.1. The Committee considered the 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.
- 13.2. The Committee asked whether the CCG and Trust are confident they can deliver the proposals on budget.
- 13.3. Jessica Britton said the CCG and Trust are confident that their current plans will deliver the programme on budget. They will continue to refresh and review the plans if there are any changes, and if there are any substantial changes then HOSC will be updated.
- 13.4. The Committee asked whether a smaller inpatient mental health satellite service could be retained at Eastbourne District General Hospital (EDGH).
- 13.5. Jessica Britton said that the replacement of the Department of Psychiatry was an opportunity to replace existing, dated services with high quality facilities for patients. The existing site does not have the necessary footprint for outdoor therapeutic services, so the new service could not be reprovided at EDGH to meet the requirements of a modern facility. It will be

possible, however, to upgrade the dormitory beds at the St. Raphael's ward on the Conquest Hospital site without moving the service offsite. The CCG and Trust will continue to enhance community mental health provision locally, meaning that patients will still be able to access a high quality community mental health services from the Eastbourne area and throughout the county.

13.6. The Committee asked what will happen to the urgent care lounge (UCL) at the EDGH when the Department of Psychiatry closes.

- 13.7. Simone Button explained that the UCL and psychiatric liaison services are integral part of the acute hospital. Sussex Partnership NHS Foundation Trust (SPFT) wants to retain the ability to assess patients who attend ED with mental health problems as quickly as possible and be able to move them to a therapeutic UCL whilst they await an inpatient bed elsewhere. These services have dedicated staff and the Trust will ensure they have the right levels of expertise including clinical, nursing and support staff when the Department of Psychiatry closes in 2024, although there may be some cross over of staff to cover both sites.
- 13.8. The Committee asked whether the consultation analysis will include the views of people with protected characteristics, and how stakeholders will be involved in future design of the services.
- 13.9. Jessica Britton confirmed that ORS' analysis of the public consultation will include details of the views of people with protected characteristics and the Decision Making Business Case (DMBC) will make it clear how these views impacted the final plans for the new service. The CCG and Trust conducted an extensive Equality and Health Inequalities Impact Assessment (EHIA) that identified groups with protected characteristics, and they were all targeted during consultation process. Paula Kirkland, Programme Director at SPFT, added that the trust is currently procuring a contractor who will help develop detailed building plans, once a site is chosen. This process will include involving staff and patients in the development of the aesthetic of the facility, particularly the furniture and the gardens. There will also be a comprehensive community engagement strategy that will look at the social value aspects of the project and how the new facility will benefit the local community, for example, through providing apprenticeships and working with local schools.

13.10. The Committee asked whether SECAmb had any concerns about the transport of patients to the new site.

13.11. Ray Savage, Strategic Partnerships Manager (Kent & Medway, East Sussex) at SECAmb, said SECAmb had been looking at the number of conveyances the Trust makes from the scene of an incident, such as a home address, to the Department of Psychiatry and it was around two per week. The impact of any relocation to Bexhill or Hailsham will be modelled further, but it is not envisaged it will cause any particular challenges to the continuation of the service SECAmb provides from the address of an incident, particularly as few incidents are nearby to the current Department of Psychiatry and for some the new location will mean a shorter journey. Ray Savage added that there is a further conversation ongoing with the commissioners about the transfer of patients from acute hospital sites to the new facility.

13.12. The Committee RESOLVED to:

- 36. 1) endorse the draft report and recommendations of the HOSC Review Board attached as Appendix 1;
- 37. 2) agree that the Review Board finalises the report after considering the outcome of the public consultation;
- 38. 3) agree to refer the final report to East Sussex Clinical Commissioning Group for consideration as part of its decision-making process; and
- 39. 4) request that the report to HOSC on 2nd December includes a summary of the final Equality and Health Inequalities Impact Assessment (EHIA).

14. HOSC FUTURE WORK PROGRAMME

- 14.1. The HOSC considered its work programme.
- 14.2. The Committee RESOLVED to agree its work programme subject to the addition of a report on community mental health services and Child and Adolescent Mental Health Services (CAMHS) at its December meeting.

The meeting ended at 11.50 am.

Councillor Colin Belsey

Chair



Agenda Item 5.

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

Date of meeting: 2 December 2021

By: Assistant Chief Executive

Title: Reconfiguration of Cardiology Services at Maidstone and Tunbridge

Wells NHS Trust (MTW)

Purpose: To update HOSC on proposals to redesign cardiology services at MTW

RECOMMENDATIONS

The Committee is recommended to:

- 1. Consider whether the service change proposals relating to Maidstone and Tunbridge Wells NHS Trust (MTW) cardiology services 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, if the proposals are a substantial variation to services, HOSC will undertake a detailed review of the proposals in order to prepare a report and recommendations.

1. Background

- 1.1. Maidstone and Tunbridge Wells NHS Trust (MTW) provides acute cardiology services from both Tunbridge Wells Hospital and Maidstone Hospital.
- 1.2. In July 2021 the Kent HOSC received a report outlining the proposals to reconfigure MTW's cardiology services and agreed that they did not constitute a substantial variation to services and so did not require formal consultation with that Committee.
- 1.3. Kent and Medway Clinical Commissioning Group (CCG) and MTW are in the process of running a 12-week public engagement exercise on the proposals to consolidate services onto a single site that is due to end 14th January 2022.
- 1.4. Patients living in the north of East Sussex will also be affected by the proposals and it is therefore necessary for the East Sussex HOSC to consider whether the proposals constitute a substantial variation to services requiring formal consultation with the Committee alongside and separately to the public engagement.

2. Supporting information

Proposals for cardiology services

- 2.1. The report from the Kent and Medway CCG and MTW attached as **Appendix 1** sets out their proposals for the transformation of acute cardiology services provided by MTW.
- 2.2. Cardiology is the branch of medicine dealing with the diagnosis and treatment of heart disorders and related conditions. While there are many clinical conditions that can affect the heart in people of all ages, many heart conditions are age-related, making cardiology services more and more important as people get older. Cardiology is also constantly evolving with new developments in disease prevention, diagnostics and therapeutics.
- 2.3. Both of MTW's hospital sites have cardiac catheter laboratories, but both only provide a partial inpatient cardiology service; Tunbridge Wells Hospital provides angioplasty intervention and simple pacing procedures, whilst Maidstone Hospital provides simple & complex cardiac pacing and electrophysiological intervention. On this basis if patients at Maidstone hospital require an angioplasty intervention, they will be transferred to Tunbridge Wells Hospital; similarly, if patients at Tunbridge Wells Hospital require complex cardiac pacing or electrophysiological intervention, they will be transferred to Maidstone Hospital.

- 2.4. Both sites have a 6 bedded Coronary Care Unit (CCU), and patients' inpatient stays outside of CCU are managed in the general medical wards with some sub specialisation. Both sites have Outpatients and other diagnostics (electrocardiogram, echocardiography).
- 2.5. The CCG and MTW argue this arrangement is unsustainable because:
 - patients are having their treatment delayed due to requiring transfers between the two hospital sites for procedures during their inpatient stay;
 - there is an inability to provide specialist cardiology services in a dedicated cardiology ward outside of CCU at either site;
 - it causes diluted services due to necessary duplication across two sites;
 - there is difficulty in recruiting and retaining specialist staff of all disciplines; and
 - the Trust has non-compliance with 9 of 25 clinical standards set out in the National Getting it Right First Time (GIRFT) report 2020.
- 2.6. As a result, the CCG and MTW are proposing the following changes:
 - Inpatient cardiology services would be centralised onto one 'hot site' providing 12 CCU bed; 2 co-located cardiac catheter labs for both elective and emergency procedures; up to 24 dedicated cardiology beds; consolidated skills and facilities onto one site for the provision of care to the most complex cardiology conditions; and consolidation of lab staff to one site facilitates meaning provision of 24/7 on call and weekend lab activity.
 - The 'cold' site would continue to manage less complex or serious cardiology conditions through the medical ward with support from the cardiologists.
 - Outpatient clinics and non-invasive investigations (ECG, echocardiograms) will remain on both sites and provision of specialist outpatient clinics at both sites (for example heart failure and arrhythmia clinics).
 - A **robust transfer protocol** will ensure patients on the 'cold' site are managed safely, quickly and appropriately for their condition.
- 2.7. The CCG and MTW began a 12-week engagement period on 22nd October 2021 running until 14 January 2022. The engagement document is attached at **Appendix 2** and contains four options for cardiology services:
 - Option 1: Do nothing. Leave services as they are
 - Option 2: Consolidate specialist inpatient and cardiac catheter lab services at Maidstone Hospital by reconfiguring existing space (preferred option of the CCG/MTW)
 - Option 3: Consolidate specialist inpatient and cardiac catheter lab services at Tunbridge Wells Hospital by reconfiguring existing space
 - Option 4: Consolidate specialist inpatient and cardiac catheter lab services at Maidstone Hospital by building a new space and reconfiguring existing space.
- 2.8. The CCG and MTW says the benefits of these proposals include:
 - delivery of a 7-day service with consolidated workforce (working to a more reasonable oncall rota) and specialist facilities that can be maximised;
 - improved availability of nursing and technical teams skilled in complex care that will improve the quality of care we can give to patients;
 - more streamlined and efficient care resulting in shorter stays and a better experience for patients;
 - improved continuity of clinical personnel; and
 - the ability to develop the service and provide even more specialist cardiology services for MTW's catchment population in the future, in line with the Trust's clinical strategy.

2.9. The majority of patients using MTW cardiology services live in Kent, however, around 10% of patients are from East Sussex:

Cardiology Activity	Trust total (all CCG's)	Sussex CCG's 2019-2020	% of Total
2017-2019 (3-year average)			
Elective Day Case	1174	141	12.0
Elective Inpatients	224	24	10.7
Non-Elective Inpatients	2311	86	3.7
Outpatients	19883	2204	11.1
TOTAL	23592	2455	10.4

2.10. For patients living in East Sussex, the majority of the activity is at Tunbridge Wells Hospital, and most of the activity is outpatients, with 61 non-elective admissions in 2020/21.

Sussex CCGs	TOTAL	Crowborough	%	Sevenoaks	%	Maidstone	%	Tunbridge Wells	%
2019/2020									
Elective Day Case	141					22		119	
Elective Inpatients	24					4		20	
Non-Elective Inpatients	86					5		81	
Outpatients	2204	135		11		119		1939	
TOTAL	2455	135	5.5	11	0.4	150	6.1	2159	87.9
2020/2021									
Elective Day Case	91					11		80	
Elective Inpatients	22					1		21	
Non-Elective Inpatients	61							61	
Outpatients	1984	134		10		109		1731	
TOTAL	2158	134	6.2	10	0.5	121	6.1	1893	87.7

2.11. Kent HOSC considered these proposals in July 2021 and agreed that whilst they were significant, they were not substantial and so concluded there was not a requirement for the CCG to consult with that Committee.

HOSC role

- 2.12. Under health scrutiny legislation, NHS organisations are required to consult affected HOSCs about a proposed service change that would constitute a 'substantial development or variation' to services for the residents of the HOSC area.
- 2.13. There is no national definition of what constitutes a 'substantial' change. Factors such as the number or proportion of patients affected; whether the service provides planned care (outpatient appointments or day case surgery) where patients and carers make arrangements for travel beforehand or un-planned care (emergency and urgent care) where patients may be admitted via ambulance or travel to an Emergency Department; the level of improvement offered by the new service; and the availability of alternative services nearby are often taken into account in coming to an agreement between the HOSC and the NHS on whether formal consultation is required.
- 2.14. If HOSC agrees that the confirmed proposals do constitute a substantial change, the Committee will need to consider the plans in detail in order to respond to the CCG with a report and recommendations. The Committee may wish to consider how it would undertake this task, which could be through establishing a Review Board to conduct a review on behalf of the full HOSC, with the Committee agreeing any recommendations before they are submitted to the NHS.
- 2.15. Where the HOSC does not consider a proposal to be a substantial variation to services there are alternative options for further scrutiny work including submitting a written response to the

public engagement, informal HOSC board meetings to scrutinise the proposals in more detail, and further reports to the Committee as the proposals are agreed and implemented.

3. Conclusion and reasons for recommendations

- 3.1. This report presents HOSC with proposals for the development of cardiology services in MTW, in particular the proposal to centralise inpatient cardiology services onto one 'hot site' and retain a number of other services on the 'cold site'.
- 3.2. The Committee is recommended to consider whether the service change proposals set out in **Appendix 1** constitute a 'substantial variation' to health service provision requiring statutory consultation with HOSC; and if so, to agree to undertake a detailed review of the proposals.

PHILIP BAKER Assistant Chief Executive

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Sussex Health Overview and Scrutiny Committee Thursday 2 December 2022

Reconfiguration of Cardiology Inpatient and Cardiac Catheter Lab Services at Maidstone and Tunbridge Wells NHS Trust

Report from: Amanjit Jhund, Director of Strategy, Planning and Partnerships

Maidstone and Tunbridge Wells NHS Trust

Peter Maskell, Medical Director, Maidstone and Tunbridge Wells NHS Trust

Author: JoAnne Cutting, Programme Director

Maidstone and Tunbridge Wells NHS Trust

1. Introduction:

This paper outlines the current cardiology service provided by Maidstone and Tunbridge Wells NHS Trust (MTW), our case for change, and our plans for reconfiguration of our cardiology inpatient and cardiac catheter laboratories. We believe we have a strong case for change to improve the quality of the service and care for our patients, meet national clinical quality standards and develop a specialist cardiology service which supports the Trust's future clinical strategy. We need to find a sustainable way to provide specialist inpatient cardiology services for the population of west Kent and beyond, including patients in our catchment population on the Kent/Sussex border and in the north of East Sussex.

2. Current service and scope

The current cardiology inpatient service at Maidstone and Tunbridge Wells NHS Trust (MTW) is provided at both Maidstone and Tunbridge Wells Hospitals. There is a cardiac catheter laboratory on each hospital site with the Tunbridge Wells site providing angioplasty intervention and simple pacing procedures and the Maidstone site providing simple and complex cardiac pacing and electrophysiological intervention. As a result of this, patients admitted to Maidstone Hospital requiring angioplasty will require transfer as an inpatient for the procedure to Tunbridge Wells Hospital, and patients admitted to Tunbridge Wells Hospital requiring complex pacing will require transfer as an inpatient to the Maidstone site. Both sites have a 6-bedded coronary care unit. Cardiology inpatients outside of the coronary care unit are managed on general medical wards on each site, with a nominal allocation of beds on specific wards. Both hospital sites provide outpatient services and outpatient diagnostics, and outpatient clinics are also provided at Sevenoaks and Crowborough hospitals.

We are clear that our focus for any proposed change is on our **specialist inpatient cardiology services**. We do not plan to change outpatient clinics or outpatient diagnostics, which would still be delivered from Maidstone Hospital, Tunbridge Wells Hospital, Crowborough Hospital and Sevenoaks Hospital. Patients attending A&E with cardiology symptoms would continue to be seen and treated in A&E at both Maidstone and Tunbridge Wells Hospitals, transferring if necessary (transported by ambulance or patient transport services) should they need to be admitted as an inpatient.

3. The case for change

The case for change is driven by a number of factors: -

- Patients having their treatment delayed due to inter-site transfers during an inpatient stay
- Poor patient experience and disruption for inpatients if they have to be transferred between sites
- The Trust inability to provide a specialist cardiology service in a dedicated cardiology ward outside of the coronary care unit on either hospital site
- Diluted services due to the necessary duplication across two sites requiring onerous and unacceptable on-call arrangements for our cardiologists and other specialist staff
- Difficulty in recruiting and retaining specialist staff because the way services are currently organised doesn't meet with best practice and has onerous on-call rotas
- Non-compliance with 9 of the 25 'Get It Right First Time' (GIRFT) national programme clinical standards as detailed below.

Non-compliant MTW GIRFT requirements

	GIRFT Recommendation
1	All hospitals must deliver cardiology services as part of a defined and agreed network model.
2	All hospitals receiving acute medical admissions must have a consultant cardiologist on-call 24/7 who is able to return to the hospital as required. There should be a consultant job planned specifically to review newly admitted and acutely unwell inpatients 7/7 and a consultant job planned (note this may be the same consultant) to deliver 7/7 review of other inpatients, ensuring continuity of care. This requires a minimum 1 in 6 consultant rota
4	All members of the wider heart team should be supported to work in extended roles and trusts should ensure that appropriate staff (including ACPs, specialist nurses and cardiac physiologists) are trained, accredited and authorised to prescribe medications relevant to their role.
5	Each network must ensure that there are clearly defined patient pathways covering all acute hospitals for the provision of 24/7 emergency temporary pacing and 7/7 permanent pacing.
7	Networks should ensure that stable chest pain pathways are consistent with the recommendations of NICE CG95. Invasive angiography should, as a default, be performed as '? proceed' and must be performed in PCI-enabled Cath lab by a PCI-trained operator.
8	Networks must ensure that all hospitals performing PCI have a 24/7 on-site rota for urgent return to the Cath lab.
10	For the acute chest pain pathway, all networks should provide 7/7 ACS lists, accessible to all hospitals in the network. Coronary angiography '?proceed' should be performed within 72 hours for patients without high risk features, within 24 hours for high risk patients and within 2 hours for the highest risk patients. Where cardiac surgery is required, this should by default be undertaken within seven days of coronary angiography.
11	In each hospital there should be a specialist consultant lead for HF, supported by a multidisciplinary HF team. Secondary care services should be integrated with community teams, with regular joint multidisciplinary meetings (MDMs). (this will be resolved when a new consultant joins the team in December 2021)
15	Networks should ensure that all hospitals admitting acute cardiology patients have 24/7 access to emergency echo including the facility for immediate remote expert review as required. Elective/urgent echo should be routinely undertaken 7/7. Urgent TOE should be available 7/7 and delivered on a network basis).

Our proposal to address the case for change

In order to meet the GIRFT clinical quality standards, and to address the other factors set out above in our case for change, doctors and other specialists in the MTW cardiology team believe there should be a consolidation of the most specialist and inpatient cardiology services on one of either the Maidstone or the Tunbridge Wells hospital sites. Whilst centralising the inpatient and cardiac catheter laboratory services on one hospital site will result in an increase in travel time for some patients, the aim is to improve the patient pathway, improve access to intervention and ultimately reduce the time patients are required to stay in hospital. As well as enabling the delivery of the GIRFT recommended clinical quality standards, centralisation of this element of the service is in line with the Kent and Medway Joint Strategic Needs Assessment, and the Health and Wellbeing Strategy. These both recognise the benefits of providing single site specialist services.

Kent JSNA - the Joint Strategic Needs Assessment

"For those people with more serious of life-threatening emergency care needs, we should ensure they are treated in centres with the very best expertise and facilities in order to maximise the chance of survival and a good recovery"

Kent HWBS – the Health and Wellbeing Strategy

"One of the key issues that we need to tackle is that of public awareness of the changes that will be taking place over the coming years, namely the move to more care being delivered in local communities away from acute hospitals. This will inevitably mean major changes to our big hospitals, with the creation of specialist hospitals where good quality care can be provided with specialist trained staff, with general services provided in the community at a local hospital as clinically appropriate. This may mean an increase in journey times to access specialist provision for some people but conversely will allow people to access much more of the care they need in community settings."

In addition, the East Sussex Joint Strategic Needs Assessment on cardiovascular disease (May 2019) emphasises that achieving the national ambitions to reduce cardiovascular disease (CVD) in the population requires a whole system effort. The pathway starts with prevention, through primary care and community support, through to the most specialist treatment provided in an acute hospital for a small percentage of people. MTW wants to provide the best service it can for all cardiology patients in its care, but other elements of the pathway are as important. The JSNA reports the uptake of the NHS Health Check screening in East Sussex is very good compared to the rest of England. It states that improving the uptake of CVD screening in hard to reach populations and implementing interventions to reduce CVD risk will continue to reduce inequalities in the East Sussex population. We will continue to work in partnership with health and care colleagues in the Kent and the Sussex systems on all aspects of the patient pathway.

4. Proposed centralisation of MTW's cardiology inpatient and cardiac catheter laboratory services

The proposed changes would mean the development of a 'hot' site for cardiology – i.e., a site that focuses on delivering more complex care, providing: -

- 12 Coronary Care Unit beds
- 2 co-located cardiac catheter laboratories for both elective (planned) and emergency procedures

- Up to 24 dedicated cardiology beds
- Consolidated skills and facilities on one site for the provision of care to patients with the most complex cardiology conditions
- Consolidation of lab staff onto one site to provide 24/7 on call and weekend lab activity.

The other site would be a 'cold' site for cardiology – i.e., a site that focuses on delivering more routine and less complex cardiology care - providing: -

 On site cardiologists 5 days a week with weekend advice from the 'hot site' for the management of less serious cardiology conditions or where the cardiology condition is secondary to another illness.

Both sites would still provide emergency department access for all patients, outpatient clinics and non-invasive diagnostic investigations and specialist outpatients, for example heart failure and arrythmia clinics. Added to this outpatient clinics will continue at both Crowborough and Sevenoaks Hospitals.

The benefits of the proposed new configuration would be: -

- Delivery of a 7-day service with consolidated workforce (working to a more reasonable on-call rota) and specialist facilities that can be maximised
- Improved availability of nursing and technical teams skilled in complex care that will improve the quality of care we can give to patients
- More streamlined and efficient care resulting in shorter stays and a better experience for patients
- Improved continuity of clinical personnel
- The ability to develop the service and provide even more specialist cardiology services for our catchment population in the future, in line with the Trust's clinical strategy

5. Options

There are currently 4 options being considered by the Trust:

- 1. No change with just incremental improvement attempts as part of our 'business as usual' but without the opportunity to make transformational changes
- 2. Consolidation of specialist inpatient cardiology services on the Maidstone site through reconfiguring existing space
- 3. Consolidation of specialist inpatient cardiology services on the Maidstone site through some new building and some reconfiguration of existing space
- 4. Consolidation of specialist inpatient cardiology services on the Tunbridge Wells site by reconfiguring existing space.

In July 2021 Kent HOSC members discussed and reviewed our case for change and our emerging proposals with the four potential options. Kent HOSC determined that these proposals represented a significant change but did not amount to a 'substantial variation'. HOSC members confirmed therefore that formal consultation with the local authority was not required. However, in recognition of the potential significant change outlined the members supported a 12-week engagement period with the public to discuss the proposals, and gather insights, views and feedback before the Maidstone and Tunbridge Wells NHS Trust Board decides on the final configuration of these services. We launched a 12-week public engagement period on 22nd October 2022 which will run until 14 January 2022. It builds on

some early patient, staff, stakeholder, and public engagement the trust has already undertaken on this issue.

At this point, no decision has been made and there are a number of factors to consider in weighing up the options. The 'no change' option won't address and deliver on our case for change, so is our least preferred option at this stage. Consolidation options at Maidstone would have the added benefit of co-locating inpatient cardiology with the new Hyper Acute Stroke/Acute Stroke Unit service, with some shared co-located expertise and support services and is therefore the Trust's preferred option. Reconfiguring existing space would be quicker and cheaper than building new space. The option to consolidate within existing space at Maidstone hospital would be the most cost-effective and quickest to implement option while consolidating inpatient cardiology on the Tunbridge Wells site would be more expensive and take longer due to the nature of the PFI contract on the building.

Despite having a preferred option, the trust has not yet decided how cardiology services will be organised in the future, and won't until views and feedback from the engagement period have been carefully considered. This will be alongside all the other evidence – clinical, quality, workforce, financial, estates - gathered as part of the trust's review of cardiology services.

6. Impact on Sussex patients

The map and distribution charts below show the patient population both Maidstone and Tunbridge Wells Hospitals serve. They also highlight the current patient flows from the Kent/Sussex borders. The impact of our proposals on this cohort of patients would be determined by and depend on which of the Maidstone or Tunbridge Wells sites was chosen for the proposed centralisation of inpatient cardiology services. Clearly centralisation on the Maidstone site would have more impact in terms of travel times for Sussex-based patients, particularly by public transport. However, we would hope to mitigate the impact of this by improved care and shorter length of stay. We would also want to consider measures that could be put in place or expanded to support patients or loved ones that don't have access to a private car and may struggle with travelling to or visiting someone in hospital.

In terms of the extent of the impact these proposals would have on Sussex-based patients it is important to consider too the volumes of patient activity currently using MTW's specialist inpatient cardiology services.

Outpatient services will continue to be provided on the current 4 sites including Crowborough Hospital. Sussex-based patients attending MTW cardiology outpatient clinics, outpatient diagnostic services, or presenting at A&E with cardiology symptoms would continue to use the services they use now, at the locations they go to now.

The three tables below outline the MTW activity volumes for Sussex-based cardiology patients.

- **Table 1** shows the overall trust activity 3-year average (2017-2019). Sussex based patients make up 10.4% of the overall total of 23592. The bulk of this is outpatient activity. The elective day cases, elective inpatients, and non-elective inpatients for Sussex totals 249 patients. This is 6.7% of total trust activity for these three categories
- Table 2 shows the last two years' Sussex CCG activity for cardiology split by hospital
 site highlighting the majority of the Sussex-based patient activity is at Tunbridge Wells
 Hospital as anticipated. However, the bulk of the activity is outpatient appointments
 which will not change, and a portion of elective procedures already come to the
 Maidstone site

• This is further reinforced in **Table 3** which shows circa 90% of the total Sussex based cardiology activity is outpatients activity.

Table 1

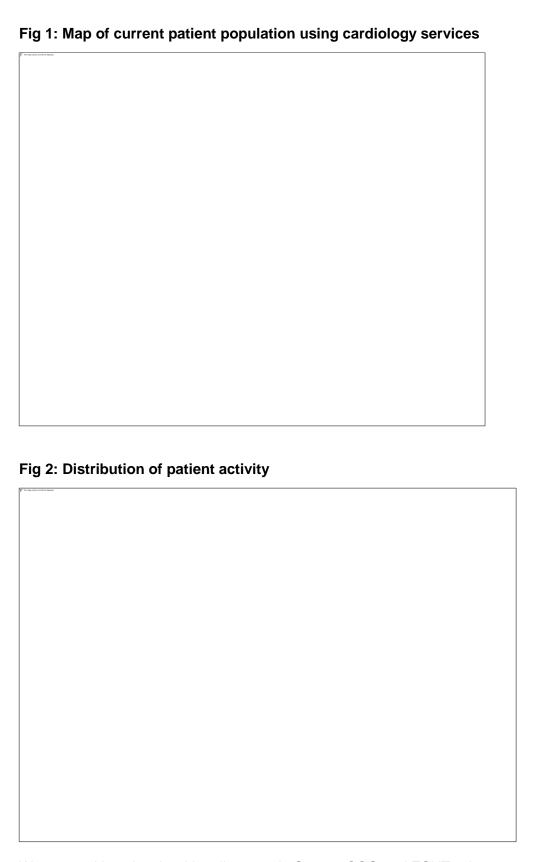
Cardiology Activity	Trust total (all CCG's)	Sussex CCG's 2019-2020	% of Total
2017-2019 (3-year average)			
Elective Day Case	1174	141	12.0
Elective Inpatients	224	24	10.7
Non-Elective Inpatients	2311	86	3.7
Outpatients	19883	2204	11.1
TOTAL	23592	2455	10.4

Table 2

Sussex CCGs	TOTAL	Crowborough	%	Sevenoaks	%	Maidstone	%	Tunbridge Wells	%
2019/2020									
Elective Day Case	141					22		119	
Elective Inpatients	24					4		20	
Non-Elective Inpatients	86					5		81	
Outpatients	2204	135		11		119		1939	
TOTAL	2455	135	5.5	11	0.4	150	6.1	2159	87.9
2020/2021									
Elective Day Case	91					11		80	
Elective Inpatients	22					1		21	
Non-Elective Inpatients	61							61	
Outpatients	1984	134		10		109		1731	
TOTAL	2158	134	6.2	10	0.5	121	6.1	1893	87.7

Table 3

Sussex CCGs	TOTAL	% of Total
2019/2020		
Elective Day Case	141	5.74
Elective Inpatients	24	0.98
Non-Elective Inpatients	86	0.86
Outpatients	2204	89.78
TOTAL	2455	
2020/2021		
Elective Day Case	91	4.2
Elective Inpatients	22	1.0
Non-Elective Inpatients	61	2.8
Outpatients	1984	91.9
TOTAL	2158	



We are working closely with colleagues in Sussex CCG and ESHT, who, as you are aware, are also developing proposals to improve cardiology services. We will continue to work together, and with SECAmb, and keep each other informed of the detail of our respective reviews. We will work to ensure alignment across the wider geography and to deliver the

maximum benefit and quality outcomes in cardiology services for the people of Kent and East Sussex.

7. Engagement activities, including for the Sussex population

MTW has developed a substantial engagement plan. The trust launched a 12-week period of engagement activity to discuss the cardiology improvement plans, as agreed with Kent HOSC, on 22 October 2021. The public engagement will run until 14 January 2022.

The engagement plan includes using a range of different methodologies to reach and hear from audiences across west Kent and the border communities of East Sussex. In our planning we recognise that whilst, particularly during the pandemic, more people are engaging digitally than ever before, there are still people who can't or don't want to engage digitally. We plan to exploit digital engagement and awareness-raising opportunities but have also used traditional methods, contact points, and printed materials for those who are not online. Core information, including our engagement document, is hosted on our website at www.mtw.nhs.uk/cardiology-engagement, but people can also phone or write to us to request printed information.

Our planned activity includes:

Publicity and awareness raising – through media releases and print adverts in local papers; posters displayed across the MTW sites and in local libraries; paid-for social media advertising – targeted by postcode (TN19, TN6 and TN2 with the largest volume of Sussexresidents' MTW activity – see Fig 1 above) and including TN19 (Etchingham), TN6 (Crowborough), TN2 and TN5 (Wadhurst), TN7 (Hartfield), TN32 (Robertsbridge), TN20 (Mayfield), TN22 (Uckfield) postcodes from East Sussex; information cascade to stakeholders and to community and patient groups, including through Sussex CCG and Sussex Healthwatch and their patient and public engagement channels; information cascade to cardiology and other staff at Maidstone and Tunbridge Wells hospitals and others in the health and care system in Kent, Medway and East Sussex

Public and staff online listening events – open to anyone interested in learning more about and discussing the proposals. The dates for the public listening events are:

- Thursday 9 December 2021,19.00 20.30
- Wednesday 15 December 2021, 19.00 20.30

Details of how to register and join are available on the MTW website. These meetings are being advertised on our website and through local newspaper and social media adverts as well as through our information cascade to stakeholders, community, and patient groups

An online and printed questionnaire – on our website and available hard copy for those not online

Focus groups with those with protected characteristics under the equalities' legislation, with seldom heard and marginalised groups, with those across the catchment geography (including East Sussex), and with those most impacted by our proposals. These are being held throughout the 12-week period and will be proactively recruited to and run via an engagement agency to ensure a representative sample of people from our targeted audience groups

'Pop-up' information stalls in shopping centres in Tunbridge Wells, Maidstone and other areas including in Crowborough in East Sussex (dates are still being confirmed for some of these and further information can be found on our website, which will be kept updated throughout the engagement period)

Telephone polling – research with a representative sample of the population drawn from the post-code areas shown above in Fig 1 in the MTW catchment area, including the postcodes from East Sussex

Attendance at existing meetings and forums to present and discuss the case for change and proposals, and to hear views – for example, the Tunbridge Wells Older People's Forum. We are open to invitations to come and speak at community or patient group meetings – the team can be contacted via our website

Engaging with and briefing key stakeholders – such as Kent HOSC, Sussex HOSC, MPs across west Kent and the border communities of East Sussex.

At the end of our 12-week engagement period the results and feedback will be collated and independently analysed by an agency, with a thematic report delivered to the Maidstone and Tunbridge Wells NHS Trust board to help inform and support their decision-making. We would be happy to share this report with Sussex HOSC too.

We expect the MTW board to consider all the evidence collected throughout our review and to decide on the future shape of specialist inpatient cardiology services across the trust in February 2022.

Any agreed changes to the way cardiology services are organised with then be subject to detailed implementation planning. There won't be any sudden overnight changes but rather a planned transition. We commit to keeping staff, patients, stakeholders – including Sussex HOSC, and the public updated as our plans progress.

Recommendations

Members are asked to:

- Consider and note the case for change, and the proposals and options to help address it to improve the quality of specialist inpatient cardiology care for patients at Maidstone and Tunbridge Wells NHS Trust
- Consider the impact of the proposals and whether they are substantial variation of service for Sussex residents
- Agree with colleagues from MTW how they would like to be kept updated about this work as it progresses.

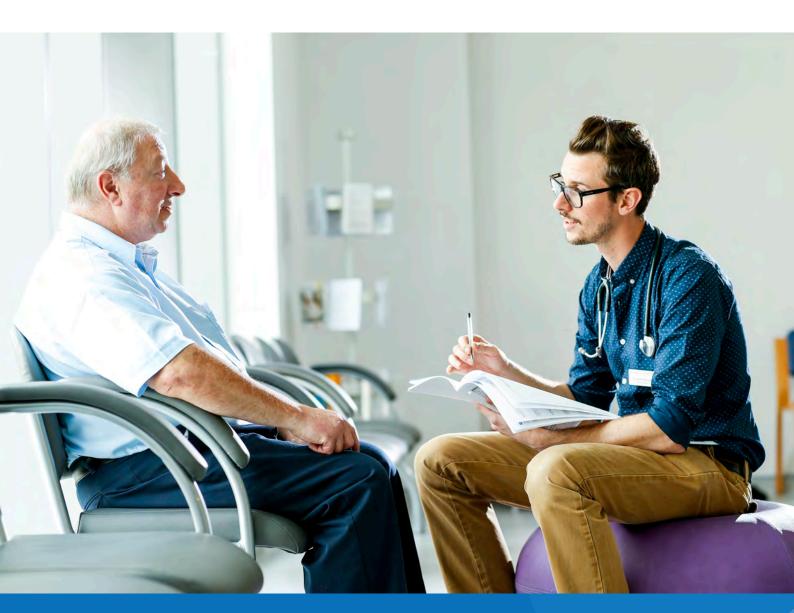
Appendix A – *Improving cardiology services*, our engagement document







Developing cardiology services at Maidstone and Tunbridge Wells NHS Trust



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How to find out more and get in touch

You can find lots more information about the proposals set out here, the process we have followed so far and next steps on our website at www.mtw.nhs.uk/cardiology-engagement.

Translation/alternative format information

If you would like this document in an alternative format or language, please contact us by telephone 01622 225771 or email: mtw-tr.cardioreconfig@nhs.net.

Contact us

If you would like to get in touch you can:

- Email: mtw-tr.cardioreconfig@nhs.net
- Call: 01622 225771
- Write: MTW Developing Cardiology Services programme, c/o Communications Team, Maidstone Hospital, Hermitage Lane, Maidstone, Kent, ME16 9QQ

GLOSSARY

We have included a glossary at the end of this document to explain the medical and technical terms we use.

2. Introduction

At Maidstone and Tunbridge Wells NHS Trust (MTW for short) we have been looking at ways to improve the quality of our cardiology care. Cardiology is the care of people with heart problems. At the moment our cardiology outpatient clinics are provided in four locations: Maidstone hospital; Tunbridge Wells hospital; Crowborough hospital; and Sevenoaks hospital. Inpatient beds and cardiac catheter lab services for cardiac procedures (see our glossary for further explanation) are split across our two main hospital sites - Maidstone hospital and Tunbridge Wells hospital.

Having our inpatient and cardiac catheter lab services on two sites means our staff and other resources are thinly stretched and, despite the hard work of our fantastic cardiology team, meeting some of the national best practice recommendations is a challenge in some areas. This impacts on the quality of care we can provide to patients requiring a procedure in our cardiac catheter labs and patients requiring an inpatient stay.

After careful consideration of ways we could improve care, our cardiology team has identified four potential options that we set out in this document. The proposed changes will not affect the outpatient services we provide, which will stay the same.

We want to know what patients, the public, staff and stakeholders think about these options. We are holding a 12-week engagement to gather views that we will use to inform our decision making.

To help you form your views and give feedback this document explains more about why we need to make changes to services, the process we followed to identify potential options, the options we're considering and their potential advantages and disadvantages.

We also set out how you can find out more about the proposals, how to give your views and what the next steps in the process will be.

Our engagement period closes at midnight on 14 January 2022. We hope you will take the opportunity to let us know what you think.

The questions we are asking you as part of this engagement

We have five key questions we are looking to hear your views on, these are:

- ? Do you think there are clear reasons to change cardiology services at MTW?
- What are your views on our proposal to centralise specialist care at one hospital?
- What do you think are the advantages and disadvantages of the potential options?
- Phow could we reduce the impact of any disadvantages?
- ? Are there any other options, evidence or information we should consider before making our final decision?



3. Why do we want to change cardiology services?

Our current services

At the moment MTW provides a range of inpatient and outpatient cardiology care at both Maidstone and Tunbridge Wells hospitals, and cardiology outpatient clinics at Sevenoaks and Crowborough hospitals. We provide some specialist cardiology services at both Maidstone and Tunbridge Wells hospitals and some at just one of them. The table below sets out what services are where at the moment.

Service*	Maidstone Hospital	Tunbridge Wells Hospital
Emergency care (A&E) for heart problems (e.g. heart attacks)	~	~
Pardiac critical care unit	~	~
General inpatient cardiology care	~	~
Dedicated cardiology ward	×	×
Cardiology patients cared for on general medical wards	~	~
Weekend consultant ward rounds for all cardiology patients	×	×
Monday to Friday consultant ward rounds	~	~
24/7 on-call consultant	~	~
Catheter lab for PCI (angioplasty)	×	~
Catheter lab for simple pacing procedures	~	~
Catheter lab for complex pacing procedures	~	×
Catheter lab for electrophysiological intervention	~	×
Non-invasive tests such as ECGs	~	~
Outpatient appointments (also provided at Sevenoaks and Crowborough hospitals)	~	~

^{*}Please see our glossary on page 18 for descriptions of these services

The challenges we face

The way our services are currently organised presents some key challenges, for example:

- patients who are admitted to hospital with heart problems often need to be transferred to a different hospital to get the care they need as the catheter labs on each site specialise in different elements of cardiac care
- our specialist cardiology staff are spread across two sites, making it difficult to provide 7-day a week services
- not having the right number of staff in one place also means we sometimes have to cancel planned cardiology care because of peaks in emergency care
- we have to ask our consultant cardiologists to be on-call (for out-of-hours cover overnight and at weekends) very frequently. This makes our hospitals less attractive places to work than hospitals with less demanding on-call rotas
- we can't work as efficiently across two sites meaning we aren't able to see as many patients or make the best use of our resources.



Facts and figures

PATIENTS PER YEAR



- 3731 inpatient stays
- Almost **20,000** outpatient appointments
- Over **500** cath lab procedures and over **3700** diagnostic tests

NATIONAL STANDARDS



- There are **25** national best practice recommendations for cardiac care
- MTW is providing care in line with 12 ecommendations and partially in line with four recommendations









- Dedicated (ring-fenced) cardiology inpatient beds
- 7-day a week cardiology consultant ward rounds for all cardiology inpatients
- 24/7 cardiac catheter lab for emergencies
- Weekend access to elective/urgent echocardiography
- More sustainable on-call rotas for the cardiology team (on-call no more than once every six weeks)
- Weekend access to coronary angiography and pacing for inpatients

IMPACT ON PATIENTS



- 5% of planned heart procedures cancelled because of winter pressures in 2019
- 28% of 'NSTEMI' patients (see our glossary on p18) at Maidstone and 66% at Tunbridge Wells admitted to a specialist cardiac ward, against a best practice target of 80%
- Around **three** patients are transferred between the two hospital sites each week after being admitted, to get the treatment they need

Our ambition for the future

We want our cardiology services to meet all the best practice standards and recommendations for care. We want to make the best use of our resources and run services efficiently so that we can treat as many patients as possible.

The way our services are currently organised makes it difficult to achieve this ambition and we know we need to make changes to improve care. The next section of this document explains how we identified what changes are most likely to help us deliver good quality services.

Engagement so far and what we've heard



As part of the process of considering how we could improve cardiology services, we have already been speaking to staff, stakeholders and past patients about their views. We have carried out a staff survey, met with local councillors and carried out research with local people. Full details of the engagement so far is available on our website at www.mtw.nhs.uk/ cardiology-engagement. Some of the key themes we have heard about current services include:

- Staff feel facilities could be better and the service is disjointed because it is on two sites. They would like to see a 'centre of excellence' developed
- Patients feel staff are rushed and they don't get enough information about their care or feel listened to
- People feel there are not enough staff available, both staff and patients are concerned about not having 24/7 services and about waiting times for treatments
- Patients are concerned about waiting over a weekend for a cardiac procedure.

page 5 page 6

4. How the proposals were developed

We considered a range of evidence and information to identify the best way to improve care for patients. The process we followed to identify possible options for change is set out in more detail in a factsheet which is available on our website at www.mtw.nhs.uk/cardiology-engagement or by contacting us using the details shown on page 1. A summary is set out below.

Evidence and information

We looked at evidence and information about our current services to understand more about:

- numbers of patients, what areas they come from, the treatments they have and how long they stay in hospital
- Weur performance against current national best practice recommendations and how our services would need to change to meet all the recommendations

- the number of staff we have and how many we would need to deliver care in line with national recommendations
- the cost of current services and the cost of providing services in line with best practice recommendations
- how to make our cardiology service attractive to potential new members of staff to help us recruit and retain the best people
- the likely availability of funding to reconfigure existing hospital space and/or build new hospital space.



Identifying a 'model of care'

The term 'model of care' is used to describe what types of services and treatments are provided, what type of setting they are provided in (in a hospital, in local communities etc) and which health professionals are involved in providing care.

We believe that the information and evidence we considered shows that the best model of care for cardiology services at MTW is to consolidate some specialist care at one hospital while continuing to provide more day-to-day and routine care at the other hospital.

HOSPITAL 1

For patients with serious and/or complex conditions:

- 24 bedded dedicated specialist cardiology ward
- 12 bedded coronary care unit (CCU)
- acute cardiology assessment unit (ACAU)
- 2 co-located cardiac catheter labs (one specialising in coronary artery intervention procedures and one for electrophysiology studies and pacing/complex devices), for both elective and emergency procedures
- recovery ward for up to 12 patients, separate to the ward area

HOSPITAL 2

For patients with less complex cardiac conditions:

- Monday Friday morning ward rounds by a designated consultant cardiologist
- access to advice from the specialist site available 24/7

BOTH HOSPITALS

- A&E able to treat people with potential cardiac emergency
- outpatient cardiology clinics with doctors and nurses (as well as at Sevenoaks and Crowborough hospitals)
- non-invasive cardiology diagnostic tests (as well as at Sevenoaks and Crowborough hospitals)
- 24/7 on call telephone service provided by consultant cardiologist (based at hospital 1)



Identifying possible options

Having identified the model of care we looked at how it could be applied to our existing hospitals and services. We came up with four possible options:

- Do nothing: leave services as they are
- Consolidate specialist services at Maidstone Hospital by reconfiguring existing space
- Consolidate specialist services at Tunbridge Wells Hospital by reconfiguring existing space
- 4 Consolidate specialist services at Maidstone Hospital by building a new space and reconfiguring existing space



Services at each site under each option

The services available at each site under the different options would vary. The table below shows an overview of what would be where. Our glossary on page 18 gives a description of the different services.

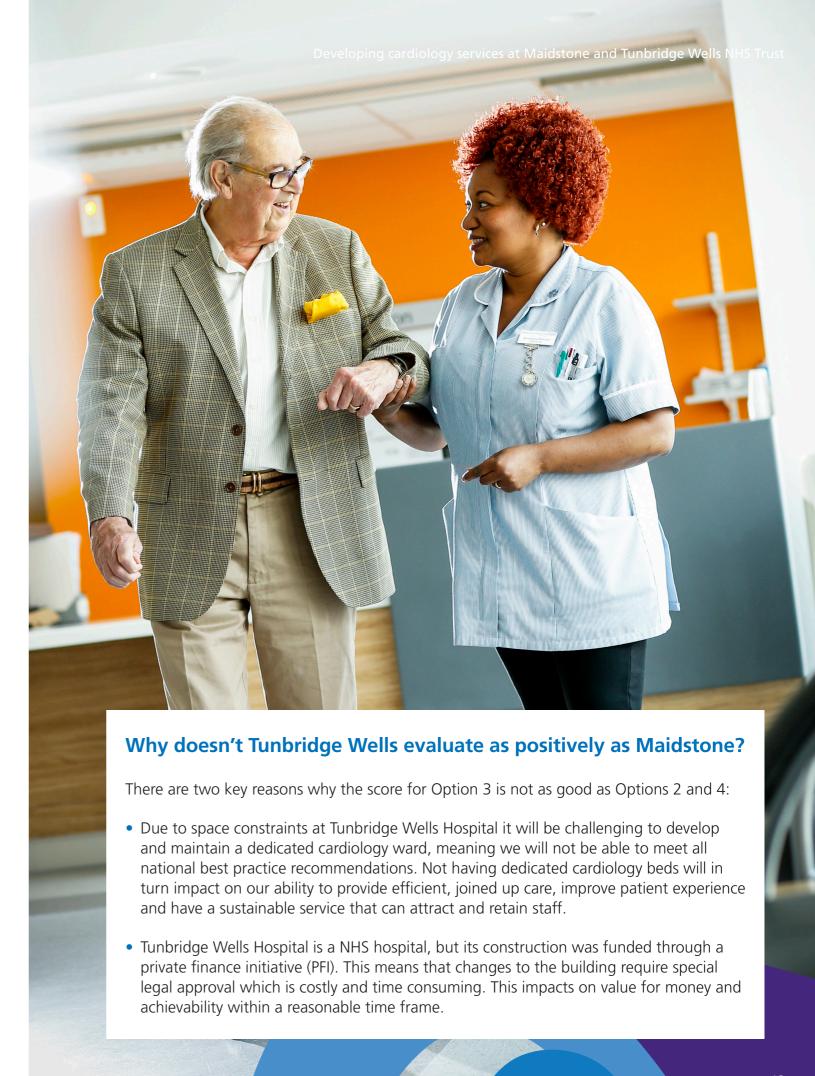
Service	Option 1: Do nothing		Option 2 and Option 4: Consolidate specialist services at Maidstone Hospital		Option 3: Consolidate specialist services at Tunbridge Wells Hospital	
Hospital site	МН	TWH	МН	TWH	МН	TWH
Emergency care (A&E) for heart problems (e.g. heart attacks)	~	~	~	~	~	~
Acute cardiac assessment unit	×	×	~	×	×	~
Coronary care unit	V	V	~	×	×	~
General inpatient cardiology care	~	V	V	V	V	V
Dedicated cardiology ward	×	×	V	×	×	~
Weekend ward rounds for all patients	×	×	V	×	×	~
Monday to Friday consultant ward rounds	~	V	V	V	V	~
24/7 on-call consultant	~	~	V	~	V	~
Catheter lab for angioplasty	×	~	V	×	×	~
Catheter lab for simple pacing procedures	~	×	V	×	×	~
Catheter lab for complex pacing procedures	~	×	V	×	×	~
Catheter lab for electrophysiological intervention	~	×	V	×	×	~
Non-invasive tests such as ECGs	~	~	~	~	~	~
Outpatient appointments	V	V	V	V	V	V
Potential to develop PPCI centre	×	×	V	×	×	V
On-call rota maximum of 1 week in 6	×	×	~	~	V	V

Evaluating the options

We assessed each option against a set of criteria to evaluate its strengths and weaknesses. A summary is shown below, and more detail is available in our factsheet at www.mtw.nhs.uk/cardiology-engagement. We scored how well each option met the criteria out of five, with one being the lowest score and five the highest. All the criteria were considered to be equally important.

The scoring is shown in the table below.

Will the option	Option 1: Do nothing	Option 2: Consolidate at Maidstone	Option 3: Consolidate at Tunbridge Wells	Option 4: Consolidate at Maidstone with new build
Help achieve national best practice recommendations	2	5	4	5
Deliver efficient and joined-up care	2	5	4	5
Improve patient experience (including reducing transfers tween hospitals)	2	5	4	5
Offer value for money	2	4	1	2
Support our longer-term aspirations to provide PPCI	1	5	5	5
Offer acceptable travel times to patients and visitors	5	3	3	3
Be acceptable to our clinical team	2	4	4	4
Make the service sustainable for the long term	1	4	3	4
Be achievable in a reasonable time and for an affordable cost	4	3	1	2
TOTAL	21	38	29	35



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5. The options we are engaging on

In this section we explain more about the four options and their strengths and weaknesses to help you respond to this engagement.

Strengths of the options

Option 1: Do nothing	Option 2: Consolidate at Maidstone	Option 3: Consolidate at Tunbridge Wells	Option 4: Consolidate at Maidstone with new build				
Potentially less worrying and	Able to meet key clinical standards of care such as 7-day a week ward rounds and 24/7 on-call consultant cover						
disruptive for patients, visitors and staff than	Patients with chest pain	continue to be seen at bo	th A&Es				
making changes to services	Both hospitals continue to and non-invasive tests su	to provide cardiology outp ich as ECGs	atient appointments				
Page 36	Fewer transfers between	hospitals for inpatient car	rdiology treatment				
Ö	Cardiac critical care unit and dedicated general cardiology beds/wards						
	Likely to be fewer cancellations of planned procedures at short notice						
	Two cath labs on one site providing full range of procedures						
	Adequately sized recovery area for cath lab to allow more patients to be treated						
	Likely to be more attractive to staff due to best practice care and better on-call rota						
	Fastest to implement no need for planning permission due to internal reconfiguration		More likely to guarantee ring fenced beds for cardiology				
	Likely to require the least amount of capital investment						
	More likely to guarantee ring fenced beds for cardiology						

Weaknesses of the options

Option 1: Do nothing	Option 2: Consolidate at Maidstone	Option 3: Consolidate at Tunbridge Wells	Option 4: Consolidate at Maidstone with new build		
Not possible to consistently meet	Change can be worrying for patients and visitors, and disruptive to staff				
all best practice recommendations	Some patients and visito	rs may need to travel furth	ner for care		
Patients continue to be transferred between	-	travel further for work, or role (in agreement with in			
hospitals	Some disruption to services while changes are implemented				
No dedicated cardiology beds/ward Significant gap in		Most expensive to deliver as will involve legal and PFI costs	Will require planning permission because of new build element		
staffing		Will take longer to	Will require more		
Not possible to deliver 7-day consultant cover or 24/7 on-call cover		implement than other options	funding than Option 2 because of new build element		
Planned care and number of cancelled planned procedures continues to be impacted by peaks in emergency care		There is less suitable ward space available at Tunbridge Wells, and no space to expand, so ringfencing beds for cardiology patients may be a challenge			
Not possible to develop a highly specialist PPCI service (currently provided for the whole of Kent and Medway in Ashford)		Not as close to road network for access for emergency cardiology services including PPCI			

Additional staff needed

In order to meet the best practice recommendations we will need the following additional staff:

- 4 consultants
- 34 nurses working across cardiology ward, coronary care unit, acute coronary assessment unit and cath lab (including recovery)
- 10 cardiac physiologists (staff who carry out investigations to diagnose heart problems using specialist equipment)
- 2 radiographers.

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Travel times

We know that the time it will take patients to reach services in an emergency is often a concern when the NHS proposes changes to care. We also understand that longer and more complex journeys impact on people visiting loved ones in hospital. For these reasons we have looked carefully at the travel times for each of the options.

It is important to note that for all the options, there will not be any changes to A&E services at either Maidstone or Tunbridge Wells hospitals. People who have chest pain or a suspected heart attack will still be able to go to either A&E. The ambulance service would continue to take emergency patients to the nearest appropriate A&E department (including to Ashford for the most severe cases – as now).

The main impact on travel times will be for visitors or for patients who, after attending A&E, need to be transferred to the hospital site with the consolidated cardiology services.

To work out this impact, we looked at which postcodes our cardiology inpatients came from for the three-year period from 2017 to 2019 for each hospital. We looked at the current journey times for these postcodes by car and public transport and at future journey times if services were to move to the other hospital. The tables below show the impact of the options on travel times for the ten most common postcodes for both Maidstone Hospital and Tunbridge Wells Hospital.

Travel times if services moved from Maidstone Hospital to Tunbridge Wells Hospital





Postcode	% of inpatients from this postcode admitted to Maidstone Hospital (2017-2019 inclusive)	Journey time by car (minutes)		Journey time by public transport (minutes)	
Postcode		To Maidstone	To Tunbridge Wells	To Maidstone	To Tunbridge Wells
ME15	15.75%	14	42	68	117
ME14	10.77%	12	36	73	124
ME16	10.60%	3	30	16	53
ME17	9.69%	17	41	63	102
ME20	7.86%	10	35	60	72
ME19	6.92%	15	26	29	82
TN12	4.29%	25	13	62	36
TN15	3.37%	23	24	57	66
ME6	3.34%	15	34	45	62
ME18	2.92%	12	22	27	38

Travel times if services moved from Tunbridge Wells Hospital to Maidstone Hospital





	% of inpatients from this postcode admitted to Maidstone Hospital (2017-2019 inclusive)	Journey time by car (minutes)		Journey time by public transport (minutes)	
Postcode		To Tunbridge Wells	To Maidstone	To Tunbridge Wells	To Maidstone
TN2	10.04%	4	26	8	43
TN6	9.47%	26	48	96	125
TN4	8.83%	11	35	31	62
TN12	7.98%	13	25	36	62
TN10	6.68%	14	24	30	69
TN13	5.01%	20	34	46	88
TN11	4.93%	17	28	46	65
TN9	4.93%	10	27	19	73
TN3	4.29%	21	44	27	93
TN8	4.11%	32	49	55	129

You can find out more detail about travel times, including for a wider range of postcodes on our website at www.mtw.nhs.uk/cardiology-engagement.

Transfers between hospitals

If we do centralise services on to one site, some cardiology patients will still need to be transferred between hospitals by ambulance. Patients who go to A&E at the hospital without specialist cardiology services who need to be admitted for cardiology care will be stabilised in A&E and then taken to the specialist site to be admitted. However, unlike now, once they are admitted, they will remain in the same hospital for their care and treatment until they are well enough to go home.

Our preferred option

While our current inpatient cardiology services provide good care to patients, we believe that we need to make changes in order to improve further. We think that the evidence and information we have considered shows that centralising specialist cardiology services at Tunbridge Wells is less likely to achieve best-practice recommendations or be a cost-effective solution.

Although both the options for consolidating services at Maidstone evaluated well, building a new space for cardiology services would be more expensive and take longer than reconfiguring existing space. Our preferred way forward,

therefore, is Option 2: consolidating specialist cardiology services at Maidstone Hospital by reconfiguring existing space.

However, we remain open minded while we engage with patients, the public, staff and stakeholders on the potential options. Before deciding how to proceed, we want to know what you think about our proposal to centralise specialist cardiology services at one hospital, what you think are the pros and cons of each option and how we could reduce the impact of any disadvantages. The next section of this document tells you more about how you can share your views with us.

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6. Sharing your views

You can find lots more information about the proposal and complete the engagement questionnaire on our website at www.mtw. nhs.uk/cardiology-engagement. Our website also has information about opportunities to meet with us virtually and face to face to hear more about the proposal and ask questions.

If you don't have access to the internet, you can also contact us by email at mtwtr.cardioreconfig@nhs.net, by phone on **01622 225771** or by writing to us at **MTW Developing Cardiology Services programme,** c/o Communications Team, Maidstone Hospital, Hermitage Lane, Maidstone, Kent, ME16 9QQ to find out more.



The questions we are asking you as part of this engagement

We have five key questions we are looking to hear your views on, these are:

Do you think there are clear reasons to change cardiology services at MTW?



What are your views on our proposal to centralise specialist care at one hospital?



What do you think are the advantages and disadvantages of the potential options?



How could we reduce the impact of any disadvantages?



Are there any other options, evidence or information we should consider before making our final decision?

Please spend a couple of minutes letting us know your views. Your feedback is important to us and will help us make the best decisions as we plan healthcare for people who use our services. We need to hear from you by midnight on 14 January 2022.

7. Next steps

After our engagement period ends, we will review the feedback we have received and carefully consider it alongside the other evidence and information we have. We expect to make a decision about how to proceed later in 2022. We will keep our website updated on the decisionmaking timeline, and will also share updates with staff, stakeholders, local patient groups and the local media.

8. Glossary

Acute cardiology assessment unit (ACAU)

A dedicated assessment area, alongside or in A&E for people who are experiencing irregular heartbeats or chest pain which could be related to the heart.

Catheter laboratory or cath lab

An examination room with specialist equipment used to look at how well the heart is working, diagnose problems and to provide certain types of treatment (see below).

Coronary care unit

A ward providing highly specialised care for patients with acute or serious heart conditions such as heart attacks and heart failure.

Echocardiogram or echo

A type of ultrasound scan used to look at the heart and nearby blood vessels to detect heart problems.

Electrocardiogram (ECG)

A test used to check heart rhythm and electrical activity. Sensors attached to the skin are used to detect electrical signals produced by the heart each time it beats. These signals are recorded by a machine and are looked at by a doctor to see if they're unusual.

Electrophysiology (EP) study

A test to look at the heart's electrical activity in more detail. It is carried out in the cath lab where electrodes are inserted into a vein and up to the heart. It is used to diagnose and treat a wide variety of abnormal heart rhythms.

Heart attack

A serious medical emergency in which the supply of blood to the heart is suddenly blocked, usually by a blood clot. Also known as a myocardial infarction or MI.

Non-ST segment elevation myocardial infarction (NSTEMI)

A type of heart attack. It can be less serious than a STEMI (see below) because the supply of blood to the heart may be only partially, rather than completely, blocked. As a result, a smaller section of the heart may be damaged. However, an NSTEMI is still regarded as a serious medical emergency. Without treatment, it can progress to serious heart damage or STEMI.

Pacing and implanted device procedures

Procedures to fit devices that correct irregular heart rhythms, such as pacemakers or implantable cardioverter defibrillators. These procedures are carried out in the cath lab.

Percutaneous coronary intervention (PCI) and primary PCI (PPCI)

Also known as angioplasty or coronary angioplasty. A procedure used to treat narrowed heart arteries. A balloon is inserted into the artery to open it and a stent – a small wire mesh tube – is placed in the artery to keep it open. A primary PCI or PPCI is a PCI carried out in an emergency to treat STEMI (see below) type heart attack.

PPCI centre

A hospital that can provide PPCI to heart attack patients. To be a PPCI centre a hospital needs a 24/7 cath lab service, with at least two cath labs, and to carry out at least 400 PCI procedures a year. In Kent and Medway there is currently one PPCI centre, at William Harvey Hospital in Ashford.

ST segment elevation myocardial infarction (STEMI)

The most serious type of heart attack where there is a long interruption to the blood supply. This is caused by a total blockage of the coronary artery, which can cause extensive damage to a large area of the heart.

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Agenda Item 6.

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

Date of meeting: 2 December 2021

By: Assistant Chief Executive

Title: Transformation of Cardiology Services at East Sussex Healthcare NHS

Trust (ESHT)

Purpose: To update HOSC on proposals to redesign cardiology services at ESHT

RECOMMENDATIONS

The Committee is recommended to:

- 1. Consider whether the service change proposals relating to East Sussex Healthcare NHS Trust (ESHT) cardiology services set out in Appendices 1 and 2 constitute a 'substantial variation' to health service provision requiring statutory consultation with HOSC under health scrutiny legislation.
- 2. Agree that HOSC, if the proposals are a substantial variation to services, will undertake a detailed review of the proposals in order to prepare a report and recommendations.
- 3. Comment on the NHS East Sussex Clinical Commissioning Group's plan for undertaking public consultation on the proposals (Appendix 3)

1. Background

- 1.1. East Sussex Healthcare NHS Trust (ESHT) provides acute cardiology services from both the Eastbourne District General Hospital (EDGH) and Conquest Hospital in Hastings.
- 1.2. In March 2021 HOSC received a report on the progress to date in developing proposals to change how cardiology services at ESHT were delivered. The Committee agreed to consider a further report once further details of the proposals were made available.
- 1.3. At a Joint Committee of Clinical Commissioning Group (CCG) Governing Bodies on 17th November, East Sussex CCG which is the responsible organisation for service reconfigurations agreed in principle, subject to the outcome of the ESHT Trust Board meeting on 30 November 2021, a pre-consultation business case (PCBC) setting out specific proposals, developed in partnership with ESHT, to reconfigure the Trust's cardiology services and agreed to undertake a public consultation on these proposals from 6th December 2021 to 11th March 2022.
- 1.4. This report provides the opportunity for the HOSC to consider whether the proposals constitute a substantial variation to services requiring formal consultation with the Committee alongside and separately to the public consultation.

2. Supporting information

Proposals for cardiology services

- 2.1. The report from the East Sussex CCG and ESHT attached as **Appendix 1 and 2** sets out their proposals for the transformation of acute cardiology services in East Sussex.
- 2.2. Cardiology is the branch of medicine dealing with the diagnosis and treatment of heart disorders and related conditions. While there are many clinical conditions that can affect the heart in people of all ages, many heart conditions are age-related, making cardiology services more and more important as people get older. Cardiology is also constantly evolving with new developments in disease prevention, diagnostics and therapeutics.
- 2.3. The current operating model of cardiology services involves both hospital sites providing a weekday service for acute inpatient cardiac services, but at evening and weekends an element of the service Primary Percutaneous Coronary Intervention (PPCI) is provided from a single site

that alternates between the two. PPCI is also known as an angioplasty and is a procedure used to treat the narrowed coronary arteries of the heart in patients. Therefore, it is used as an emergency treatment for patients who have had a heart attack."

- 2.4. The CCG and ESHT set out a case for change for cardiology services that concluded, amongst other things:
 - cardiology has become increasingly complex and specialised, and the current configuration
 of services limits the Trust's effectiveness by spreading its sub-specialist (specialising
 within cardiology) workforce across multiple sites and reducing opportunities for effective
 multidisciplinary team working;
 - operationally providing complete and comprehensive services that directly mirror each other on both sites is a significant workforce challenge, exacerbated by subspecialisation, and further complicated by difficulties with recruitment and retention of the workforce;
 - the national Getting It Right First Time (GIRFT) programme reviewed the cardiology service in November 2019 and recommended inpatient cardiology activity consolidated onto a single site. Non-invasive investigations and outpatients should be provided on both sites subject to appropriate infrastructure and sufficient volumes of activity;
 - GIRFT concluded the volume of various procedures on both sites was below national safe numbers;
 - the current service configuration prevents ESHT from consistently meeting all of the performance indicators and national guidance for cardiology care; and
 - some of the catheterisation labs are due for replacement and are not operating reliably.
- 2.5. As a result, the CCG and ESHT are proposing the following changes to the acute cardiology services provided by ESHT:
 - locate the most specialist cardiac services, including surgical procedures or investigations that might require an overnight or longer stay in hospital, at one of the two acute hospitals;
 - introduce a "front door model" involving forming a Cardiac Response Team to support
 patients on their arrival at A&E, alongside 'hot clinics' that will provide consultant-led rapid
 assessment at both acute hospital sites; and
 - retain outpatients, non-invasive diagnostics, cardiac monitored beds, cardiac rehabilitation and heart failure services at both hospitals, or in the community.
- 2.6. The CCG has agreed to conduct a public consultation from 6th December 2021 to 14th March 2022 on the following proposals:
 - Option 5a: Co-locating all catheterisation laboratories and specialist cardiology inpatient services from Eastbourne District General Hospital, with acute outpatients and diagnostic services remaining at both sites; alongside establishment of Cardiac Response Team in A&E and hot clinics providing rapid assessment at both acute hospital sites.
 - Option 5b: Co-locating all catheterisation laboratories and specialist cardiology inpatient services from Conquest Hospital, with acute outpatients and diagnostic services remaining at both sites; alongside establishment of Cardiac Response Team in A&E and hot clinics providing rapid assessment at both acute hospital sites.
- 2.7. Under Option 5A, the following patient activity provided at the Conquest site would be moved to Eastbourne (based on 2018/19 data):

POD	Number of Conquest patients	Percentage of total cardiology activity
Non-elective	1,081	1.99%
Elective	106	0.20%
Day Case	937	1.73%

2.8. Under Option 5B, the following patient activity provided at the EDGH site would be moved to Conquest (based on 2018/19 data):

POD	Number of Eastbourne	Percentage of total
	patients	cardiology activity
Non-elective	909	1.68%
Elective	149	0.27%
Day Case	1,427	2.63%

- 2.9. The CCG does not have a preferred option. The CCG says the benefits of the proposals include:
 - it will allow for the creation of flexible and resilient rotas, which in turn enables the
 workforce to provide front-end assessments (clinical assessments at the "front-end" of the
 patient pathway, when they arrive in A&E), through the introduction of a new cardiac
 response team and establishment of hot clinics;
 - the introduction of this front door model and hot clinics will ensure faster diagnosis, reduce waiting times, reduce the number of appointments required for patients and reduce the length of time patients have to stay in hospital; and
 - As part of the proposed model, it will be possible to convert a proportion of day cases to an
 outpatient procedure, which means patients would be able to access their care at either
 hospital site. This would reduce the day case numbers needing to move by approximately
 25%.
- 2.10. Plans for the public consultation are set out in **Appendix 3**, including plans for engagement with groups identified in the Equality and Health Inequalities Impact Assessment (EHIA).

HOSC role

- 2.11. Under health scrutiny legislation, NHS organisations are required to consult affected HOSCs about a proposed service change that would constitute a 'substantial development or variation' to services for the residents of the HOSC area.
- 2.12. There is no national definition of what constitutes a 'substantial' change. Factors such as the number or proportion of patients affected; whether the service provides planned care (outpatient appointments or day case surgery) where patients and carers make arrangements for travel beforehand or un-planned care (emergency and urgent care) where patients may be admitted via ambulance or travel to an Emergency Department; the level of improvement offered by the new service; and the availability of alternative services nearby are often taken into account in coming to an agreement between the HOSC and the NHS on whether formal consultation is required. NHS England also recommends that CCGs conduct a public consultation for proposals that the local HOSC considers to be a substantial variation to services, so the CCG plans to consult publicly may be an indication the proposals could be deemed 'substantial' by the HOSC.
- 2.13. If HOSC agrees that the proposals do constitute a substantial change, the Committee will need to consider the plans in detail in order to respond to the CCG with a report and recommendations. The Committee may wish to consider how it would undertake this task, which could be through establishing a Review Board to conduct a review on behalf of the full HOSC, with the Committee agreeing any recommendations before they are submitted to the NHS.
- 2.14. Where the HOSC does not consider a proposal to be a substantial variation to services there are alternative options for further scrutiny work including submitting a written response to the public consultation, informal HOSC board meetings to scrutinise the proposals in more detail, and further reports to the Committee as the proposals are agreed and implemented.
- 2.15. Finally, the NHS England assurance process for any planned service reconfiguration requires a CCG to demonstrate evidence that the local HOSC(s) considers the NHS public consultation process to be adequate. The Committee is, therefore, invited to comment on the planned public consultation as set out in **Appendix 3**.

3. Conclusion and reasons for recommendations

- 3.1. This report presents HOSC with proposals for the development of cardiology services in East Sussex, in particular the proposal to co-locate all catheterisation laboratories and specialist cardiology inpatient services on one of the two hospital sites, alongside the establishment at both sites of Cardiac Response Teams in A&E and hot clinics providing rapid assessments.
- 3.2. The Committee is recommended to agree that the service change proposals set out in **Appendices 1 and 2** constitute a 'substantial variation' to health service provision requiring statutory consultation with HOSC; to agree to undertake a detailed review of the proposals; and to comment on the CCG's plan for undertaking public consultation on the proposals as set out in **Appendix 3**.

PHILIP BAKER Assistant Chief Executive

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Tel. No. 01273 481796

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East Sussex Healthcare NHS Trust Transformation of Acute Cardiology Services

Summary Report for: East Sussex Health Oversight Scrutiny Committee

Date:	December
Version:	1
Name of originator/ author:	CCG Programme Team

Contents

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	How we developed the Proposal	
	The process of assurance	
5.0	Conclusion	6



1.0 Background

Improving cardiology health outcomes is a key priority area for the Sussex Health and Care Partnership (SHCP).

On 4th March 2021, East Sussex Clinical Commissioning Group (ESCCG) and East Sussex Healthcare NHS Trust (ESHT) presented early draft proposals for a change in the way that acute cardiology services are provided in East Sussex to the Heath Overview and Scrutiny Committee. At that meeting East Sussex HOSC confirmed that any proposals that include a relocation of current acute cardiology services will likely constitute a substantial variation in services and will require a formal consultation.

A pre-consultation business case has now been prepared that builds on the early draft proposals and this has been supported by NHS England and NHS Improvement as part of an assurance process.

At its meeting on Tuesday 30 November 2021, members of the East Sussex Healthcare NHS Trust Board are invited to review and consider the pre-consultation business case (PCBC) for the re-configuration of acute cardiology services, endorse the proposals and agree that the CCG commences a consultation process with the East Sussex Health Overview and Scrutiny Committee (HOSC), and agree that the proposal should be subject to formal public consultation. It has also been considered and approved, in principle pending approval from ESHT, by the CCGs' Joint Sussex Committee at its meeting on Wednesday 17 November 2021.

The full pre-consultation business case and associated documents, including the Equality and Health Inequality Impact Assessment, Quality Impact Assessment, the pre-consultation engagement report and options development and appraisal reports, will all be available and published on the CCG website. The PCBC Executive Summary is provided as Annex 1 to this report together with our plans for consultation which are set out in Annex 2.

2.0 The Proposal

Our proposal is to co-locate the most specialist cardiac services, needed by a small number of patients, at one of our two acute hospitals and form a Cardiac Response Team to support patients on their arrival at A&E, alongside "hot clinics" that will provide consultant -led rapid assessment at both of our acute hospital sites.

These specialist cardiac services include surgical procedures or investigations that might require an overnight or longer stay in hospital. The introduction of this front door model and hot clinics will ensure faster diagnosis, reduce waiting times, reduce the number of appointments required for patients and reduce the length of time patients have to stay in hospital. These are key quality improvements to the cardiology service.

The services could be co-located to:

Eastbourne District General Hospital, King's Drive, Eastbourne. Option 5a: Co-locating all
catheterisation laboratories and specialist cardiology inpatient services from Eastbourne
District General Hospital, with acute outpatients and diagnostic services remaining at both
sites; alongside establishment of Cardiac Response Team in A&E and hot clinics
providing rapid assessment at both our acute hospital sites.



 This would mean the activity provided at the Conquest site would be moved to Eastbourne. This equates to:

POD	Number of Conquest patients	Percentage of total cardiology activity
Non-elective	1,081	1.99%
Elective	106	0.20%
Day Case	937	1.73%

NB: this data is based on 2018/19 data.

- As part of the proposed model, it will be possible to convert a proportion of day cases to an outpatient procedure, which means patients would be able to access their care at either site. This would reduce the day case numbers needing to move by approximately 25%.
- Eastbourne is 19.3 miles from Conquest.
- Outpatients and diagnostics will continue to be delivered from both sites.

The services could be co-located to:

- Conquest Hospital, The Ridge, Hastings, Saint Leonard's-on-sea. Option 5b: Co-locating
 all catheterisation laboratories and specialist cardiology inpatient services from Conquest
 Hospital, with acute outpatients and diagnostic services remaining at both sites; alongside
 establishment of Cardiac Response Team in A&E and hot clinics providing rapid
 assessment at both our acute hospital sites.
- This would mean all catheter labs and specialist cardiology inpatient services currently run from Eastbourne would be moved to Conquest.
- The activity provided at the Eastbourne site would be moved to Conquest. This equates to:

POD	Number of Eastbourne patients	Percentage of total cardiology activity
Non-elective	909	1.68%
Elective	149	0.27%
Day Case	1,427	2.63%

NB: this data is based on 2018/19 data.

- As part of the proposed model, it will be possible to convert a proportion of day cases to an outpatient procedure, which means patients would be able to access their care at either site. This would reduce the day case numbers needing to move by approximately 25%.
- Conquest is 19.3 miles from Eastbourne.
- Outpatients and diagnostics will continue to be delivered from both sites.

We are not proposing to change the vast majority of our services, so there would still be cardiology care for anyone who needs it locally. To make sure that the majority of patients receive good quality care close to home, outpatients, non-invasive diagnostics, cardiac



monitored beds, cardiac rehabilitation and heart failure services would stay at both hospitals or in the community. For the many patients who are referred to a consultant by their GP (for non-urgent cases) they would continue to be seen in outpatient clinics, which will still be provided at both hospitals and some clinics in the community.

Maidstone and Tunbridge Wells NHS Trust

Maidstone and Tunbridge Wells NHS Trust is also currently undertaking an in-depth engagement process around a similar transformation for their cardiology services. The potential options for their proposals are as follows, and have been included in our PCBC for transparency:

- Option 1: Do nothing. Leave services as they are
- Option 2: Consolidate specialist inpatient and cardiac catheter lab services at Maidstone Hospital by reconfiguring existing space
- Option 3: Consolidate specialist inpatient and cardiac catheter lab services at Tunbridge Wells Hospital by reconfiguring existing space
- Option 4: Consolidate specialist inpatient and cardiac catheter lab services at Maidstone Hospital by building a new space and reconfiguring existing space

NB: The proposed changes will not affect the outpatient services MTW provide, which will stay the same.

East Sussex CCG and ESHT continue to engage with MTW and Kent CCG colleagues to ensure that, whilst a relatively small number of East Sussex residents would be impacted by MTW proposals, the impact on our local people is fully understood.

3.0 How we developed the Proposal

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

- set out the case for change for the reconfiguration and consolidation of the current acute cardiology services delivered at the East Sussex Healthcare NHS Trust (ESHT) in the context of a wider programme of transformation and improvement
- described the agreed clinical model for acute cardiology services in the context of the Trust's wider service provision and wider national and local drivers
- worked with stakeholders to inform, develop and evaluate viable options for the redesign of acute cardiology services in East Sussex.

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

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



4.0 The process of assurance

When developing our options, our final draft proposals, and this Pre-Consultation Business Case:

- We have considered the outputs from engagement with local people and clinicians and used these to inform the Pre-Consultation Business Case.
- We have developed the Pre-Consultation Business Case with due regard to our duties to reduce inequalities and promote integration of health services where this will improve the quality of those services, in addition to ensuring compliance with all relevant equality duties.
- We have assessed the impacts of our proposal by undertaking a Quality Impact
 Assessment and an Equality and Health Inequality Impact Assessment to identify any
 potential negative impacts and identified appropriate mitigating actions.
- We have taken into account the recommendations of the South East Clinical Senate.
- We have been informed by feedback from the East Sussex Health Overview and Scrutiny Committee.
- We have assessed our proposal against the NHS Four Tests for service reconfigurations.¹
- We have developed our proposal and associated consultation plans in line with the Gunning Principles² to ensure that:
 - o a decision will not be taken until after public consultation
 - local people and stakeholders have information that enables them to engage in the consultation and inform our decision;
 - o there is adequate time for people to participate in the consultation
 - we will demonstrate how we have taken account of engagement and formal consultation by publication of a consultation feedback report describing this.
- We have considered opinions and insight from a number service leads and managers within our acute hospitals in East Sussex that represent a broad range of clinical specialties.
- We have engaged extensively with NHS England and Improvement (NHSE/I) and completed a rigorous NHSE assurance process in relation to the proposal and our consultation and engagement plans.

A Quality Impact Assessment (QIA) has been completed and scored highly in terms of a positive impact on safety, experience and effectiveness. The QIA will continue to be developed as the proposals progress to ensure that quality and safety considerations are built into the outcome.

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

5.0 Conclusion

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

² https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf



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¹ https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf



East Sussex Healthcare NHS Trust Transformation of Acute Cardiology Services

Annex 1: Pre-Consultation Business Case Executive Summary

Date:	November
Version:	1
Name of originator/ author:	CCG Programme Team

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Executive Summary

1.0 Purpose

The purpose of this Pre-Consultation Business Case (PCBC) is to describe the wide engagement to date in communicating the drivers for change, reviewing all possible options to transform cardiology services provided by East Sussex Healthcare NHS Trust to deliver the best possible care for local people. The Pre-Consultation Business Case includes the available information and evidence that has supported the development of a model of care, an analysis of possible options to deliver this model of care, and it proposes preferred viable options to transform acute cardiology services, including inpatients and interventional services.

This Pre-Consultation Business Case recommends to the East Sussex CCG (via Joint Sussex Committee delegated authority) two options to take forward to public consultation and, if approved by the CCG, to submit to the East Sussex Health Overview Scrutiny Committee who will decide if they consider this constitutes substantial variation to services and that they would like the CCG to consult with them on this.

The full pre-consultation business case and associated document including the Equality and Health Inequality Impact Assessment, Quality Impact Assessment, the pre-consultation engagement report and options development and appraisal reports will all be available and published on the CCG websites.

2.0 Context

In 2019, the NHS Long Term Plan was published outlining the ambition that the NHS will increasingly be: more joined-up and coordinated in its care; more proactive in the services it provides; and more differentiated in its support offer to individuals, with the aim being that population health would be improved through coordinated service planning and delivery¹.

In alignment with the Sussex Health and Care Partnership (SHCP), the East Sussex system - East Sussex Clinical Commissioning Group (CCG), East Sussex County Council (ESCC), East Sussex Healthcare NHS Trust (ESHT), Sussex Community NHS Foundation Trust (SCFT) and Sussex Partnership Foundation NHS Trust (SPFT) developed its East Sussex Health and Care Plan in 2019. This built on improvements over recent years including:

- A comprehensive and co-ordinated range of preventative services
- Ongoing development of community health and social care services
- Strong whole system performance
- Integrated Outcomes Framework to better enable us to measure whether our work as a system (activity) was having the desired results (outcomes)
- Developing our approach to understanding and using our collective resources on a system wide basis for the benefit of our population.

3.0 Our population

East Sussex has amongst the highest numbers of over 65-year olds and over 85-year olds in the country, and this is expected to grow further. Within this, many people live their later years in ill-health, often with more than one long term condition. This means that increasing numbers of people are needing to use local health and care services that are not always designed to support

¹ NHS Long Term Plan, 2019



NHS Brighton and Hove CCG NHS East Sussex CCG NHS West Sussex CCG the growing numbers of local people needing their support. The NHS Long Term Plan outlines that heart and circulatory disease, also known as cardiovascular disease, causes a quarter of all deaths in the UK and is the largest cause of premature mortality in deprived areas. With elderly patients and those who live in areas of deprivation tending to have higher prevalence of cardiovascular disease, the system needs to reflect on how best to meet the changing needs of the local population, and to rethink how we deliver an equitable service that can ensure the best health outcomes for our population, and can adapt to the challenges of the future, and represents good value.

The recognition of the changing needs of the population, the changing nature of cardiology care and the associated challenges in providing cardiology services has made the redesign of cardiology a key priority for East Sussex system. Our overall objectives are to:

- improve health, experience and quality of care
- improve the overall sustainability of health and social care services.

Delivering financial sustainability will also contribute to delivering these broader objectives.

4.0 Case for Change

We have reviewed the strategic drivers for change, the existing cardiology services and the availability of other relevant existing and new services. This led us to the following conclusions:

- Subspecialisation cardiology has become increasingly complex and specialised and the current configuration of services limits our effectiveness by spreading our sub-specialist workforce across multiple sites and reducing opportunities for effective multidisciplinary team working.
- Workforce operationally providing complete and comprehensive services that directly
 mirror each other on both sites is a significant workforce challenge, exacerbated by
 subspecialisation, and further complicated by difficulties with recruitment and retention of
 the workforce.
- The national Getting It Right First Time (GIRFT)² programme reviewed the cardiology service in November 2019. It was recommended that:
 - All inpatient cardiology activity consolidated onto a single site. Non-invasive investigations and outpatients should be provided on both sites subject to appropriate infrastructure and sufficient volumes of activity.
 - O Percutaneous Coronary Intervention (PCI) activity at Eastbourne District General Hospital falls short of meeting British Cardiovascular Intervention Society (BCIS) criteria for minimum institutional volumes, and individual numbers of procedures for some operators on both sites are below the minimum of 75 cases per year. Coupled with a low volume alternating Primary Percutaneous Coronary Intervention (PPCI) service at both sites, this arrangement is not sustainable in the longer term and the Trust should aim to consolidate all Percutaneous Coronary Intervention activity on a single site. The number of operators should be reviewed to ensure that all are performing at least 75 procedures per year.
 - Volumes of Chronic Total Occlusion (CTO) are low across the Trust and should be consolidated on one site. The Trust should review the long-term sustainability of the service if volumes do not increase.

² The Getting It Right First Time (GIRFT) programme is helping to improve the quality of care within the NHS by bringing efficiencies and improvements.



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- The volume of complex devices at the Conquest site is well below the British Heart Rhythm Society (BHRS) recommended minimum activity levels and device implants should be consolidated on one site. This will also allow for more effective management of device related emergencies.
- The Trust should aim to provide 7-day echo cover at both sites.
- Quality: performance indicators and national guidance. There are a range of performance indicators and national guidance for cardiology care, that East Sussex Healthcare Trust is not currently able to consistently meet all of these due to the service's current configurations.
- Nationally, what does the future of cardiology services look like?
 - medical advancements in research and technology are reshaping the way in which we will deliver cardiology care in the future. Increasing subspecialisation, means that cardiologists now specialise in one or two types of treatment, rather than offering the full range, along with the development of new technologies, diagnostics and treatment options. These modernising changes reduce risk, pain and infection, and allow patients to recover more quickly, which means that many planned procedures are now done safely as day-cases, without having to stay overnight in hospital.
 - Evidence, from other areas of the country where a "front door" cardiac assessment model has been implemented, has shown that early cardiac specialist involvement in a patient's care can lead to early and effective patient management, timely patient care and avoids admission to hospital, therefore improving patient experience. The evidence also suggests a discharge rate of 30-40%, meaning 30-40% of patients can go home the same day as they present due to a quick and efficient service providing the care they need. This thereby makes the best use of the workforce and bed availability.
- Net Zero NHS: the NHS is committed to reach net zero carbon by 2050 which means we need to significantly reduce carbon emissions caused by procedures, travel, estates, etc. The NHS Long Term Plan encourages service delivery to happen virtually, where appropriate.
- IT / Digital: it has been recognised that improvements to the digital infrastructure can benefit and support patient pathways.
- Estates and equipment: the engineering infrastructure is no longer fit for purpose, some of the catheterisation labs are due for replacement and are not operating reliably.
- Making best use of our resources: we want to ensure that our services are delivered in a
 way that gives the greatest benefit for local people.

As a result, this Pre-Consultation Business Case proposes changes to a limited range of acute cardiology services provided by East Sussex Healthcare NHS Trust.

5.0 How we developed our proposal

Following analysis of the current service provision and the emerging future needs of local people, we developed a Case for Change that outlined the key drivers behind the need for the current service to change. This provided the basis for our engagement with local people, clinicians and other professionals to further understand what is important to them about cardiology services. This engagement has indicated several key themes:

- Care provided
- Equality and diversity
- Access and transport
- Clinical services.



Alongside finding out what is important to local people and clinicians, we have reviewed local health needs in East Sussex. This tells us that there are some groups of local people who have particular needs and may be disadvantaged in accessing current services. We have taken account of these needs in our proposals and sought to mitigate those disadvantages through the proposals outlined in this Pre-Consultation Business Case (more detail on this can be found in Appendix 1 - Equality and Health Inequalities Assessment).

Following pre-consultation engagement, three options development and appraisal workshops (independently chaired and facilitated by Opinion Research Services³) took place, during March 2021, to identify and consider a longlist of possible options for the future provision of acute cardiology services, to appraise these options and make recommendations for preferred viable options.

Following this, and as part of our in-depth comparative analyses for this Pre-Consultation Business Case, we have also reviewed quality indicators, travel analysis, the impact this transformation could have on other services (within Sussex and outside of Sussex), the impact this transformation could have on the equality and health inequalities of our population, and the financial feasibility of each option.

6.0 The process of assurance

When developing our options, our final draft proposals, and this Pre-Consultation Business Case:

- We have considered the outputs from engagement with local people and clinicians and used these to inform the Pre-Consultation Business Case.
- We have developed the Pre-Consultation Business Case with due regard to our duties to reduce inequalities and promote integration of health services where this will improve the quality of those services, in addition to ensuring compliance with all relevant equality duties.
- We have assessed the impacts of our proposal by undertaking a Quality Impact
 Assessment and an Equality and Health Inequality Impact Assessment to identify any
 potential negative impacts and identified appropriate mitigating actions.
- We have taken into account the recommendations of the South East Clinical Senate.
- We have been informed by feedback from the East Sussex Health Overview and Scrutiny Committee.
- We have assessed our proposal against the NHS Four Tests for service reconfigurations.⁴
- We have developed our proposal and associated consultation plans in line with the Gunning Principles⁵ to ensure that:
 - o a decision will not be taken until after public consultation
 - o local people and stakeholders have information that enables them to engage in the consultation and inform our decision;
 - o there is adequate time for people to participate in the consultation
 - we will demonstrate how we have taken account of engagement and formal consultation by publication of a consultation feedback report describing this.

⁵ https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf



NHS Brighton and Hove CCG NHS East Sussex CCG NHS West Sussex CCG

³ Opinion Research Services is a social research organisation, whose mission is to provide applied social research for public, voluntary and private sector organisations across the UK.

⁴ https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf

 We have considered opinions and insight from a number service leads and managers within our acute hospitals in East Sussex that represent a broad range of clinical specialties.

7.0 Our proposal

We are proposing to locate the most specialist cardiac services, needed by a small number of patients, at one of our two acute hospitals and form a Cardiac Response Team to support patients on their arrival at A&E, alongside 'hot clinics' that will provide consultant-led rapid assessment at both of our acute hospital sites.

These specialist cardiac services include surgical procedures or investigations that might require an overnight or longer stay in hospital. The introduction of this front door model and hot clinics will ensure faster diagnosis, reduce waiting times, reduce the number of appointments required for patients and reduce the length of time patients have to stay in hospital. These are key quality improvements to the cardiology service.

We are not proposing to change the vast majority of our services, so there will still be cardiology care for anyone who needs it. To make sure that the majority of patients receive good quality care close to home, outpatients, non-invasive diagnostics, cardiac monitored beds, cardiac rehabilitation and heart failure services will stay at both hospitals or in the community. For the many patients who are referred to a consultant by their GP (for non-urgent cases) they will continue to be seen in outpatient clinics, which will still be provided at both hospitals and some clinics in the community.

To help develop this Pre-Consultation Business Case we have engaged with local people and stakeholders. Our next step is to seek further feedback through a formal and public consultation process with local people and with the East Sussex Health Overview Scrutiny Committee (HOSC). We will gather this feedback and comments and consider and respond to these before we make the final decision on the future of East Sussex Healthcare NHS Trust's acute cardiology services.

If this Pre-Consultation Business Case proposal is approved by the CCG, and East Sussex Health Overview Scrutiny Committee consider that the proposal constitutes a substantial variation to services and should therefore be subject to consultation, then this process will begin in December 2021.

Through our engagement and options process we developed 5 options. The conclusion from engagement and the options appraisal is a proposal to take forward two options for formal consultation with patients, the public and local stakeholders:

- Option 5a: Co-locating all catheterisation laboratories and specialist cardiology inpatient services from Eastbourne District General Hospital, with acute outpatients and diagnostic services remaining at both sites; alongside establishment of Cardiac Response Team in A&E and hot clinics providing rapid assessment at both our acute hospital sites.
- Option 5b: Co-locating all catheterisation laboratories and specialist cardiology inpatient services from Conquest Hospital, with acute outpatients and diagnostic services remaining at both sites; alongside establishment of Cardiac Response Team in A&E and hot clinics providing rapid assessment at both our acute hospital sites.



The proposed transformation, with the front door model, will make key quality improvements to the service, such as:

- change the general medical model to ensure faster access to an expert opinion at the
 "front door" which will improve care, recovery of services impacted by Covid-19, East
 Sussex Health Trust's performance and outcomes for our patients; reducing the waiting
 time for patients, and the amount of time patients have to stay in hospital.
- allow for the creation of flexible and resilient rotas, which in turn enables the workforce to
 provide front-end assessments (clinical assessments at the "front-end" of the patient
 pathway, when they arrive in A&E), through the introduction of a new cardiac response
 team and establishment of hot clinics, all of which are integral to realising the benefits
 inherent in the proposed model.
- enable East Sussex Healthcare NHS Trust to more sustainably achieve service standards and ensure that local people now and into the future have access to the best possible care we can offer.

Evidence, from other areas of the country where a "front door" cardiac assessment model has been implemented, has shown that early cardiac specialist involvement in a patient's care can lead to early and effective patient management, timely patient care and avoids admission to hospital, therefore improving patient experience. The evidence also suggests a discharge rate of 30-40%, meaning 30-40% of patients can go home the same day as they present due to a quick and efficient service providing the care they need; enabling the best use of our staff and services.

These options will have positive impacts for our patients, as well as workforce, and will improve our ability to meet service standards and patient outcomes in the long term, through a more efficient service and one that is more sustainable for the future.

We recognise that both of these options will represent a change for some people who currently use these services and we will continuously engage with local people and stakeholders throughout the consultation process to understand the implications of our proposals. All new information and evidence gathered as part of a consultation will inform a decision on the model of delivery and the site of delivery for the specialist aspect of the service.

Once a decision is reached, during any implementation and transition stages we will ensure that changes are communicated in a clear and timely manner. This would include working with local people and stakeholders to communicate any changes to existing services, the nature of new services and how to access them and to ensure people who use these services at East Sussex Healthcare NHS Trust continue to access the care and support they need.



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Appendix 3

Transforming Cardiology Services Consultation Draft Delivery Plan December 2021- March 2022

Introduction

This plan describes how we will communicate and engage with the public and our stakeholders during the formal consultation process regarding the proposals for the transformation of Cardiology Services at East Sussex Hospital Trust (ESHT) which is due to take place between Monday 6th December 2021 and Friday 11th March 2022. The plan has been informed by our pre-consultation engagement work, by the Options Development and Appraisal process and by the Equalities and Health Inequalities Impact Assessment.

The plan does not include any communications and engagement that may be required with staff.

Background and context

The CCG is developing proposals for how hospital-based cardiology services can best provide high quality treatment, care and support for local people and meet increasing local population need. Cardiology services for adults in East Sussex are provided by ESHT at Eastbourne District General Hospital and the Conquest Hospital in Hastings.

Cardiology is the branch of medicine dealing with the diagnosis and treatment of heart disorders and related conditions. While there are many clinical conditions that can affect the heart in people of all ages, many heart conditions are age-related, making heart health (cardiology) services more and more important as people get older. Cardiology is also constantly evolving with new developments in disease prevention, diagnostics and therapeutics.

The CCG's vision for the future is to provide a high-quality cardiology service for patients, carers and their families regardless of age, disability, gender or ethnicity. This includes:

- providing clinically excellent specialised cardiology services;
- developing and encouraging innovation in the delivery of cardiology services;
- developing services that are clinically, financially and environmentally sustainable;
- increasing the ability to look after a growing and ageing population;
- providing increased support and development for the cardiology workforce.

Pre-consultation Engagement

To consider how cardiology services could be transformed, the Public Involvement (PI) team undertook pre-consultation engagement which commenced on 4 January 2021 and lasted six weeks (concluding on 14 February 2021).

To reach the local population in East Sussex the PI team co-developed questionnaires with partners and members of the public and these were promoted widely in paper copies and electronically. The team undertook interviews with current and former patients of the service and joined virtual local forums and groups to hear from people about their experiences. The insight gained from this engagement then informed the development and appraisal of options for the future of the service.

Options Development and Appraisal

The CCG commissioned the independent organisation Opinion Research Services (ORS) to lead the options development and appraisal process. Patients, representatives from relevant VCS organisations and Community Ambassadors attended. PI team members and cardiology specialists from ESHT attended to observe, present key information and respond to questions, but did not actively participate in the options appraisal scoring and ranking activities.

Three options development and appraisal workshops (independently chaired and facilitated by ORS researchers) took place in March 2021 to identify and consider a longlist of possible options for the future provision of cardiology services. Participants were provided with information to enable informed discussion, including summaries of key contextual information (e.g. population health needs, clinical standards, activity demand and capacity, finances, estate footprint, workforce) and summaries of key programme documents (e.g. Equality and Health Inequality Impact Assessment and Case for Change).

Various potential models of care were developed and discussed at the workshops and participants then ranked and scored the options against the agreed criteria, as a result of which five options were shortlisted for cardiology:

- 1. Option 1: keeping current services as they are;
- 2. Option 2: keeping current services as they are while adding new assessment areas in emergency departments and 'hot clinics' at both acute hospital sites;
- 3. Option 3: building up both acute hospitals, with the addition of assessment areas and 'hot clinics' ('everything, everywhere');
- 4. Option 4: separating services so that Percutaneous Coronary Interventions (PCI) are delivered at one acute hospital site, while elective Electrophysiology (EP), Permanent Pacemaker (PPM) and Devices services are delivered on the other acute site, with the addition of a cardiology assessment areas and 'hot clinics' at both acute sites;

5. Option 5: co-locating all catheterisation laboratories and inpatient services on one acute hospital site, with acute outpatients and diagnostic services at both acute sites, with the addition of cardiology assessment areas and 'hot clinics' at both acute sites.

Discussions were based on these five possible approaches. Participants in the workshops were also invited to suggest other approaches for consideration and appraisal, but the consensus was that the five options above were appropriate therefore no further options were added.

These options were then reviewed by ESHT and the CCG and it was decided to proceed to full consultation on Option 5.

Participants at the workshops raised a series of concerns which the PI team will ensure form a focus of the full public consultation currently scheduled to take place in early 2022. These concerns were:

- travel and access: time, distance and cost;
- the ability to cope with increased patient demand;
- concerns about moves to digital appointments.

Clinical Senate Recommendations

In August 2021 the CCG submitted the Pre-Consultation Business Case to the Southeast Clinical Senate for review. The Clinical Senate made the following recommendations regarding Patient and Public Engagement:

Black, Asian and Minority Ethnic (BAME) populations are vulnerable to heart and circulatory disease and are more likely to be associated with increased deprivation. Their engagement and involvement are therefore paramount.

In response, this Delivery Plan ensures that there is a focus on these groups.

Equality and Health Inequalities Impact Assessment (EHIA)

The CCG has reviewed the EHIA. This document made a series of recommendations and responses to each of these recommendations have been included in the Delivery Plan.

Protected	Engagement activity
characteristic	

Race	Links with local faith communities or cultural groups in order to encourage involvement and gain feedback
	through all stages of patient and public involvement.
	Friends, Families and Travellers will receive information on all involvement activity.
	Questionnaires will be translated into community languages (on request)
	Attend Eastbourne Cultural Involvement Group to promote engagement opportunities
	Request support from Diversity Resource International to promote engagement opportunities with local
	ethnically diverse communities, including refugees and asylum seekers
People who have	Work with organisations that provide translation services to better understand the need for translation support
English as a second	for patients accessing cardiology services in East Sussex
language	Offer telephone interpretation to support those who speak English as a second language and wish to engage
	Translate materials into community languages (on request)
Gender reassignment	Approach Hastings and Rother Rainbow Alliance Trans Support Group and ask to establish focus groups
	Approach Bourne Out via Facebook and ask for support with engagement
	Contact The Clare Project and Switchboard in Brighton and Hove to see if they have reach in East Sussex to
	encourage participation
Age	Take measures at the outset to identify organisations that support younger people living with cardiovascular
	disease
	Attend East Sussex Senior Association to talk about acute cardiology service transformation and provide
	opportunities to feedback/ get involved
	Contact Age Concern to ask about attending some drop in sessions
	Attend PPG forums across East Sussex and offer drop in sessions
	Liaison and engagement with Age UK East Sussex
Religion and Belief	Ensure that we have forged links with faith communities in East Sussex to engage in this project.
	Invite faith elders to complete the survey, and offer translated versions if required
Disability	Explore opportunities with CVS organisations such as Possibility People to see what forums and networks we
	can utilise to support engagement
	Approach Hastings disability forum to ask for support
	Arrange a drop in opportunity for d/Deaf members to come and talk about experiences of cardiology services
	Make the materials available in Easy Read and British Sign Language on request.
	Approach the East Sussex Dementia Adviser Service to support the reach of our engagement
	Approach the East Sussex Community Learning Disability Team for support

	 Take action to identify and engage with charities and organisations that support patients with diabetes Take action to identify and engage with charities and organisations that support patients with their mental health
Sexual Orientation	Take action to identify and engage with LGBTQ groups in East Sussex
Pregnancy and Maternity	Attend East Sussex Maternity Voices Partnership meeting
Other disadvantaged or inclusion groups	 Engaging with carers through one-to-one interviews, liaison with representative groups and questionnaires Engage with homeless and rough sleepers through pre-existing relationships with supporting organisations such as Rough Sleepers Initiative, Matthew25 and YMCA Liaise with the NHS Armed Forces Network and relevant organisations e.g. Blue Van Veterans, to ensure this cohort is heard from
Deprivation and socio-economic disadvantage	 Utilise foodbanks to share paper copies of questionnaires with freepost address Ask for support from RVA, HVA and 3VA and other relevant organisations to target those living in areas of deprivation.

^{*}This list is not exhaustive but provides examples of the activities planned to reach marginalised groups

Governance

The Cardiology Communications and Public Involvement Task and Finish Group will be overseen by the Joint Cardiology and Ophthalmology Steering Group which reports to LMT. An assurance oversight group with membership from Healthwatch, Local Authority and a Community Ambassador will be established to ensure the process is robust and there are no avoidable gaps in engagement.

Key principles

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

- Building on our wide range of previous engagement with local people and describing our journey, the purpose of our review and our intent to consult.
- 'Strength-testing' all aspects of our thinking, planning and approach.
- Acknowledging the importance our communities place on local services and our interest in all available feedback and insight to further inform our options.

- Incorporating the findings from our Equalities/Health Inequalities Impact Assessment (EHIA) to help us identify the groups and communities we should target for our communications and engagement work.
- Utilising our stakeholder mapping to ensure that we engage with all groups and partners with an interest in our plans including local councillors and MPs.
- Approaching our conversations with transparency in relation to our financial challenge and our need to balance the sustainability of local services whilst offering high quality care, at the right time and place for local people.
- Being transparent about the benefits and risks of our approach and testing our thinking on those.

Supporting information/materials

EngagementHQ

EngagementHQ is an interactive platform that enables people to give their views and feedback on programmes and public consultations. For this public consultation a project page will be created which holds all important documents, promotes all engagement opportunities and encourages the public to share their views through the use of the official survey, quick polls, sharing stories, a live Q and A section and an ideas area.

The CCG's public website will also be updated with the correct documents and promotes the new webpage.

Item	Location/format	Details	Responsible
Consultation document	Available in print and on CCG website and EngagementHQ website	Information on the consultation, including all relevant documentation, to be widely shared by email	Communications lead
Easy Read Consultation	Available in print and on CCG website and		Involvement Lead
document	EngagementHQ website		
Overseas language translated	Top five languages translated	Will be translated further as	Involvement Lead
consultation summary		required	
Survey	Link on CCG website and EngagementHQ website; paper copies provided at engagement events and on request		Involvement Lead

BSL survey	BSL translated survey on CCG website and EngagementHQ website		Involvement Lead
Easy Read survey	Easy Read survey on CCG website and EngagementHQ website		Involvement Lead
EHIA	On CCG website and EngagementHQ website		Involvement Lead
PCBC	On CCG website and EngagementHQ website		Project team
Frequently Asked Questions	On CCG website and EngagementHQ website	To be updated during consultation	Comms lead/project lead
Posters	A4 poster, display in local hospitals, high street opticians, GP practices	"Have your say" generic message	Communications lead
Leaflets	A5 leaflet, available at local hospitals and GP practices, in any other languages identified as a result of the EHIA and our engagement. Also to be sent out with food parcels from foodbanks.	To include dates and details of key engagement opportunities	Involvement Lead

Draft consultation activity plan for the period 6th December 2021 – 11th March 2022

Note: some activity subject to change and confirmation of dates

Communications				
Date	Activity			
October –	Planning			
November 2021	Key documents to be revisited including:			
	Pre-consultation Business Case			
	EHIA - reviewed to include any learning from Covid-19 and from the initial stages of the consultation (prior to the pause)			
	Engagement plan – updated engagement delivery plan recognising updated EHIA			
	Consultation document updated, approved and printed			
	Frequently Asked Questions - updated			
	Posters, flyers and leaflets updated, website approved and printed			

	Press release drafted and approved		
Pre consultation	Phone calls to identified stakeholders		
launch:	Stakeholder briefing to be issued on day of Joint Committee		
16.11.21	MP briefing		
onwards	Reactive media statement in place		
6 th December	Implementation		
onwards	 Consultation document and associated supporting documents published on East Sussex CCG website with link to complete consultation questions on independent organisation webpage Leaflets to be distributed via food banks, Community and Voluntary Sector (CVS) organisations and digitally via newsletters Press release issued (including press release in British Sign Language) Tailored emails to: Key stakeholders (based on stakeholder mapping) Eastbourne Patient Participation Group members Eastbourne, Hailsham and Seaford GP practices Healthwatch East Sussex Social media posts Inclusion in GP bulletin Article in East Sussex Health and Social Care News Articles in local newsletters - ongoing Content sharing by key partners (e.g. ESHT, ESCC, Healthwatch, voluntary and community sector etc.) on social 		
	media, public websites, intranets, newsletters, etc.		
6 th December-	Social media posts continue until end of the consultation		
11 th March	Reminder in GP bulletin		
	Article in East Sussex Health and Social Care News		
	Articles in local newsletters - ongoing		
	• Content sharing by key partners (e.g. ESHT, ESCC, Healthwatch, voluntary and community sector etc.) on social		
	media, public websites, intranets, newsletters, etc.		
	Tailored emails to:		
	Key stakeholders		
	Eastbourne PPG members and GP practices		

Post Consultation	Tailored emails to:	
and final report	Key stakeholders	
	ESHC public distribution list	
	Eastbourne PPG members and GP practices	
	CVS organisations who supported the public consultation	
	Article on East Sussex CCG website	
	Press release which includes highlights from consultation feedback report and a link to the full report	
	Provide update and copies of the final report at all forums and groups that took part in the consultation	

Engagement .		
Membership ar	Membership and provider engagement	
Date	Activity	Lead
Fortnightly	Attendance at East Sussex Communications and Engagement Steering Group: distribution of materials including questionnaires, posters, etc.	Public Involvement Team
January 2022	Dedicated webinar for Eastbourne Hailsham and Seaford, Hastings and Rother, High Weald and Lewes and Havens locality members	Clinical leads
Patient and pub	plic involvement	
Ongoing	Provide information on consultation to Sussex Health and Care Partnership, District, Borough	Communications and Public
throughout	and Parish Councils, community and voluntary sector organisations and relevant services and	Involvement team
consultation	neighbouring CCGs and Acute Trust (particularly Maidstone and Tunbridge Wells NHS Trust): include material for distribution, questionnaires, web links etc. and offer attendance if requested:	
	HVA, RVA, 3VA, Southdown, Fulfilling Lives, East Sussex County Council Young People's	
	Services, YMCA, Red Cross, Citizens' Advice Bureau, East Sussex Chambers of Commerce,	
	Eastbourne and Hampden Park Libraries, Beacon Shopping Centre, Maternity Voices, Action	

	in Rural Sussex, Deaf Cultural Outreach Group (DeafCOG), Diabetes UK (local groups), St John's Ambulance, Sussex Community Development Association, Sussex U3A groups, Armed Forces Network, Age Concern, Age UK, Amaze SENDIASS East Sussex, Churches Together Sussex, Friends, Families and Travellers, Rough Sleepers' Initiative, Mathew 25, Salvation Army, Homeless and Rough Sleepers' Service, East Sussex food banks, Leagues of Friends, Save the DGH, Save the NHS, Friends of the Conquest Hospital, Rainbow Alliance, Bourne Out, Possability People, MIND East Sussex, Grace Eyre, Amaze, HEART Hastings	
06.12.21	Attendance at meetings:	Public Involvement team
onwards	British Heart Foundation	
	Sussex Heart Charity	
	East Sussex Disability Association	
	Care for the Carers – East Sussex	
	Autism Partnership Board	
	LD Partnership Board	
	East Sussex County Federation of WIs	
	Fellowship of St Nicholas	
	Hub on Rye Hill Community Centre	
	Oasis Community Projects (Ore Valley)	
	Rotherfield St Martin (community hub)	
	Pelham Community Hub (Bexhill)	
	Shinewater North Langney Neighbourhood Partnership (Eastbourne)	
	Blue Van Veterans	
	East Sussex Seniors' Association	
	Dementia Alliances: Eastbourne, Hastings and St Leonard's, Bexhill, Wealden, Havens	
	Deaf Cultural Outreach Group (DeafCOG)	
	Eastbourne Cultural Involvement Group	
	Seaview Centre St Leonards	
	Hastings and Rother Interfaith Forum (tbc)	
	Eastbourne Faith Forum (tbc)	
	Hastings Older People's Ethnic Group HOPE-G	
	Hastings Age-friendly Community Coffee Mornings	
	Hellingly over-60s Coffee Mornings	

	Parent Carer Forums (via ESCC)	
	Black Butterfly (ethnically diverse communities, asylum seekers, refugees)	
	LGBTQ – contacts being investigated	
06.12.21 onwards	Individual interviews with service users and carers	Public Involvement team
January 2022	Stakeholder workshops e.g. Patient Transport Services, Healthwatch, Community Cardiology Services	Public Involvement team
06.12.21	Local Voices Network – invitations to participate in events, links to questionnaires, regular updates on consultation progress	Public Involvement team
TBC	East Sussex Local Strategic Partnership Boards – information prior to and during consultation, updates re: consultation, offer to attend	Public Involvement team
30th November	High Weald PPG forum	Public Involvement team
4th December	Eastbourne Hailsham and Seaford PPG forum	
7th December	Hastings and Rother PPG forum	
21st December	Lewes and Havens PPG forum	
18th January	East Sussex PPG Steering Group	
06.12.21	GP practices sent information on consultation including material for distribution, questionnaires, information for electronic screens, posters	Communications team
06.12.21 onwards	Telephone interviews offered to members of the public using dedicated telephone number, with Signlive assigned and interpretation available	Public Involvement team
January /	Public meetings: focus on communities identified by EHIA/Clinical Senate recommendations:	Chief Executive ESHT/CCG
February 2022	focus on communities identified by EHIA/Clinical Senate recommendations: Hastings/St Leonards: Hollington Four Towers - Eastbourne: Langney Community Centre - Rural Rother: Hub on Rye Hill Community Centre - High Weald: Uckfield Civic Centre	and clinicians
06.12.21 onwards	Public events e.g. Eastbourne Open Air Market, Rye Market, Hastings Priory Meadow, Hollington Tesco, Beacon Shopping Centre Eastbourne, Hailsham shopping centre,	Public Involvement team

Crowborough Farmers Market, Seaford Library, Newhaven Country Market, Lewes Farmers'	
Market.	

This is a live document and will continue to be added to during the consultation period.

Agenda Item 7.

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

Date of meeting: 2 December 2021

By: Assistant Chief Executive

Title: Reconfiguration of Ophthalmology Services at East Sussex Healthcare

NHS Trust (ESHT)

Purpose: To update HOSC on proposals to redesign ophthalmology services at

ESHT

RECOMMENDATIONS

The Committee is recommended to:

- 1. Consider whether the service change proposals relating to East Sussex Healthcare NHS Trust (ESHT) ophthalmology services set out in Appendices 1 & 2 constitute a 'substantial variation' to health service provision requiring statutory consultation with HOSC under health scrutiny legislation.
- 2. Agree, if the proposals are a substantial variation to services, that HOSC will undertake a detailed review of the proposals in order to prepare a report and recommendations.
- 3. Comment on the NHS East Sussex Clinical Commissioning Group's plan for undertaking public consultation on the proposals (Appendix 3)

1. Background

- 1.1. East Sussex Healthcare NHS Trust (ESHT) provides ophthalmology services (diagnosis and treatment of eye disorders) from three sites the Eastbourne District General Hospital (EDGH), Conquest Hospital in Hastings, and Bexhill Hospital.
- 1.2. In March 2021 HOSC received a report on the progress to date in developing proposals to change how ophthalmology services at ESHT were delivered. The Committee agreed to consider a further report once further details of the proposals were made available.
- 1.3. At a Joint Committee of Clinical Commissioning Group (CCG) Governing Bodies on 17th November, East Sussex CCG which is the responsible organisation for service reconfigurations agreed in principle, subject to the outcome of the ESHT Trust Board meeting on 30 November 2021, a pre-consultation business case (PCBC) setting out specific proposals, developed in partnership with ESHT, to reconfigure the Trust's ophthalmology services and agreed to undertake a public consultation on these proposals from 6th December 2021 to 11th March 2022.
- 1.4. This report provides the opportunity for the HOSC to consider whether the proposals constitute a substantial variation to services requiring formal consultation with the Committee alongside and separately to the public consultation.

2. Supporting information

Proposals for ophthalmology services

- 2.1. The report from the East Sussex CCG and ESHT attached as **Appendices 1 and 2** sets out their proposals for the transformation of ophthalmology services in East Sussex, including specific proposals to reconfigure the provision of outpatient and day case services (procedures that require some recovery time but patients should be able to go home on the same day).
- 2.2. Ophthalmology is a branch of medicine and surgery that provides diagnosis, treatment and prevention of conditions that affect the eye and visual system. Medical ophthalmology involves diagnosis and management of disorders affecting a person's vision, while surgical ophthalmology

involves a surgical procedure to correct or improve a person's vision, for example, cataract surgery.

- 2.3. Acute ophthalmology services for adults in East Sussex are provided by ESHT at Eastbourne District General Hospital, the Conquest Hospital in Hastings and Bexhill Hospital.
- 2.4. The table below shows the current (Pre-Covid) percentage split of outpatients and day case activity across the three sites:

Percentage Activity split per site and by point of delivery (Pre-Covid)				
POD	Bexhill	Conquest	Eastbourne	
Outpatient First Appt	5.3%	39.3%	55.4%	
Outpatient Follow Up	25.4%	26.3%	48.3%	
Day Case	46.2%	2.4%	51.4%	

- 2.5. The CCG and ESHT are proposing to change the current service on the grounds that:
 - there are currently very high levels of need for the service, which has been made worse by the impact of COVID-19, meaning ESHT is no longer meeting national waiting time standards;
 - there is a predicted 40% increase in need over the next 20 years and there are gaps in recruitment for ophthalmologists;
 - diagnosis and monitoring of ophthalmic patients is highly dependent on equipment. Much
 of the equipment currently used by the department across its three sites is old, which
 impedes the service's ability to work efficiently and effectively; and
 - there are limitations of physical space in the current service configuration limiting the capacity of the service to meet the current and growing need of the local population.
- 2.6. As a result, the CCG and ESHT are proposing the following changes to outpatient and day case ophthalmology services:

Locate ophthalmology services at two hospital sites, Eastbourne District General Hospital and Bexhill Hospital, supported by one stop clinics at both hospitals and a diagnostic eye hub at Bexhill Hospital.

- 2.7. This means there would be no change to activity at the Eastbourne site, and the services provided at the Conquest site would move to Bexhill, however, the services being moved would only relate to outpatients and day cases. The proposal does not affect unplanned or emergency care, the pathway for which is not changing. This means Emergency and General Anaesthetic surgical cases (including cases which require overnight stay) will continue to be delivered at Conquest Hospital.
- 2.8. Bexhill Hospital is 6.6 miles from Conquest and both Conquest and Bexhill are outside of the Hastings main population centre. The number of Conquest Hospital patient appointments are as follows (pre-COVID data) but do not accurately reflect the number of individual patients, as many patients attend multiple appointments:

POD	Number of Conquest patients	Percentage of total ophthalmology activity
Outpatient First Appt	7,113	8.08%
Outpatient Follow Up	17,158	19.50%
Day Case	111	0.13%

2.9. The CCG and ESHT say the benefits of the new service include:

- The proposed pathways would reduce the number of appointments that individual patients need to attend due to one-stop clinics, faster diagnostics and senior decision making.
 Patients who move would need to attend an alternative site but may need to attend less often.
- Moving Conquest activity to Bexhill would allow the Trust to avoid fragmentation of the service and implement redesigned pathways to increase quality of care and efficiency (including High Volume Low Complexity work), provide one-stop clinics, and provide a consultant led (as opposed to delivered) model of working that efficiently utilises skill mix and training opportunities.
- The change also enables the wider Sussex Ophthalmology plan, as training and supervision from the ESHT consultant body support upskilling the community Optometry workforce.
- 2.10. Plans for the public consultation on the proposal are set out in **Appendix 3**, including plans for engagement with groups identified in the Equality and Health Inequalities Impact Assessment (EHIA). The consultation will run from 6th December 2021 to 14th March 2022.

HOSC role

- 2.11. Under health scrutiny legislation, NHS organisations are required to consult affected HOSCs about a proposed service change that would constitute a 'substantial development or variation' to services for the residents of the HOSC area.
- 2.12. There is no national definition of what constitutes a 'substantial' change. Factors such as the number or proportion of patients affected; whether the service provides planned care (outpatient appointments or day case surgery) where patients and carers make arrangements for travel beforehand or un-planned care (emergency and urgent care) where patients may be admitted via ambulance or travel to an Emergency Department; the level of improvement offered by the new service; and the availability of alternative services nearby are often taken into account in coming to an agreement between the HOSC and the NHS on whether formal consultation is required. NHS England also recommends that CCGs conduct a public consultation for proposals that the local HOSC considers to be a substantial variation to services, so the CCG plans to consult publicly may be an indication the proposals could be deemed 'substantial' by the HOSC.
- 2.13. If HOSC agrees that the proposals do constitute a substantial change, the Committee will need to consider the plans in detail in order to respond to the CCG with a report and recommendations. The Committee may wish to consider how it would undertake this task, which could be through establishing a Review Board to conduct a review on behalf of the full HOSC, with the Committee agreeing any recommendations before they are submitted to the NHS.
- 2.14. Where the HOSC does not consider a proposal to be a substantial variation to services there are alternative options for further scrutiny work including submitting a written response to the public consultation, informal HOSC board meetings to scrutinise the proposals in more detail, and further reports to the Committee as the proposals are agreed and implemented.
- 2.15. Finally, the NHS England assurance process for any planned service reconfiguration requires a CCG to demonstrate evidence that the local HOSC(s) considers the NHS public consultation process to be adequate. The Committee is, therefore, invited to comment on the planned public consultation as set out in **Appendix 3**.

3. Conclusion and reasons for recommendations

- 3.1. This report presents HOSC with proposals for the development of ophthalmology services in East Sussex, in particular the proposal to consolidate outpatient and day case ophthalmology services from three to two hospital sites, EDGH and Bexhill Hospital, supported by one stop clinics at both hospitals and a diagnostic eye hub at Bexhill Hospital.
- 3.2. The Committee is recommended to consider whether the service change proposals set out in **Appendix 1 and 2** constitute a 'substantial variation' to health service provision requiring statutory consultation with HOSC; if so, to agree to undertake a detailed review of the proposals;

and to comment on the CCG's plan for undertaking public consultation on the proposals as set out in **Appendix 3**.

PHILIP BAKER Assistant Chief Executive

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East Sussex Healthcare NHS Trust Transformation of Ophthalmology Services

Summary Report for: Health Overview Scrutiny Committee

Date:	December
Version:	1
Name of originator/ author:	CCG Programme Team

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1.0 Background

Improving ophthalmology health outcomes is a key priority area for the Sussex Health and Care Partnership (SHCP).

On 4th March 2021, East Sussex Clinical Commissioning Group (ESCCG) and East Sussex Healthcare NHS Trust (ESHT) presented early draft proposals for a change in the way that ophthalmology services are provided in East Sussex to the Heath Overview and Scrutiny Committee. At that meeting East Sussex HOSC confirmed that any proposals that include a relocation of current ophthalmology services will likely constitute a substantial variation in services and will require a formal consultation.

A pre-consultation business case has now been prepared that builds on the early draft proposals and this has been supported by NHS England and NHS Improvement as part of an assurance process.

At its meeting on Tuesday 30 November 2021, members of the East Sussex Healthcare NHS Trust Board are invited to review and consider the pre-consultation business case (PCBC) for the re-configuration of ophthalmology services, endorse the proposals and agree that the CCG commences a consultation process with the East Sussex Health Overview and Scrutiny Committee (HOSC), and agree that the proposal should be subject to formal public consultation. It has also been considered and approved, in principle pending approval from ESHT, by the Joint Sussex Committee at its meeting on Wednesday 17 November 2021.

The full pre-consultation business case and associated documents, including the Equality and Health Inequality Impact Assessment, Quality Impact Assessment, the pre-consultation engagement report and options development and appraisal reports, will all be available and published on the CCG website. The PCBC Executive Summary is provided as Appendix 2 and our plans for consultation are set out in Appendix 3.

2.0 The Proposal

Our proposal is to locate ophthalmology services at two hospitals, Eastbourne District General Hospital and Bexhill Hospital, supported by one stop clinics at both hospitals and a diagnostic eye hub at Bexhill Hospital. This means:

- There would be no change to activity at the Eastbourne site.
- The activity provided at the Conquest site would move to Bexhill. However, the activity that would be moved will only relate to outpatients and day cases. This equates to:

POD	Number of Conquest patients	Percentage of total ophthalmology activity
Outpatient First Appt	7,113	8.08%
Outpatient Follow Up	17,158	19.50%
Day Case	111	0.13%

NB: this data is based on pre-covid data. Number of appointments does not accurately reflect number of patients, as many patients attend multiple appointments.

- Bexhill is 6.6 miles from Conquest.
- Both Conquest and Bexhill are outside of the Hastings main population centre.



- The proposed pathways would reduce the number of appointments that individual
 patients need to attend due to one-stop clinics, faster diagnostics and senior decision
 making. Patients who move would need to attend an alternative site, but may need to
 attend less often.
- The proposal does not affect unplanned or emergency care, the pathway for which is not changing.
- Emergency and General Anaesthetic surgical cases (including cases which require overnight stay), would continue to be delivered at Conquest Hospital.
- Moving Conquest activity to Bexhill would allow us to avoid fragmentation of the service and implement redesigned pathways to increase quality of care and efficiency (including High Volume Low Complexity work), provide one-stop clinics, and provide a consultant led (as opposed to delivered) model of working that efficiently utilises skill mix and training opportunities.
- This change also enables the wider Sussex Ophthalmology plan, as training and supervision from the East Sussex Healthcare Trust consultant body support upskilling the community Optometry workforce.

The introduction of one stop clinics and a diagnostic eye hub will ensure faster diagnosis, reduce waiting times, reduce number of appointments required for patients to attend and repeated tests. These are key quality improvements to the ophthalmology service.

Over time, as part of the longer-term vision to continue to improve ophthalmology services, we will consider the needs of the following ophthalmology service provision at East Sussex Healthcare NHS Trust (e.g. pre/post op cataract pathway, glaucoma referral refinement) alongside enhanced service provision in the community, provided by local optician practices, across East Sussex

3.0 How we developed our proposal

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

- set out the case for change for the reconfiguration and consolidation of the current ophthalmology services delivered at the East Sussex Healthcare NHS Trust (ESHT) in the context of a wider programme of transformation and improvement
- described the agreed clinical model for acute cardiology services in the context of the Trust's wider service provision and wider national and local drivers
- worked with stakeholders to inform, develop and evaluate viable options for the redesign of acute cardiology services in East Sussex.

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

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



4.0 The process of assurance

When developing our options, our final draft proposals, and this Pre-Consultation Business Case:

- We have considered the outputs from engagement with local people and clinicians and used these to inform the Pre-Consultation Business Case.
- We have developed the Pre-Consultation Business Case with due regard to our duties to reduce inequalities and promote integration of health services where this will improve the quality of those services, in addition to ensuring compliance with all relevant equality duties.
- We have assessed the impacts of our proposal by undertaking a Quality Impact
 Assessment and an Equality and Health Inequality Impact Assessment to identify any
 potential negative impacts and identified appropriate mitigating actions.
- We have taken into account the recommendations of the South East Clinical Senate.
- We have been informed by feedback from the East Sussex Health Overview and Scrutiny Committee.
- We have assessed our proposal against the NHS Four Tests for service reconfigurations.¹
- We have developed our proposal and associated consultation plans in line with the Gunning Principles² to ensure that:
 - o a decision will not be taken until after public consultation
 - local people and stakeholders have information that enables them to engage in the consultation and inform our decision;
 - o there is adequate time for people to participate in the consultation
 - we will demonstrate how we have taken account of engagement and formal consultation by publication of a consultation feedback report describing this.
- We have considered opinions and insight from a number service leads and managers within our acute hospitals in East Sussex that represent a broad range of clinical specialties.
- We have engaged extensively with NHS England and Improvement (NHSE/I) and completed a rigorous NHSE assurance process in relation to the proposal and our consultation and engagement plans.

A Quality Impact Assessment (QIA) has been completed and scored highly in terms of a positive impact on safety, experience and effectiveness. The QIA will continue to be developed as the proposals progress to ensure that quality and safety considerations are built into the outcome.

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

² https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf



NHS Brighton and Hove CCG NHS East Sussex CCG NHS West Sussex CCG

¹ https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf

5.0 Conclusion

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





East Sussex Healthcare NHS Trust Transformation of Ophthalmology Services

Annex 1: Pre-Consultation Business Case Executive Summary

Date:	November
Version:	1
Name of originator/ author:	CCG Programme Team

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Executive Summary

1.0 Purpose

The purpose of this Pre-Consultation Business Case is to describe the wide engagement to date in communicating the drivers for change, reviewing all possible options to transform ophthalmology services provided by East Sussex Healthcare NHS Trust to deliver the best possible care for local people. The Pre-Consultation Business Case includes the available information and evidence that has supported the development of a model of care, an analysis of possible options to deliver this model of care, and it proposes preferred viable options to transform ophthalmology services.

This Pre-Consultation Business Case recommends to the East Sussex CCG (via Joint Sussex Committee delegated authority) one option to take forward to public consultation and, if approved by the CCG, to submit to the East Sussex Health Overview Scrutiny Committee who will decide if they consider this constitutes substantial variation to services and that they would like the CCG to consult with them on this.

The full pre-consultation business case and associated document including the Equality and Health Inequality Impact Assessment, Quality Impact Assessment, the pre-consultation engagement report and options development and appraisal reports will all be available and published on the CCG websites.

2.0 Context

In 2019, the NHS Long Term Plan was published outlining the ambition that the NHS will increasingly be: more joined-up and coordinated in its care; more proactive in the services it provides; and more differentiated in its support offer to individuals, with the aim being that population health would be improved through coordinated service planning and delivery¹.

In alignment with the Sussex Health and Care Partnership, in 2019 the East Sussex system - East Sussex Clinical Commissioning Group (CCG), East Sussex County Council (ESCC), East Sussex Healthcare NHS Trust (ESHT), Sussex Community NHS Foundation Trust (SCFT) and Sussex Partnership Foundation NHS Trust (SPFT), developed its' East Sussex Health and Care Plan. This built on improvements over recent years including:

- A comprehensive and co-ordinated range of preventative services
- Ongoing development of community health and social care services
- Strong whole system performance
- An Integrated Outcomes Framework to better enable us to measure whether our work as a system (activity) was having the desired results (outcomes)
- Developing our approach to understanding and using our collective resources on a system wide basis for the benefit of our population.



¹ NHS Long Term Plan, 2019

3.0 Our population

East Sussex has amongst the highest numbers of over 65-year olds and over 85-year olds in the country, and this is expected to grow further. Within this, many people live their later years in ill-health, often with more than one long term condition. This means that increasing numbers of people are needing to use local health and care services that are not always designed to support the growing numbers of local people needing their support. This increase in need is being felt within the system across Sussex and locally, with significant increases in people needing ophthalmology services in recent years. The system needs to reflect on how best to meet these changing population needs, recognising the needs of people living in areas of deprivation, and to rethink how we deliver an equitable service that can ensure the best health outcomes for our population, and can adapt to the challenges of the future, and represents good value.

The recognition of the changing needs of the population, the changing nature of ophthalmology care and the associated challenges in providing ophthalmology services has made the redesign of ophthalmology a key priority for East Sussex system. Our overall objectives are to:

- improve health, experience and quality of care
- improve the overall sustainability of health and social care services.

Delivering financial sustainability will also contribute to delivering these broader objectives.

4.0 Case for Change

We have reviewed the strategic drivers for change, the existing ophthalmology services for children and adults and the availability of other relevant existing and new services. This led us to the following conclusions:

- Quality: Healthcare systems are required to minimise the risk of significant harm, through delivering timely follow-up for patients with chronic conditions. The high and growing number of these cases within ophthalmology makes this a challenge.
- Service performance: nationally, ophthalmology outpatient services are the largest of all outpatient services that people use, with East Sussex Healthcare Trust seeing 18,075 new outpatients and 65,511 follow-up appointments in 2019-20. The Covid-19 pandemic has impacted heavily on ophthalmology provision and this, coupled with the very high levels of need for care, has led to East Sussex Healthcare Trust no longer meeting national waiting time standards.
- Growing need: It is estimated that, over the next 20 years, the need for cataract services will rise by 50%, glaucoma cases by 44% and medical retina by 20%.
- IT / Digital: there would be a significant benefit to patients through ophthalmology services
 making the best possible use of modern digital technology, such as an Electronic Eyecare
 Referral System (EERS). Modern technology presents opportunities to improve patient
 pathways and better manage the growing need for ophthalmology services.
- Workforce: a census carried out by the Royal College of Ophthalmologists (RCOphth) in 2019 identifies gaps in recruitment for ophthalmologists and workforce planning, amid a predicted 40% increase in need over the next 20 years.



- The national Getting it Right First Time (GIRFT)² programme reviewed the ophthalmology service in March 2018. It was recommended that:
 - Review pre-assessment clinics and review/audit coding for complex cataracts to ensure the patient pathway for cataract surgery is optimised.
 - Continue to develop health care professional (HCP) staff by training and developing all members of the multi-disciplinary team, whilst utilising competency frameworks to increase the number of non-consultant clinical staff.
 - Look into using consultant-led and technician-provided virtual clinics for age-related macular degeneration (AMD) and glaucoma to improve refinement of treatment plans.
 - Review of coding practices to ensure accuracy, particularly around complex cataracts, corneal grafts, strabismus follow-ups and vitreo-retinal conditions.
 - Continue to refer to the Royal College of Ophthalmologist's "The Way Forward"³
 document to identify options to help meet demand and the Common Competency
 Framework to support health care professional staff development.
- Net Zero NHS: the NHS is committed to reach net zero carbon by 2050 which means we need to significantly reduce carbon emissions caused by procedures, travel, estates, etc. The NHS Long Term Plan encourages service delivery to happen virtually, where appropriate.
- Estates and equipment: diagnosis and monitoring of ophthalmic patients is highly
 dependent on equipment. Much of the equipment currently used by the department
 across its three sites is old, which impedes the service's ability to work efficiently and
 effectively. There are limitations of physical space in the current service configuration
 limiting the capacity of the service to meet the current and growing need of the local
 population which contributes to challenges in meeting service standards.
- Making best use of our resources: we want to ensure that our services are delivered in a
 way that gives the greatest benefit for local people.

As a result this Pre-Consultation Business Case proposes changes to a range of ophthalmology services provided by East Sussex Healthcare NHS Trust.

5.0 How we developed our proposal

Following analysis of the current service provision and the emerging future needs of local people, we developed a 'Case for Change' that outlined the key drivers for service transformation. This provided the basis for our engagement with local people, clinicians and other professionals to further understand what is important to them about ophthalmology services. This engagement has indicated several key themes:

- Care provided
- Equality and Diversity
- Access and transport
- Clinical services
- Community optometry.

³ The Royal College of Ophthalmologists, 2016, *The Way Forward*



NHS Brighton and Hove CCG NHS East Sussex CCG NHS West Sussex CCG

² The Getting It Right First Time (GIRFT) programme is helping to improve the quality of care within the NHS by bringing efficiencies and improvements.

Alongside finding out what is important to local people and clinicians, we have reviewed local health needs in East Sussex. This tells us that there are some groups of local people who have particular needs and may be disadvantaged in accessing current services. We have taken account of these needs in our proposals and sought to mitigate those disadvantages through the proposals outlined in this Pre-Consultation Business Case (more detail on this can be found in Appendix 1 - Equality and Health Inequality Assessment of the full PCBC).

Following pre-consultation engagement, three options development and appraisal workshops (independently chaired and facilitated by Opinion Research Services - ORS⁴) took place, during March 2021, to identify and consider and refine possible options for the future provision of acute ophthalmology services, to appraise these options and make recommendations for preferred viable options.

Following this, and as part of our in-depth comparative analyses for this pre-consultation business case, we have also reviewed quality indicators, travel analysis, the impact this transformation could have on other services (within Sussex and outside of Sussex), the impact this transformation could have on the equality and health inequalities of our population, and the financial feasibility of each option.

6.0 The process of assurance

When developing our options, our final draft proposals, and this Pre-consultation Business Case:

- We have considered the outputs from engagement with local people and clinicians and used these to inform the Pre-Consultation Business Case.
- We have developed the Pre-Consultation Business Case with due regard to our duties to reduce inequalities and promote integration of health services where this will improve the quality of those services, in addition to ensuring compliance with all relevant equality duties.
- We have assessed the impacts of our proposal by undertaking a Quality Impact
 Assessment and an Equality and Health Inequalities Impact Assessment to identify any
 potential negative impacts and identified appropriate mitigating actions.
- We have taken into account the recommendations of the South East Clinical Senate.
- We have been informed by feedback from the East Sussex Health Overview and Scrutiny Committee.
- We have assessed our proposal against the NHS Four Tests for service reconfigurations.⁵
- We have developed our proposal and associated consultation plans in line with the Gunning Principles⁶ to ensure that:
 - o a decision will not be taken until after public consultation
 - o local people and stakeholders have information that enables them to engage in the consultation and inform our decision;
 - o there is adequate time for people to participate in the consultation
 - we will demonstrate how we have taken account of engagement and formal consultation by publication of a consultation feedback report describing this.

⁶ https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf



⁴ Opinion Research Services is a social research organisation, whose mission is to provide applied social research for public, voluntary and private sector organisations across the UK.

⁵ https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf

 We have considered opinions and insight from a number service leads and managers within our acute hospitals in East Sussex that represent a broad range of clinical specialties.

7.0 Our proposal

We are proposing to locate ophthalmology services at two hospital sites, Eastbourne District General Hospital and Bexhill Hospital, supported by one stop clinics at both hospitals and a diagnostic eye hub at Bexhill Hospital.

The introduction of one stop clinics and a diagnostic eye hub will ensure faster diagnosis, reduce waiting times, reduce number of appointments required for patients to attend and repeated tests. These are key quality improvements to the ophthalmology service.

To deliver this model of care we need to bring staff together across a range of disciplines into multidisciplinary teams and the proposal enables the physical space for these staff to work together in this way. This also improves access to senior decision making and input when it is required in relation to patient care so that patients will see the right people at the right time and reducing repeat attendances.

To help develop this Pre-Consultation Business Case we have engaged with local people and stakeholders. Our next step is to seek further feedback through a formal and public consultation process with local people and with the East Sussex Health Overview Scrutiny Committee. We will gather this feedback and comments and consider and respond to these before we make the final decision on the future of East Sussex Healthcare NHS Trust's ophthalmology services.

If this Pre-Consultation Business Case proposal is approved by the CCG, and East Sussex Health Overview Scrutiny Committee consider that the proposal constitutes a substantial variation to services and should therefore be subject to consultation, then this process will begin in December 2021.

Through our engagement and options process we developed 5 options. The conclusion from our options appraisal is a proposal to take forward one option for formal consultation with patients, the public and local stakeholders. This is the option that has been appraised as the one that will best provide good patient experience, support improved outcomes for local people and a high-quality sustainable service that enables the model of care to be implemented that will realise these benefits and is deliverable.

We currently provide services from three sites: Eastbourne District General Hospital, Conquest Hospital, Hastings, and Bexhill Hospital. This proposal seeks to consolidate activity from Conquest Hospital to Bexhill (from three sites to two) and to continue the provision at Eastbourne to deliver the model of care. Bexhill Hospital is 6.6 miles from the Conquest Hospital, and both are outside of the Hastings town centre. The activity in the scope of this proposal relates only to outpatients and Day Cases at the Conquest Hospital.

The proposed transformation, with the one stop clinics and diagnostic eye hub, will make key quality improvements to the service, such as:

 enable a redesigned ophthalmology pathway that will increase quality of care ensuring patients are seen by the right person, in the right place, and at the right time.



- ensure that we can better meet service standards so that patients receive care in a timely manner, meaning faster diagnosis, shorter waiting times, fewer repeat appointments for tests and therefore less travelling for patients.
- provide a consultant-led model of working that efficiently utilises skill mix across the workforce and provides training opportunities
- ensure staff and expert knowledge are consolidated, allowing for improved supervision and opportunities for training and educational needs for staff who wish to upskill. Thereby, gradually improving the skills in the workforce to improve the service quality and care provided to our population.

This option will have positive impacts for our patients, as well as workforce, and will improve patient experience, patient outcomes and our performance against national standards in the long term (by reducing waiting times alongside travel for patients), whilst making the service more efficient and sustainable for the future. It also supports the wider Sussex Ophthalmology plan enabling future training and supervision from ophthalmology consultants to upskill the community Optometry workforce.

The national and regional/local transformation of ophthalmic services, together with the demands inherent in meeting future standards and the challenging aspects of a fragmented service and workforce, mean that doing nothing means that there will be increasingly poor and fragmented access to ophthalmology services for local people. The other options were not taken forward as they either scored poorly as part of the options appraisal process, involve aspects of ophthalmology services that are out of scope for this programme of work, or are not viable following thorough financial and activity-based analyses, as part of this Pre-Consultation Business Case.

In addition, the options appraisal process showed there was a clear preference across all stakeholder groups for a combination of Eastbourne District General Hospital and Bexhill Hospital sites provision under Option 2. Combinations of site provision that included Conquest Hospital were least favoured.

Over time, as part of the longer-term vision to continue to improve ophthalmology services, we will consider the needs of the following ophthalmology service provision at East Sussex Healthcare NHS Trust (e.g. pre/post op cataract pathway, glaucoma referral refinement) alongside enhanced service provision in the community, provided by local optician practices, across East Sussex

However, at this current point the significant opportunity available to the system to transform ophthalmology services, providing one stop clinics and a diagnostic eye hub is key. Longer term service consolidation, delivered in alignment with the Sussex-wide Ophthalmology Transformation programme would also enable improved joined up service provision across community and hospital settings, consolidating staff and resources to best serve the local population. This is not the subject of these proposals and if plans are developed into the future, these would be subject to further engagement.

These options (described in more detail in Section 8) will have positive impacts for our patients, as well as workforce, and will improve our ability to meet service standards and patient outcomes in the long term, through a more efficient service and one that is more sustainable for the future.



We will continue to work with local people and stakeholders to understand the implications of our proposal through the consultation process. This will include working with local people and stakeholders to understand how best to provide easily accessible information to support local people and professionals about the proposed change.

We recognise that this will represent a change for some people who currently use these services and we will continuously engage with local people and stakeholders throughout the consultation process to understand the implications of our proposal. All new information and evidence gathered as part of a consultation will inform a final proposal.

Once a decision is reached, during any implementation and transition stages we will ensure that changes are communicated in a clear and timely manner. This would include working with local people and stakeholders to communicate any changes to existing services, the nature of new services and how to access them and to ensure people who use these services at East Sussex Healthcare NHS Trust continue to access the care and support they need.





Transforming Ophthalmology Services Consultation Draft Delivery Plan December 2021 – March 2022

Introduction

This plan describes how we will communicate and engage with the public and our stakeholders during the formal consultation process regarding the proposals to transform ophthalmology (eye) services at East Sussex Hospital Trust (ESHT) which is due to take place between Monday 6th December 2021 and Friday 11th March 2022. The plan has been informed by our pre-consultation engagement work, by the options development and appraisal process and by the Equalities and Health Inequalities Impact Assessment (EHIA).

The plan does not include any communications and engagement that may be required with staff.

Background and context

The CCG is developing proposals for how hospital-based ophthalmology services can best provide high quality treatment, care and support for local people and meet increasing local population need. Acute ophthalmology services for adults in East Sussex are provided by ESHT at Eastbourne District General Hospital, the Conquest Hospital in Hastings and Bexhill Hospital.

Ophthalmology is a branch of medicine and surgery that provides diagnosis, treatment and prevention of conditions that affect the eye and visual system. Medical ophthalmology involves diagnosis and management of disorders affecting a person's vision, while surgical ophthalmology involves a surgical procedure to correct or improve a person's vision, for example, cataract surgery. The ways in which ophthalmology specialists work have changed over time, as have the technologies and treatments they use for ophthalmology conditions. For example, it is now possible to provide more services virtually through teleconsultations. While there have been positive advancements, the demand on the service is increasing year-on-year, and this is set to rise further because Sussex has a growing and ageing population.

The CCG's vision for the future is to provide:

- a clinically excellent ophthalmology service;
- a service that reduces avoidable sight loss and improves the eye health of all our patients;
- the ability to look after a growing and ageing population;
- a service that provides increased support and development for the ophthalmology workforce;
- a service that is clinically, environmentally and financially sustainable now and in the future.

Pre-consultation Engagement

To consider how ophthalmology services could be transformed, the Public Involvement (PI) team undertook pre-consultation engagement which commenced on 4 January 2021 and lasted six weeks (concluding on 14 February 2021).

To reach the local population in East Sussex the PI team co-developed questionnaires with partners and members of the public and these were promoted widely in paper copies and electronically. The team undertook interviews with current and former patients of the service and joined virtual local forums and groups to hear from people about their experiences. The insight gained from this engagement then informed the development and appraisal of options for the future of the service.

Options Development and Appraisal

The CCG commissioned the independent organisation Opinion Research Services (ORS) to lead the options development and appraisal process. Patients, representatives from relevant VCS organisations and Community Ambassadors were invited to attend: five representatives attended for ophthalmology. PI team members and ophthalmologists from ESHT attended to observe, present key information and respond to questions, but did not actively participate in the options appraisal scoring and ranking activities.

Three options development and appraisal workshops (independently chaired and facilitated by ORS researchers) took place in March 2021 to identify and consider a longlist of possible options for the future provision of acute ophthalmology services. Participants were provided with information to enable informed discussion, including summaries of key contextual information (e.g. population health needs, clinical standards, activity demand and capacity, finances, estate footprint, workforce) and summaries of key programme documents (e.g. Equality and Health Inequalities Impact Assessment and Case for Change).

Various potential models of care were developed and discussed at the workshops and participants then ranked and scored the options against the agreed criteria, as a result of which three options were shortlisted for ophthalmology:

- 1. Ophthalmology services located at two hospital sites, Eastbourne District General Hospital (EDGH) and Bexhill Hospital, supported by one stop clinics at both and a diagnostic eye hub at Bexhill
- 2. Ophthalmology services located at one hospital site, Bexhill Hospital, supported by one stop clinics and a diagnostic eye hub at Bexhill
- 3. Ophthalmology services located at one hospital site, Eastbourne District General Hospital, supported by one stop clinics and a diagnostic eye hub at EDGH

These options were then reviewed by ESHT and the CCG and it was decided to proceed to full consultation on Option 1.

Participants at the workshops raised a series of concerns which the PI team will ensure form a focus of the full public consultation currently scheduled to take place in early 2022. These concerns were:

- travel and access: time, distance and cost;
- the ability to cope with increased patient demand;
- concerns about moves to digital appointments.

Clinical Senate Recommendations

In August 2021 the CCG submitted the Pre-Consultation Business Case to the Southeast Clinical Senate for review. The Clinical Senate made the following recommendation regarding Patient and Public Engagement:

In the pre-engagement work do the patient and user views and opinions include those who would normally be seldom heard including those with hearing difficulties, learning disabilities, those who either have no access to or choose not to use IT and those with poor health seeking behaviours? Have you reached those users of the service who will be most affected by the service changes?

In response this Delivery Plan ensures that there is a focus on the groups mentioned in this recommendation.

Equality and Health Inequalities Impact Assessment (EHIA)

The CCG has reviewed the EHIA. This document made a series of recommendations that are given below: responses to each of these recommendations have been included in the Delivery Plan.

Protected	Engagement activity
characteristic	
Race	• Ensure links have been made with local faith communities or cultural groups in order to encourage involvement and gain feedback through all stages of patient and public involvement.
	Ensure that Friends, Families and Travellers receive information on all involvement activity.
	Attendance at Eastbourne Cultural Involvement Group to promote engagement opportunities

	Request support from Diversity Resource International to promote engagement opportunities with local ethnically diverse communities
People who have English as a second language	 Offer telephone interpretation to support those who speak English as a second language and wish to engage Translate materials into community languages (on request)
Gender reassignment	 Approach Hastings and Rother Rainbow Alliance Trans Support Group to talk about opportunities to get involved Approach Bourne Out via Facebook and ask for support with promotion of the questionnaire
Age	 Work in collaboration with local authority partners to ensure we reach care home residents and staff Attend East Sussex Senior Association to talk about ophthalmology service transformation and provide opportunities to feedback/ get involved Attend Age Concern drop in sessions Engage with RNIB, East Sussex Association for the Blind, Macular Society Engage with the Public Health Vision Screening Service for Children Attend PPG forums across East Sussex and offer drop in session if enough interest Liaise with Age UK East Sussex Engage with Parent Carer forums
Religion and Belief	 Ensure that faith communities in East Sussex are engaged in this project. Invite faith elders to engage, and offer translated versions of materials where required.
Disability	 Explore opportunities with CVS organisations such as Possibility People to see what forums and networks we can utilise to support engagement Approach Hastings disability forum to ask for support Arrange a drop in opportunity for d/Deaf members to come and talk about experiences of ophthalmology services Make the materials available in Easy Read and British Sign Language on request. Approach the East Sussex Dementia Adviser Service to support the reach of our engagement Approach the East Sussex Community Learning Disability Team for support Take action to identify and engage with charities and organisations that support patients with diabetes Take action to identify and engage with charities and organisations that support patients with their mental health

	 Take action to identify and engage with local mental health services Take action to identify and engage with charities and organisations that support patients with cardiovascular disease
Pregnancy and Maternity	 Attend East Sussex Maternity Voices Partnership meeting
Other disadvantaged or inclusion groups	 Engage with carers throughout the project to seek their views, through one-to-one interviews, liaison with representative groups and questionnaires Engage with homeless and rough sleepers through pre-existing relationships with supporting organisations such as Rough Sleepers Initiative, Matthew25 and YMCA Work with the NHS Armed Forces Community lead to ensure we hear from this cohort Ensure that the Red Cross 'Carer Crisis Service' and the Care for the Carers 'intensive support to carers in areas of known high health inequalities' schemes are included in consultation and are made known to local population
Deprivation and socio-economic disadvantage	 Utilise foodbanks to share paper copies of questionnaires with freepost address Ask for support from RVA, HVA and 3VA to target those living in areas of deprivation.

^{*}This list is not exhaustive but provides examples of the activities planned to reach marginalised groups

Governance

The Ophthalmology Communications and Public Involvement Task and Finish Group will be overseen by the Joint Cardiology and Ophthalmology Steering Group which reports to LMT. An assurance oversight group with membership from Healthwatch, Local Authority and a Community Ambassador will be established to ensure the process is robust and there are no avoidable gaps in engagement.

Key principles

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

- Building on our wide range of previous engagement with local people and describing our journey, the purpose of our review and our intent to consult.
- 'Strength-testing' all aspects of our thinking, planning and approach.

- Acknowledging the importance our communities place on local services and our interest in all available feedback and insight to further inform our
 options.
- Incorporating the findings from our Equalities/Health Inequalities Impact Assessment (EHIA) to help us identify the groups and communities we should target for our communications and engagement work.
- Utilising our stakeholder mapping to ensure that we engage with all groups and partners with an interest in our plans including local councillors and MPs.
- Approaching our conversations with transparency in relation to our financial challenge and our need to balance the sustainability of local services whilst offering high quality care, at the right time and place for local people.
- Being transparent about the benefits and risks of our approach and testing our thinking on those.

Supporting information/materials

EngagementHQ

EngagementHQ is an interactive platform that enables people to give their views and feedback on programmes and public consultations. For this public consultation a project page will be created which holds all important documents, promotes all engagement opportunities and encourages the public to share their views through the use of the official survey, quick polls, sharing stories, a live Q and A section and an ideas area.

The CCG's public website will be updated with the correct documents and promotes the new webpage.

Item	Location/format	Details	Responsible
Consultation document	Available in print and on CCG website and EngagementHQ website	Information on the consultation, including all relevant documentation, to be widely shared by email and be made available to download online. There will also be an option for people to call or email to request a hard copy of the consultation	Communications lead

		document and other relevant documents.	
Easy Read Consultation document	Available in print and on CCG website and EngagementHQ website		Involvement Lead
Overseas language translated consultation summary	Top five languages translated	Will be translated further as required	Involvement Lead
Survey	Link on CCG website and EngagementHQ website; paper copies provided at engagement events and on request		Involvement Lead
BSL survey	BSL translated survey on CCG website and EngagementHQ website		Involvement Lead
Easy Read survey	Easy Read survey on CCG website and EngagementHQ website		Involvement Lead
EHIA	On CCG website and EngagementHQ website		Involvement Lead
PCBC	On CCG website and EngagementHQ website		Project team
Frequently Asked Questions	On CCG website and EngagementHQ website	To be updated during consultation	Comms lead/project lead/involvement lead
Posters	A4 poster, display in local hospitals, high street opticians, GP practices, libraries, cafes, etc.	"Have your say" generic message	Communications lead
Leaflets	A5 leaflet, available at local hospitals, high street opticians and GP practices, in any other languages identified as a result of the EHIA and our engagement. Also to be sent out with food parcels from foodbanks.	To include dates and details of key engagement opportunities	Communications Lead/Involvement Lead
Social media/online assets	Imagery and suggested copy for social media posts and use on websites, online newsletters, etc.	To be shared with all relevant partners and stakeholders	Communications Lead

Draft consultation activity plan for the period January – April 2022

Note: some activity subject to change and confirmation of dates

Communications	
Date	Activity
October –	Planning
December 2021	Key documents to be revisited including:
	Pre-consultation Business Case
	EHIA - reviewed to include any learning from COVID-19 and from the initial stages of the consultation (prior to the pause)
	Engagement plan – updated engagement delivery plan recognising updated EHIA
	Consultation document updated, approved and printed
	Frequently Asked Questions - updated
	Posters, flyers and leaflets updated, website approved and printed
	Press release for launch of consultation drafted and approved
	Stakeholder update for launch of consultation drafted and approved, along with plan to cascade information
Pre consultation	Phone calls to identified stakeholders
launch	Stakeholder briefing to be issued on day of Joint Committee
16.11.21	MP briefing
onwards	Reactive media statement in place
06.12.21	Implementation
onwards	• Consultation document and associated supporting documents published on East Sussex CCG website with link to complete consultation questions on independent organisation webpage
	 Leaflets to be distributed via food banks, Community and Voluntary Sector (CVS) organisations and digitally via newsletters
	• Launch press release issued (including press release in British Sign Language) and added to CCG/ESHT websites
	Tailored emails to:
	Key stakeholders (based on stakeholder mapping)

	East Sussex Patient Participation Group members
	East Sussex GP practices
	Healthwatch East Sussex
	Social media posts
	Inclusion in GP bulletin
	Article in East Sussex Health and Social Care News
	Articles in local newsletters - ongoing
	 Content sharing by key partners (e.g. ESHT, ESCC, Healthwatch, voluntary and community sector etc.) on social
	media, public websites, intranets, newsletters, etc.)
Between	Press releases issued to remind people of options to take part before end date
December 2021	Social media posts continue until end of the consultation
and March 2022	Articles in GP bulletin
	Articles in East Sussex Health and Social Care News
	Articles in local newsletters - ongoing
	• Content sharing by key partners (e.g. ESHT, ESCC, Healthwatch, voluntary and community sector etc.) on social
	media, public websites, intranets, newsletters, etc.
	Tailored emails to:
	Key stakeholders
	East Sussex PPG members and GP practices
14.03.22	Press release announcing end of consultation and next steps
	Social media posts announcing end of consultation and next steps
	Article in GP Bulletin announcing end of consultation and next steps
	 Article in East Sussex Health and Social Care News announcing end of consultation and next steps
	 Articles in local newsletters announcing end of consultation and next steps
	 Tailored emails to key stakeholders announcing end of consultation and next steps
Post Consultation	Tailored emails to:
and final report	Key stakeholders
	 Ophthalmology public distribution list
	East Sussex PPG members and GP practices
	CVS organisations who supported the public consultation
	Article on East Sussex CCG website

- Press release which includes highlights from consultation feedback report and a link to the full report
- Provide update and copies of the final report at all forums and groups that took part in the consultation

Engagement A	ctivities - 06.12.21- 14.03.21	
Membership and		
Date	Activity	Lead
Fortnightly	Attendance at East Sussex Communications and Engagement Steering Group: distribution of materials including questionnaires, posters, etc.	Public Involvement team
January 2022	Dedicated webinar for Eastbourne Hailsham and Seaford, Hastings and Rother, High Weald and Lewes and Havens locality members	Clinical leads
Patient and publ	ic involvement	
Ongoing throughout consultation	Provide information on consultation to Sussex Health and Care Partnership, District, Borough and Parish Councils, community and voluntary sector organisations and relevant services and neighbouring CCGs and Acute Trust: include material for distribution, questionnaires, web links etc. and offer attendance if requested:	Communications and Public Involvement team
	HVA, RVA, 3VA, Healthwatch, Southdown, Fulfilling Lives, East Sussex County Council Young People's Services, YMCA, Red Cross, Citizens' Advice Bureau, East Sussex Chambers of Commerce, Eastbourne and Hampden Park Libraries, Beacon Shopping Centre, Maternity Voices, Action in Rural Sussex, Deaf Cultural Outreach Group (DeafCOG), Diabetes UK (local groups), St John's Ambulance, Sussex Community Development Association, Sussex U3A groups, Armed Forces Network, Age Concern, Age UK, Amaze SENDIASS East Sussex, Churches Together Sussex, Friends, Families and Travellers, Rough Sleepers' Initiative, Mathew 25, Salvation Army, Homeless and Rough Sleepers' Service, East Sussex food banks, Leagues of Friends, Save the DGH, Friends of the Conquest Hospital, Save the NHS, Rainbow Alliance, Bourne Out, Public Health Vision Screening Service for Children, Possability People, MIND East Sussex, Grace Eyre, Amaze, HEART Hastings.	
06.12.21 onward		Public Involvement team

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Autism Partnership Board	
LD Partnership Board	
Hastings HEART	
East Sussex County Federation of WIs	
Fellowship of St Nicholas	
Hub on Rye Hill Community Centre	
Oasis Community Projects (Ore Valley)	
Rotherfield St Martin (community hub)	
Pelham Community Hub (Bexhill)	
Shinewater North Langney Neighbourhood Partnership (Eastbourne)	
Blue Van Veterans	
East Sussex Seniors' Association	
Dementia Alliances: Eastbourne, Hastings and St Leonard's, Bexhill, Wealden, Havens	
Deaf Cultural Outreach Group (DeafCOG)	
Eastbourne Cultural Involvement Group	
Black Butterfly (ethnically diverse communities, asylum seekers, refugees)	
Seaview Centre St Leonards	
Hastings and Rother Interfaith Forum (tbc)	
Eastbourne Faith Forum (tbc)	
Hastings Older People's Ethnic Group HOPE-G	
Hastings Age-friendly Community Coffee Mornings	
Hellingly Over-60s Coffee Mornings	
Parent Carer Forums (via ESCC)	
LGBTQ – contacts being investigated	
Individual interviews with service users and carers	Public Involvement team
Stakeholder workshop(s) e.g. Local Optical Committee, Patient Transport Services, Healthwatch	Public Involvement team
	Hastings HEART East Sussex County Federation of WIs Fellowship of St Nicholas Hub on Rye Hill Community Centre Oasis Community Projects (Ore Valley) Rotherfield St Martin (community hub) Pelham Community Hub (Bexhill) Shinewater North Langney Neighbourhood Partnership (Eastbourne) Blue Van Veterans East Sussex Seniors' Association Dementia Alliances: Eastbourne, Hastings and St Leonard's, Bexhill, Wealden, Havens Deaf Cultural Outreach Group (DeafCOG) Eastbourne Cultural Involvement Group Black Butterfly (ethnically diverse communities, asylum seekers, refugees) Seaview Centre St Leonards Hastings and Rother Interfaith Forum (tbc) Eastbourne Faith Forum (tbc) Hastings Older People's Ethnic Group HOPE-G Hastings Age-friendly Community Coffee Mornings Hellingly Over-60s Coffee Mornings Parent Carer Forums (via ESCC) LGBTQ — contacts being investigated Individual interviews with service users and carers

06.12.21	Local Voices Network – invitations to participate in events, links to questionnaires, regular updates	Public Involvement team
	on consultation progress	
	East Sussex Local Strategic Partnership Boards – information prior to and during consultation,	Public Involvement team
	updates re: consultation, offer to attend	
30th November	High Weald PPG forum	Public Involvement team
4th December	Eastbourne Hailsham and Seaford PPG forum	
7th December	Hastings and Rother PPG forum	
21st December	Lewes and Havens PPG forum	
18th January	East Sussex PPG Steering Group	
06.12.21	GP practices sent information on consultation including material for distribution, questionnaires,	Communications team
I	information for electronic screens, posters	
06.12.21 onwards	Telephone interviews offered to members of the public using dedicated telephone number, with	Public Involvement team
I	Signlive assigned and interpretation available	
January /	Public meetings: focus on communities identified by EHIA/Clinical Senate recommendations:	Chief Executive ESHT/CCG
February 2022	Hastings/St Leonards: Hollington Four Towers - Rural Rother: Hub on Rye Hill Community Centre -	and clinicians
	High Weald: Uckfield Civic Centre: one virtual event	
06.12.21 onwards	Public events – e.g. Eastbourne Open Air Market, Rye Market, Hastings Priory Meadow, Hollington	Public Involvement
	Tesco, Beacon Shopping Centre Eastbourne, Hailsham shopping centre, Crowborough Farmers	team/other CCG
	Market, Seaford Library, Newhaven Country Market, Lewes Farmers' Market, Newhaven and	teams/Healthwatch
	Peacehaven Community Supermarkets	volunteers

This is a live document and dates and opportunities will continue to be added to during the consultation period.

Agenda Item 8.

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

Date of meeting: 2 December 2021

By: Assistant Chief Executive

Title: East Sussex Winter Plan Update 2021-22

Purpose: To provide an overview of the East Sussex Winter Plan 2021/22.

RECOMMENDATIONS

The Committee is recommended to consider and comment on the report

1. Background & supporting information

- 1.1. Winter planning is a statutory annual requirement of the NHS to ensure that the local health and social care system has sufficient plans in place to effectively manage the capacity and demand pressures anticipated during the Winter period. The Plan period runs this year from the end of November to 31 March 2022.
- 1.2. Plans are developed with input from partners across the system including local authorities, providers, and commissioners. The Plan is approved locally via the Local Accident and Emergency Deliver Board (LAEDB) and then signed off nationally by NHS England.
- 1.3. A summary of the East Sussex Winter Plan 2021/22 is attached as **Appendix 1** for consideration by the HOSC and covers the following topics:
 - Governance and oversight
 - Lessons Learned Winter 20/21
 - Lessons Learned Covid 20/21
 - Approach to Demand and Capacity Planning
 - East Sussex Place-based actions summary
 - Vaccination programme COVID-19 and Flu
 - System wide communication and engagement
 - Challenges and mitigations
 - Next steps.

2. Conclusion and reasons for recommendations

2.1 HOSC is recommended to consider and comment on the East Sussex Winter Plan.

PHILIP BAKER Assistant Chief Executive

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East Sussex Winter Plan Update 2021-22

East Sussex HOSC 02/12/21

Summary of Winter Plan

Winter Plan 2021-22

- We continue to work collaboratively across health and social care partners to manage our response to the Covid-19 pandemic including making particular plans to support the population of East Sussex during the winter period
- We undertake winter planning annually as a local system to ensure we have sufficient plans in place to manage the anticipated increased activity during the winter period and plans
- The overall purpose of the Winter Plan is to ensure that the system is able to effectively meet the needs of local people during the Winter period which this year runs from the beginning of November to 31 March 2022
- Our plans ensure that local systems are able to respond to increased needs of local people effectively and maintain patient safety and quality during this period
- Fet 21/22, the planning process considers the impact and learning from last winter, as well as learning from the summer period and the system response to Covid-19 to date. Plans have developed on the basis of robust demand and capacity modelling and mitigations to address system risk
- The initial Winter Plan was submitted to NHS England/Improvement (NHSE/I) on 20 September 2021 following a revision to the winter planning timeline following the worsening urgent and emergency care performance both regionally and nationally, combined with growing pressures in relation to Covid-19 and Respiratory Syncytial Virus (RSV) Infection. The final plan was shared with the Local A&E Delivery Board (LAEDB) for approval
- The plan takes account of Covid-19 management and response in the system, including capacity required to respond to increased needs

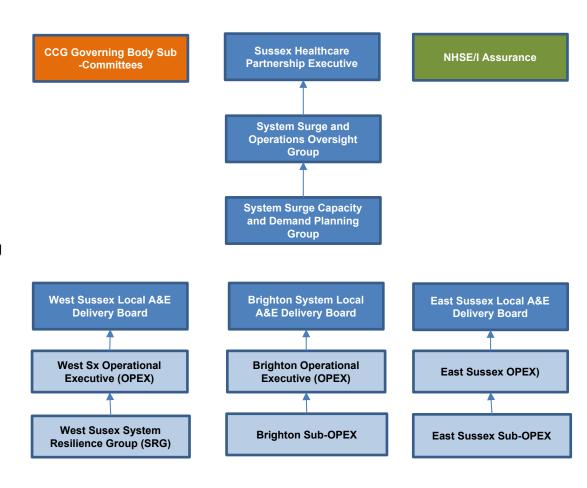
Summary of Winter Plan

The objectives of the Winter Plan are:

- To maintain patient safety at all times
- To prepare for and respond to periods of increased need, including any future increases in Covid-19 infections
- To ensure that acute hospital bed occupancy is maintained at a level that ensures that patients who require admission to a
 hospital bed are able to be admitted in a timely way, thereby avoiding the risk of overcrowding in A&E and delays to ambulances
 being able to handover patients and respond to 999 calls
- To ensure that community health services are maximised, e.g. improving length of stay and utilisation and increasing the number of patients who can be safely discharged home in a timely manner with care support. Effective use of community services during the winter period will support timely discharge from hospital and avoid unnecessary admission to an acute hospital bed
- $T\overline{\underline{\theta}}$ avoid ambulance handover delays of over 30 minutes
- To ensure delivery of the elective care recovery and restoration trajectory
- Strengthen Same Day Emergency Care (SDEC), Ambulatory Emergency Care (AEC) model and the Acute Frailty model
- Ensure capacity is in place to manage any Covid-19 demands including critical care capacity
- Manage any flu or other infection control challenges safely and effectively

Governance and Oversight

- Winter plans are reviewed through the Integrated Care System (ICS) governance framework
- Assurance of place-based winter plans are undertaken by the East Sussex LAEDB, supported by OPEX (that manages the local system operational response) and in line with NHSE/I expectations, provider-level plans will be signed off by relevant internal Trust boards
- Following sign-off the system plan is presented to Local Authority Health Oversight and Sorutiny Committees and Health and Wellbeing Beards for scrutiny
- Monitoring of plan delivery, risks and activity will be undertaken by East Sussex LAEDB, with Sussex oversight by the System Surge and Operations Oversight Group (SOSG)



Lessons Learnt - Winter 20/21

The Winter 20/21 debrief identified the following key learning and feedback:

Key Feedback	Action Plan
There should be greater emphasis on training and stress testing of surge plans	 A table-top stress testing exercise of the Winter Plan and escalation framework took place in October 2021 Following the stress testing exercise, the plan was refreshed to incorporate learning and any additional actions required Debrief exercises and lessons learned reviews will be undertaken routinely – this will include debrief post Christmas and New Year
Governance and decision-making structures should be in place to support rapid decision-making	 A stocktake review of governance and decision-making in relation to system resilience has been undertaken and tested as part of the stress testing exercise
Wider sharing of surge plans with operational teams, noting that surge plans should be operationally useful and relevant	 Surge plans (including the weekend plans) are now routinely shared with ICS partners Operationally relevant winter plan support and guidance documents are developed for each system
Streamlined reporting and reduced volume of touchpoints	 The resilience operating model and escalation framework has been updated for 21/22 with increased flexibility for touchpoint calls Resilience daily reporting arrangements are now embedded into regular dashboards and briefing packs Use of Shrewd IT platform by all partners will be promoted during winter to reduce the reporting burden on operational and resilience teams
Business Continuity arrangements to be linked to surge plans	The CCG major incident plan and business continuity plan have been reviewed in conjunction with the annual EPRR Core Competency assessment

Lessons Learned - Covid 20/21

Covid-19 incident debrief exercises identified the following key learning and feedback

Key Feedback / Lessons Learned	Action plan and update
To have an increased cadre of staff trained and able to quickly support incident response roles during an emergency	 ICS Covid-19 Debrief Report reviewed at resilience meetings in September 21 Additional staff are being trained in their emergency response roles as part of the EPRR training and exercise programme
To support agile working across healthcare organisations to develop robust mutual aid arrangements for staff and resources that support staff wellbeing	 ICS Covid-19 Debrief Report reviewed at resilience meetings in September 21 Agreement will be required across ICS HR for this to become a reality.
To review and update business continuity and major incident plans with the learning from the Covid-19 response	 Currently the CCG major incident plan (Incident Response Plan) and business continuity plan has been reviewed in conjunction with the annual EPRR Core Competency assessment
To engure plans include arrangements for sustaining a long-term protracted response and remote working	Incident Response Plan (IRP) has now been updated.
To review the inventory of PPE and critical equipment to facilitate mutual aid	 ICS Covid-19 Debrief Report reviewed at resilience meetings in September 21
To develop a centralised repository for all guidance and policy changes	This has been requested to be coordinated across SE-Incident Coordination Team at NHSEI.
To minimise the requests for SitReps and ensure realistic deadlines	This has been requested to be coordinated across SE-Incident Coordination Team at NHSEI.
The Local Health Resilience Partnership to ensure the Actions identified in the debrief are embedded in future plans, training and exercising across the ICS	Debrief has been discussed and ratified at the next SHRG and LHRP meetings and progress regularly reviewed

Approach to Demand and Capacity Planning

- Locally a standardised 12 month system-wide capacity and demand planning tool has been developed to track the expected impact of:
 - · The recovery of planned care services
 - · Changes in need and demand for services during the winter period
 - Specific anticipated increases (surges) in need and demand as a result of Covid-19, Respiratory Syncytial Virus (RSV),
 Norovirus and Flu
- · The key forms of modelled capacity are:
 - Acute General and Acute (G & A) Beds;
 - Complex discharges by different pathways (0-3) and estimates on required capacity;
- 1 he complex discharge outputs will be used to form the basis of planning for demand for Pathway 1, 2 and 3 services
- This local model makes use of recognised and agreed methods from previous year's winter demand and capacity modeling.
- The output provides information about any gaps between provider partner's planned capacity and the projected demand allowing for actions to be agreed and included to mitigate the gap
- The current situation is relatively fluid and as such the final approach will be a **dynamic tool**, **which will allow for adjustment through the Winter period**

East Sussex Place-based actions summary

In addition to Sussex-wide actions, the East Sussex system has developed place-specific actions covering Acute, Community, Adult Social Care, Voluntary Sector, Public Health - these actions should be noted as supplementary to Sussex-wide actions and a summary of key actions is below:

- Hospital escalation beds available to meet demand and reduce the winter bed gap
- Continue to reduce length of stay across all pathways with increased utilisation of Same Day Emergency Care capacity (SDEC) to support admission avoidance
- Continue introduction of Urgent Treatment Centre front door total triage call-back model to support admission avoidance
- Increasing capacity at Uckfield Minor Injuries Unit and Lewes Urgent Treatment Centre over the winter period by focusing staff and resources across these two sites. Due to space limitations within the Crowborough Minor Injuries Unit, this service is temporarily closed to ensure safe services and support across services in the western part of East Sussex.
- Discharge hubs implemented and coordinating discharge Daily action to review patients who are medically ready for
- ਜੇ Daily action to review patients who are medically ready for discharge across the system in place to ensure timely discharge
- · Continue to review and improve hospital discharge approaches across the system
- Ensure good communication is in place to support patients and families throughout the discharge process
- Continued availability of Discharge to Assess beds and homecare provision to support patients discharge from hospital for assessment of longer term needs in a community setting and arrangements to commission capacity as required to flexibly meet changing needs
- Use our services flexibly and safely to support discharge of Covid-19 positive patients
- Use of Voluntary Sector Assisted Discharge and Home from Hospital Services to facilitate safe and timely discharge and reduce re-admissions
- East Sussex Outbreak Control Plan in place
- Covid-19 and Flu vaccination plans in place
- Specific funding has been identified, agreed and included as part of the payments made to local system partners to meet
 the costs for winter pressures and the planned response. This funding will ensure that all system partners have the
 financial ability to meet the challenges that the system will face during this period

Vaccination Programme – Covid-19 and Flu

Across Sussex, the total number of Covid-19 and Flu vaccinations given as of 22 November is 3.5 million: 1.3 million Covid-19 first doses; 1.3 million Covid-19 second doses; 409,000 Covid-19 booster doses and 504,407 Flu vaccines.

What this means for East Sussex is that: 422,000 (84%) people have had their Covid-19 first dose; 391,000 (77.8%) people their Covid-19 second dose; 127,000 (60%) people their Covid-19 booster vaccinations; and 171,000 (42%) their Flu vaccine.

As transmission of viruses is most prevalent amongst children, it is important to look at vaccine update in 12-15 year olds. The school immunisation team (from Sussex Community NHS Foundation Trust) had visited 190 schools in Sussex by 22 November and a further 12 visits are scheduled this week. So far, 8,317 children have received their Covid-19 vaccine in East Sussex. Children can also receive their Covid-19 vaccine from the following sites in East Sussex: The Kings Church, Hastings and Princes Park Health Centre, Eastbourne.

We also met the national milestone of delivering vaccines to all 284 care homes in East Sussex by 11 November; with five being visited by 24 December 2021 due to outbreaks.

To ensure we are on track to meet national targets for both programmes, a team of multi-sector individuals from East Sussex have developed and are mobilising the following over the coming weeks:

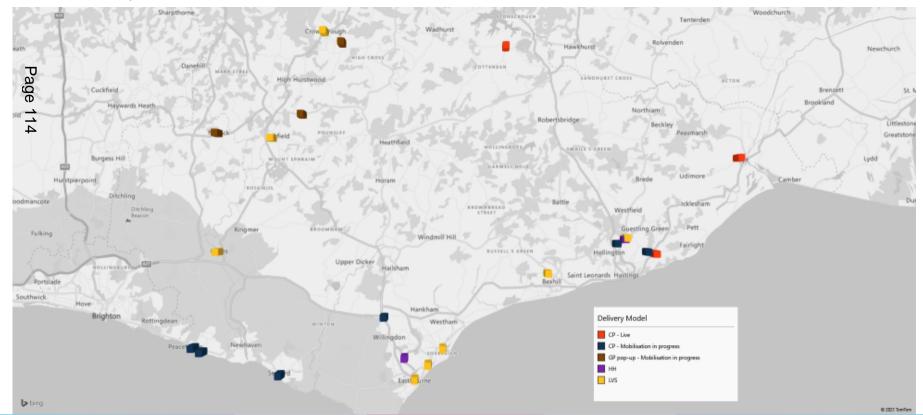
- Supplementary sessions in the evening to support those who cannot get a vaccine during work/school hours there will be sessions from 3.30pm to 7.15pm weekdays and 9.30am to 4.15pm weekends.
- Additional capacity for outreach activity in Hastings, offering 1st, 2nd and booster doses and for the housebound.
- Increased capacity at three sites: (1) The Kings Church, Hastings (2) Hastings Town Hall and (3) The Beacon Shopping Centre site Eastbourne.
- A clearer localised messaging for patients regarding pop-ups at Vicarage Field in Hailsham, Sidley Surgery in Bexhill and Old School Surgery in Seaford.
- Continued walk-ins for 1st and 2nd doses at Harbour Community Centre Eastbourne, The Kings Church Hastings and Hastings Town Hall.

Vaccination Programme – Covid-19 and Flu cont.

Since mid-September, when the third phase of the Covid-19 programme and Flu was also being delivered, approximately 23,000 vaccines are being given per week.

These are delivered across:

- 2 Hospital Hubs (Eastbourne District General Hospital and Conquest Hospital, Hastings)
- 7 GP led Local Vaccination Service with pop up sites in Hailsham, Bexhill, Seaford and Greater Wealden
- 7 Community Pharmacies, including sites in Rye, Ticehurst and Ore
- Additional 'mobile' / pop-up sites in Hastings and St Leonards to ensure access for people in areas of deprivation and low vaccine up take



System wide communication and engagement

- This year's Winter Communication Plan includes a number of elements to make sure there is a consistent and coherent approach. It includes:
- System Demand (access to services):
 - System wide activity taking a fortnightly theme (discharge, self care, MIU and UTCs, NHS 111)
 - Targeted areas specific areas of focus based on data and insight
- Primary Care: sustained communications with a focus on explaining how GP practices are working and why they are working in this way
- TCovid-19 Vaccination: focus on booster, 12 to 15 year olds, and primary doses
- Seasonal Flu: fortnightly approach to focus on key groups and encourage uptake

The plan is based on data to inform activity and will be based on insight and engagement with our communities, including from the Covid-19 Vaccination Programme to date.

This is a system wide communications and engagement plan, and has been developed across system partners.

It forms part of the system's Winter Plan 2021-22.

Challenges and mitigations

	Challenge	Mitigations
Workforce Page 116	 There is a risk that workforce capacity across health and care will be further challenged during the Winter period due to: Sickness absence and isolation requirements Increase in retirements/return to retirement Potential impact of mandatory vaccination for care staff In addition, the continued resourcing of the vaccination programme places further pressure on workforce capacity. 	 Daily assessment of staffing levels and implementation of local response actions to meet shortfalls in capacity, including: internal redeployment of staff; utilisation of bank and agency staff in priority areas; Ongoing provision of enhanced health and wellbeing, and resilience support Continued implementation of workforce expansion plans Careful and co-ordinated application of staff annual leave Workforce Directors' weekly meetings, chaired by CCG Chief People Officer, acts as a forum in which workforce-related matters are discussed and issues escalated Mutual Aid process established.
Care Market	There is a current issue and further risk that due to workforce pressure, the independent sector provision of care home and home care packages of care cannot meet demand to support discharge of patients.	 Work across the system to directly engage with the market as much as possible Work with quality team to review risk of harm on case by case basis Work locally and beyond to support recruitment of care sector staff
IPC, Flu, Covid and other – Demand, Performance, Quality and Safety	There is a risk that there may be a further Covid-19 wave over and above current modelled predictions, in addition to the risk that the system may see a surge in Flu and other viral illnesses this Winter due to suppression in the previous year.	 Ongoing implementation of infection prevention and control measures and guidance across the system, including testing (patients and staff) Monitoring and reporting of NHS provider outbreaks with additional Infection Prevention specialist support across Sussex Implementation of the Covid-19 booster campaign and annual Flu vaccination (staff and patients) Continued monitoring of quality and performance standards across NHS Providers via monthly quality review and performance meetings.

Winter Plan – Next Steps

Action required	By When	Status
Demand and capacity modelling completed	August 2021	Completed
System development of the Winter Plan	August - September 2021	Completed
Updated OPEL Escalation Framework for 21/22	August 2021	Completed
Review and sign-off of Winter Plan	16 September 2021	Completed
NHSE submission	17 September 2021	Completed
Review and sign-off of final plan following NHSE review and submission to NHSEI	20 October 2021	Completed
Stress testing table-top exercise undertaken	5 October 2021	Completed
Monitoring of plans and actuals against planning assumptions	November 2021 – End March 2022	Underway
Detailed plan for Christmas and New Year confirmed	December 2021	Not yet due
Winter lessons learnt stock-take exercise	March 2022	Not yet due

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Agenda Item 9.

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

Date of meeting: 2 December 2021

By: Assistant Chief Executive

Title: Community Mental Health Services in East Sussex

Purpose: To provide an overview of the community mental health services

provided by Sussex Partnership NHS Foundation Trust (SPFT) and

available to residents in East Sussex

RECOMMENDATIONS

The Committee is recommended to:

- 1) consider the report; and
- 2) identify any issues that require further scrutiny.

1. Background

- 1.1. Sussex Partnership NHS Foundation Trust (SPFT) provides a range of mental health services to patients in the community as a way of improving health outcomes for patients and reducing the need for admissions to inpatient facilities.
- 1.2. During the HOSC review of the Redesigning Inpatient Services in East Sussex (RIS:ES) proposals, the Committee agreed it wished to develop a greater understanding of community mental health services available to the residents of East Sussex and how they are being improved, given how central they are to the planned future viability of inpatient facilities.

2. Supporting information

- 2.1. SPFT and the East Sussex Clinical Commissioning Group (CCG) have produced a report attached at **Appendix 1** providing an oversight of community mental health services and covering the following topics:
 - National Policy context
 - Local policy
 - Sussex-wide Investment Programme 2021/22
 - Community Mental Health Services Transformation in East Sussex.

3. Conclusion and reasons for recommendations

3.1. The Committee is recommended to consider the report and identify any issues that require further scrutiny.

PHILIP BAKER Assistant Chief Executive

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Community Mental Health Services Transformation

1. National Policy Context

The national policy context for transforming community mental health services is set largely by 'The Community Mental Health Framework for Adults and Older Adults' published by Government in September 2019, and this builds on contributions from other organisations such as the Kings Fund and also senior leaders of NHS Trusts and Local Government. As such there is a high level of consensus about what the transformation of community mental health services should aim to achieve, as well as on many of the key building blocks and principles that should inform how they should be organised and operate.

In summary, recent years have seen a focus on developing specialist community mental health services, which have aimed to address the very significant health inequalities of people with Serious Mental Illness (SMI). Specialist teams are multi-disciplinary with Consultant Psychiatrists and Nurses, Occupational Therapists, Psychologists and other Allied Health Professionals within their establishment. They offer care, treatment and support through regular out-patient appointments, home visits, psychology interventions and pharmacological support to help control symptoms.

In East Sussex the Community Mental Health Services currently provided by Sussex Partnership NHS Foundation Trust are:

- Assessment and Treatment Teams (Community Mental Health Teams) in Hastings, Eastbourne and High Weald Lewes Havens, providing multi-disciplinary secondary community mental health services for adults and older adults.
- Memory Assessment Services in High Weald Lewes Havens.
- Memory Assessment Services in Eastbourne and Hastings are provided by primary care providers.
- Community Rehabilitation Team, rehabilitation for adults with SMI within community settings
- Thinking Well, day service for adults with a diagnosis of Personality Disorder delivered in partnership with the community and voluntary sector.
- Health in Mind, primary mental health care: Improving Access for Psychological Therapies and Mental Health Practitioners.
- Urgent Care Services which include Crisis Resolution Home Treatment Teams, Street Triage,
 Crisis House, Havens and Sussex Mental Health Line.

The intention now is to move to a wider range of more proactive community-based services, with the aim of helping people with Serious Mental Illness maintain the stability most enjoy most of the time (by addressing social determinants of mental health), and to expand the availability of treatments such as psychological therapies, to intervene earlier and prevent people developing serious mental health problems in the first place.

This approach also recognises the centrality of primary care, not only in currently managing the majority of mental health care in the community, but also in having established Primary Care Networks (PCNs), providing an important vehicle on which to build more integrated services at place-based / neighbourhood levels.

Alongside primary care, these should bring together and better harness the full range of community resources from voluntary organisations and services commissioned from third-sector providers, with in-reach and support from specialist and statutory organisations, whose resources would become increasingly aligned operationally, to these place-based / PCN level structures.

In parallel, there is national recognition that specialist services must increase their capacity to meet increased need in general for mental health care, and also to diversify and enhance their focus on people with specific needs such eating disorders and personality disorders, and those whose recovery requires specialist rehabilitation.

Many of these national ambitions are accompanied by targets and milestones set out within the NHS Long Term Plan (LTP), although this also allows flexibility particularly in relation to community services' transformation, for the phasing in of new services, depending on local circumstances.

2. Local Policy

The local response to this national policy context was developed following stakeholder events, which involved multiple stakeholders and partner organisations. It proposes that the foundation for community mental health services be integrated teams organised around and serving the needs of populations defined by PCNs, and that eventually everyone with mental health needs should have these met and co-ordinated from within the resources available from these new teams, or Emotional Wellbeing Services (EWS) as it is proposed they be known.

Specialist services would then be freed-up to focus on those with severe or deteriorating mental health problems, by providing specific care and treatments not available within EWS. The aim is that transition to specialist services would be seamless as they would be organised as a resource belonging to and available for EWS to call upon, rather than being subject to separate eligibility criteria.

This vision for transformation is well established and widely supported by stakeholders across Sussex. The approach to implementation is collaborative and incremental to ensure learning is taken at each step of the way.

3. Sussex-wide Investment Programme 2021/22

A range of different funding streams are associated with various aspects of national policy and the LTP for mental health, meaning some are earmarked and restricted to specific purposes whilst others can be used more flexibly to meet local priorities. These different funding streams include:

• Mental Health Investment Standard (MHIS) funds - these require CCGs to uplift investment in mental health each year by at least as much as its annual uplift;

- Community Services Transformation Funds these must be bid for and are allocated nationally. They may also require match-funded investment;
- Spending Review monies nationally allocated to key priorities.

The Sussex wide programme has therefore used these funding streams to optimise investment available locally for achieving the transformation of community services, based on needs assessment and in the context of wider prioritisation of resource for mental health services and achievement of NHS Long Term Plan targets.

Investment in 2021/22 of over £7m has been confirmed in relation to this community programme across Sussex, and includes investment in the following areas:

Specialist Services

- Expansion in core community team capacity
- Personality Disorders
- Community Rehabilitation

Emotional Wellbeing Services

- (New) Mental Health Practitioners
- VCSE Engagement and Transformation Change leads
- Third-sector Support Co-ordinators
- Access Facilitators SMI Physical Health Checks

Programme investment planning is now underway for 2022/23 in advance of national guidance being issued. A phased approach is planned to ensure sustainable workforce expansion and build on learning.

4. Community Mental Health Services Transformation in East Sussex

In order to oversee the transformation of community mental health services in East Sussex, a Mental Health Oversight Board was established in July 2020. This reports to the Sussex Health and Care Mental Health Collaborative as well as to its constituent member organisations. This has a primary focus should be on improving mental health services for its local population and enables place-based ownership and leadership of the elements of the Sussex Integrated Care System Mental Health Collaborative Programme, that need to be defined and delivered at place level to reflect local need, circumstances and nuances. These elements form part of the single mental health plan and programme for East Sussex focussing on adults of working age and older people.

It was subsequently agreed that in relation to the transformation of community mental health services, having a local place-based perspective would be most valuable. This was where the key relationships necessary to achieve envisaged change either already exist, such as between the CCG and Local Authority, third-sector partners and Housing Authorities, or had the best chance to be most easily developed, such as with the 12 Primary Care Networks (PCNs) established within the boundaries of East Sussex.

We have established three Working Groups to develop local plans for East Sussex, as well as to link with system-level groups to help ensure work is properly co-ordinated. Each has multi-agency representation and Experts by Experience in their membership. The resultant structure is set our below:



4.1 Specialist Services

In relation to some of the key national priorities for the development of specialist services, East Sussex is already well served by having established for example, an innovative partnership model for supporting people with Personality Disorders (PD), involving day care facilities commissioned from the third sector (Southdown), and in-reach / treatment interventions provided by SPFT. There is also a well-established community rehabilitation service in East Sussex.

The focus of local work on these services is therefore to improve their effectiveness, through enhancing integrated working between the Trust and Adult Social Care for example, where there are common interests in delivering rehabilitation, and in better co-ordinating consistent service responses such as from primary care / A&E departments, to people using our PD services.

Local services for adults with eating disorders in East Sussex have benefited from investment being allocated from the Sussex-wide programme and support for the development of a detailed Business Case to sustain and potentially expand this in 2022/23.

4.2 Emotional Wellbeing Services

Whilst the development of specialist services is largely about extending existing service models and providing consistent services and core capacity across Sussex, the establishment of Emotional Wellbeing Services (EWS) to serve PCN defined populations, represents the more transformational change element in the Programme. For this reason, it has been given a primary focus within place-based initiatives, where good progress has been made.

In part this is due to East Sussex having the benefit of already well-established primary care based mental health services known as Health in Mind (HiM), which incorporate not only IAPT psychological therapies but critically for the development of EWS a number of qualified Mental Health Practitioners (MHPs) aligned with specific GP Practices.

These deliver most of the functions which national policy (referred to earlier), suggests need to be significantly expanded to achieve the transformational change required at PCN level. In summary these roles include delivering:

• a consultation, advice, triage and liaison function

- support for shared decision-making about self-management
- brief evidence-based treatment interventions
- facilitated onward access to treatment services.

The plan for East Sussex is that additional resources will be used to recruit more MH Practitioners into the existing HiM infrastructure and will have a key focus on aligning to the PCNs. These services will help address PCN population health needs and work is informed by public health data and intelligence on service utilisation, equity of access and clinical outcomes.

4.3 Housing and Supported Accommodation

Secure housing of a sufficient quality is a critical factor in anybody's mental health, and yet is too often it is an issue for people with serious mental health problems in particular. For these reasons, it is being given a specific focus within the mental health programme, following an ICS level Mental Health Accommodation Report which made recommendations for a more strategic approach to be taken both Sussex-wide and within each area.

In pursuit of this aim, SPFT has appointed an associate Director of Housing, and a place-based Working Group has been established to improve access to and flow within the full range of housing and support accommodation options available in East Sussex, for people who might otherwise be in sometimes inappropriate settings, including inpatient beds.

The progress made by this group to date, includes appointing a dedicated Mental Health and Housing Project Manager who will lead on producing a place-based plan, and mapping work to describe supply and demand across the East Sussex accommodation pathway as well as an Equality and Health Impact Assessment of current provision, both of which will help to identify priorities for action.

5. Conclusions

Delivering the transformation of community mental health services is a very significant and important programme and requires integrated working and a shared focus as well as additional resources. We have a shared vision for change and are working together with all partners and stakeholders, including most importantly, the involvement of people who use these services in order to continue to deliver more integrated community-based services.



Agenda Item 10.

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

Date of meeting: 2 December 2021

By: Assistant Chief Executive

Title: Redesigning Inpatient Mental Health Services in East Sussex

Purpose: To consider whether the NHS decision on the future of inpatient mental

health services is in the best interest of the health service in East

Sussex

RECOMMENDATIONS

The Committee is recommended to consider whether the East Sussex Clinical Commissioning Group's decision as set out in paragraph 2.1 in relation to inpatient mental health services is in the best interest of the health service in East Sussex.

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. The report endorsed the reasons for developing a new inpatient mental health facility to replace the Department of Psychiatry and recommended a number of actions for the CCG and SPFT to undertake at whichever site was chosen as the new inpatient mental health facility.
- 1.8. The HOSC agreed on 23rd September to endorse the draft report; agreed to allow the Review Board to finalise the report after considering the outcome of the public consultation (which

was not completed at the time of the HOSC meeting); and agreed to refer the final report to East Sussex CCG for consideration as part of their decision making process.

1.9. The Review Board submitted the final report to the CCG, with a few minor changes, ahead of its Governing Body meeting on 17th November for consideration alongside the outcome of the public consultation and the CCG's Decision Making Business Case (DMBC).

2. Supporting information

NHS Decision

- 2.1. The East Sussex CCG Governing Body agreed at its meeting on 17th November to: Reprovide the inpatient services at the Department of Psychiatry, Eastbourne, to a new facility in Bexhill.
- 2.2. A summary of the DMBC is attached as **Appendix 1** to this report. The DMBC provides more detail of the proposed decision and sets out the reasons for taking it. The <u>full agenda pack of the East Sussex CCG Governing Body is available on the CCG's website</u> and includes full versions of the Equality and Health Inequalities Impact Assessment (EHIA), Quality Impact Assessment (QIA) and consultation report by ORS.

Response to HOSC's recommendations

2.3. The final HOSC report submitted to the CCG is attached as **Appendix 2** to this report. The CCG's DMBC summary includes a response to the HOSC recommendations attached as Appendix 2 (page 142 of the pack)

HOSC role in considering NHS decisions

- 2.4. Health regulations allow a HOSC, once the CCG has taken its decision on a substantial variation, to consider whether the decision in relation to the proposed service change is in the best interests of the health service in its area. In reaching the view, the Committee should take into account the evidence gathered during its review and the responses to its recommendations.
- 2.5. If a HOSC does not consider the decision to be in the best interests of the health service in its area, it has the option to refer the decision to the Secretary of State for Health for review. Any referral may not be made unless a HOSC is satisfied that reasonably practicable steps have been taken to try to reach agreement with the local NHS. Thus, should a HOSC consider that the CCG's decision is not in the best interests of the local health service, it would need to consider whether all possible steps have been taken to reach an agreement, prior to making a referral.
- 2.6. Any referral that HOSC makes to the Secretary of State *must* be accompanied by, amongst other things:
 - an explanation of the reasons for making the referral;
 - a summary of the evidence considered, including any evidence of the effect or potential
 effect of the proposal on the sustainability or otherwise of the health service in the area;
 and
 - an explanation of any steps that the HOSC has taken to try to reach agreement with the CCG.

3. Conclusion and reasons for recommendations

- 3.1. The Committee is recommended to consider whether the East Sussex CCG's decision in relation to redesigning inpatient mental health services in East Sussex as set out in paragraph 2.1 is in the best interest of the health service in East Sussex.
- 3.2. If HOSC determines that the CCG's decisions are not in the best interests of the health service, the Committee will need to consider whether or not to refer the matter to the Secretary of State for Health and to agree the grounds for such a referral. The Committee must consider whether all practicable steps to reach local agreement have been taken before making a referral.

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Redesigning Inpatient Mental Health Services: East Sussex

East Sussex Health Overview and Scrutiny Committee

Date:	November 2021
Version:	1.0
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1.0 Introduction

The purpose of this paper is to update the East Sussex Health Overview and Scrutiny Committee (HOSC) on the programme to reconfigure mental health inpatient services in East Sussex following formal public consultation and inform them that the Sussex Partnership Trust Board of Directors and the Joint Committee of Sussex NHS Commissioners have agreed the following final proposal which is to:

 reprovide the inpatient services at the Department of Psychiatry, Eastbourne, to a new facility in Bexhill.

This paper describes the work of the programme to date and provides assurance that the appropriate process and governance has been followed to ensure the case represents a robust proposal to improve the quality and outcomes for our local populations in relation to inpatient mental health services.

The paper provides the committee with:

- A progress update on the development of the decision-making business case for East Sussex mental health inpatient services following public consultation
- A summary of the case for change, pre-consultation business case proposals, summary consultation outputs and final proposal for implementation
- Information about how we have responded to the East Sussex Health Overview and Scrutiny Committee's recommendations
- Key health inequality and equality impacts and action
- Assurance on the process of the consultation and the process of the development of the case

The full Decision Making Business Case and appendices will be made available on the CCG Website and the executive summary of this is provided as Appendix 1 to this report.

2.0 Context

Case for change

In January 2020, a Case for Change to the way that inpatient mental health services in East Sussex are delivered was developed. This has informed our engagement to date. The Case for Change provided a baseline assessment of the current state of adult inpatient mental health services in East Sussex, examined current and future demand for services and how this fits in with national, regional and local priorities.

It did not seek to identify any proposals or solutions at this stage but simply to confirm the need for change. This concluded that current adult inpatient provision is no longer fit-for-purpose, does not meet the objectives of Sussex Partnership Foundation Trust's (SPFT) Clinical and Estates Strategies, is a barrier to staff recruitment and retention and does not enable 'People to feel valued, supported and cared for', a key tenet of the trust's organisational strategy.



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

National eradicating dormitories programme

In response to an invitation to bid, SPFT, supported by the CCG, applied for Department of Health and Social Care (DHSC) capital funding in December 2020 to remove its dormitory style beds and re-provide these in modern, high-quality, safe and compliant accommodation. This followed a government announcement, on World Mental Health Day in October 2020, of additional funding to further support mental health trusts to eradicate out of date dormitory accommodation. This new funding followed the government's commitment to accelerate investment in health infrastructure, and to level up access to mental health services, so that every inpatient can receive treatment in an appropriate setting. Capital funding has been allocated that allows for a like for like replacement of dormitory accommodation in order to:

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

This re-provision must be complete by March 2024 to meet national timescales for the eradication of dormitories. Following approval of the case the programme will continue its progression through the national capital programme process for a new build. Significant work has been undertaken and a plan in place to ensure completion of the programme to timescale.

The Trust has also been awarded capital funding to eradicate dormitories to support a refurbishment of Raphael Ward at the St Anne's Centre at Conquest Hospital, St Leonards on Sea. This does not require a change in location and does not form part of this business case.

3.0 Addressing Health Inequalities

Reducing health inequalities remains a key focus for our system and closing the gap that is still present is a priority. The Sussex Health and Care Partnership's draft strategic framework to address health inequalities is structured around six areas of focus including early years, children and young people and mental health and learning disabilities.



Specific areas to note within this programme include:

- A comprehensive Equality and Health Inequality Impact Assessment was published with the pre-consultation business case and informed the proposals for consultation.
- The Equality and Health Inequality Impact Assessment was recognised by NHSE/I as comprehensive and of high quality; this informed the proposal and the consultation and has been iterated throughout the programme.
- This showed the improved proposed facility would have positive impacts from the new build structure and design in providing an improved environment that takes account of differential impact for people with protected characteristics and improves privacy and dignity.
- This showed the Bexhill site could support an improvement in health inequalities as the cost of travel is reduced for people from deprived areas.
- It considered needs of carers to inform design and implementation.
- It identified ongoing action to ensure inclusion of people who use these services in the detailed building design.
- It identified the need for a travel and transport group which will continue to work with local people as the programme is implemented.
- The full updated Equality and Health Inequality Impact Assessment will be published with the decision-making business case.

4.0 Background and consultation

Pre-consultation business case

In January 2021, the RIS:ES Programme Board agreed draft proposals for the redesign of mental health inpatient services in East Sussex.

The proposals set out the vision for acute adult inpatient services in East Sussex for new stateof-the-art facilities to cover all inpatient services, potentially provided on a single campus sufficient to serve all the mental health inpatient needs of the people of East Sussex, now and in the future.

It was agreed that:

- the preferred way forward is to deliver the campus in phases, addressing the most pressing issues in the current provision as a first step, and
- confirmed the re-provision of the Department of Psychiatry (currently on the site of Eastbourne District General Hospital) is a priority.

The phased approach enabled the programme to take advantage of funding available to eradicate dormitories and focuses on the reprovision of services from the Department of Psychiatry.

As part of the development of options, potential sites for the new provision had been assessed. The assessment concluded that two sites were viable: one in Hailsham and the other in northeast Bexhill. These sites were both sufficient in size to enable this first phase and incorporate potential future phases of the East Sussex inpatient redesign in the future.



The sites were also deemed to be deliverable in terms of likelihood of securing planning consent and technical feasibility.

The draft proposals were subsequently reviewed by the Sussex Partnership Foundation NHS Trust Board of Directors, East Sussex CCG Governing Body and East Sussex Health Overview and Scrutiny Committee (HOSC), and approval was given to develop a Pre-Consultation Business Case (PCBC).

The PCBC set out the rationale for the change, the clinical support and governance, equalities and health inequalities impact (including travel time analysis), funding requirements (both capital and revenue) and the plans for undertaking a public consultation.

The PCBC was subject to Stage 1 and 2 Assurance Check Points by NHS England and Improvement before progressing to Trust Board, CCG Governing Body and East Sussex Health Overview and Scrutiny Committee (HOSC) in June 2021. HOSC agreed that the proposals represented a substantial change requiring public consultation and that the HOSC would establish a separate Review Board to review the plans in detail.

Public consultation

A robust public consultation ran from 14 June to 14 September 2021 and focused on the first phase of the long-term programme; the reprovision of mental health inpatient services currently provided at the Department of Psychiatry in Eastbourne to new facilities to be built on a different site. The consultation has been supported by an independent organisation, Opinion Research Services.

Views were sought on the proposed reprovision and the best site for these new facilities. The Bexhill site was the preferred option as part of the consultation, although both sites were viable.

While the wider vision for mental health services in East Sussex was not the main subject for consultation, views were also sought about these long-term plans that could, over time, create a 'campus' which would address all mental health inpatient needs and become a centre of excellence to not only provide outstanding outcomes for patients but also offer excellent teaching and research opportunities.

Opinion Research Services (ORS) were commissioned to evaluate the feedback from the consultation. Key findings from Opinion Research Services showed:

- almost universal recognition of the need for change
- strong support from all stakeholder types across all geographic areas for moving inpatient services to a new hospital on a different site, with Bexhill being the preferred site, and
- strong agreement with the long-term vision for a single 'campus' model for inpatient mental health services.
- Travel and transport (public and private, including parking) are raised as issues to be addressed as part of implementation, with suggestions that transport infrastructure and public transport improvement should be considered to mitigate impacts of changes.

Full details are set out in the final analysis report from Opinion Research Services that the CCG will publish.



Consultation with the East Sussex Health Overview and Scrutiny Committee

During the consultation period, the East Sussex Health Overview and Scrutiny Committee (HOSC) established a Review Board to explore the proposals. The Review Board submitted their report to the HOSC meeting on Thursday 23 September and subsequently submitted a final report to the CCG. This report supported the proposals and made recommendations to ensure the success of the programme. This included recommendations to:

- 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 (this group is now established)
- 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.

All recommendations have been considered as part of the drafting of the final business case and will inform the implementation plan as the new build takes place. Recommendations also included measures to mitigate any building constraints and support the delivery of the timescale. Appendix 2 provides an Action Plan to address these recommendations.

5.0 Programme Assurance

When developing our final proposal:

- We have considered the outputs from public consultation and used these to inform the decision-making business case
- We have developed the business case with due regard to our duties to reduce inequalities and promote integration of health services where this will improve the quality of those services, in addition to ensuring compliance with all relevant equality duties
- We have assessed the impacts of our proposal by undertaking a Quality Impact
 Assessment and Equality and Health Inequality Impact Assessment to identify any
 potential negative impacts and identified appropriate mitigating actions; this has been
 updated post-consultation
- We have considered the feedback from the East Sussex HOSC and this has informed our business case and implementation plans.

ORS has considered the process of the consultation and confirmed the following:

 As an established specialist social research practice, with wide-ranging experience of public engagements and statutory consultations across the UK, ORS' considered view is that the process undertaken by NHS East Sussex CCG and Sussex Partnership NHS



Foundation Trust has met these standards. The consultation has been conscientious in eliciting the informed opinions of stakeholders and members of the general public; the engagement process was open and fair, and conformed with the principles of good practice. To ensure accessibility, a range of consultation activities and channels for feedback were employed. Finally, ORS is satisfied that the consultation was proportional to the scale of the changes to health service provision being proposed and challenges being addressed.

6.0 Decision Making Business Case

The case has been finalised drawing on feedback and further work undertaken during the consultation period. Due diligence and further appraisal on site selection have been completed and included: site suitability, ability to deliver longer term aims, deliverability and timescales, technical issues, planning consent, site acquisition and ownership. This confirmed Bexhill as the preferred site to propose for approval.

7.0 Conclusions

The DMBC was produced following a formal 12-week public consultation and details the process followed by the CCG and the Trust to take forward the proposals for the relocation of the Department of Psychiatry inpatient facility, currently located at Eastbourne District General Hospital.

Initial proposals were developed with staff and stakeholder participation and a shortlist of two locations identified. A site due-diligence process identified that both site proposals were viable in this context. This was detailed in the Pre-Consultation Business Case.

A formal public consultation was undertaken, supported by an independent organisation between June and September 2021 and a report detailed all feedback received.

Following the consultation consideration was given to how the feedback given would be addressed. A Travel and Transport Review was undertaken with stakeholder involvement and both the Quality Impact Assessment and the Equality Health Impact Assessment were reviewed and updated.

The conclusion of the CCG and Trust is that a new facility should be created, using NHSE/I Eradicating Dormitories funding on a site which is able to allow for further expansion of services at a later date.

The site in North East Bexhill has been determined to be the preferred site for the Redesign of Inpatient Services in East Sussex.



Executive summary

1.1 Introduction

The purpose of this Decision Making Business Case (DMBC) is to demonstrate that the proposal to build a new facility to replace the Department of Psychiatry (DoP) at Eastbourne District General Hospital with a modern dormitory-free facility on a new site, is confirmed as the right strategic proposal to improve services for the local population and is supported by stakeholders across local communities.

NHS guidance in *Planning*, assuring and delivering service change for patients, 2018 ¹ requires that a project must be sustainable in service, economic and financial terms and can be delivered within the planned-for capital spend. The DMBC follows the approved Pre-Consultation Business Case (PCBC) and subsequent formal public consultation and shows how all available information and evidence has been taken into account, together with feedback captured by that consultation to inform the final proposal.

Developed by the NHS East Sussex Clinical Commissioning Group (ESCCG), in partnership with the Sussex Partnership NHS Foundation Trust (SPFT), approval will enable the scheme to be developed within the timeframe of the national Eradicating Dormitories Programme, i.e. by March 2024.

1.2 Context

Sussex Partnership NHS Foundation Trust (Sussex Partnership) provides mental health services to care for and treat people with conditions such as psychosis, depression, anxiety, dementia and personality disorder. The focus of this document is the reprovision of the 54-bedded Department of Psychiatry in a new facility.

The DMBC details how that the CCG has met its statutory duties and responsibilities in relation to the involvement of the public, local authority and other stakeholders and system partners in a proposed service change. That change has also been informed by the Joint Strategic Needs Assessment (JSNA) to ensure it addresses need and supports improved population health and well-being.

1.3 The case for change

The Case for Change was developed by a wide range of stakeholders including clinicians, operational staff and experts by experience. It was recognised that the current service is constrained by the facilities available at the DoP and that this inpatient facility was not able to provide the quality of service that patients, carers and families deserve.

Service users stay in dormitory wards, impacting on both privacy and dignity and the therapeutic benefits the service aims to provide. The current building provides limited and low-quality external areas. It is seen as a barrier to staff recruitment and retention and does not enable 'People to feel valued, supported and cared for', a key tenet of SPFT's Organisational Strategy.

¹ https://www.england.nhs.uk/publication/planning-assuring-and-delivering-service-change-for-patients/



The main conclusion of the Case for Change was that current adult inpatient provision is no longer fit-for-purpose, does not meet the objectives of SPFT's Clinical and Estates Strategies, and should be replaced.

1.4 Process to date

To address this, a programme structure and assurance system were set up and are described here. A number of stakeholder engagement workshops resulted in the development of a longlist and then a shortlist of options including sites where a new facility could be constructed. A Pre-Consultation Business Case (PCBC) was developed to make the case for change and set out the plans for a Public Consultation around the reprovision of the DoP. It was approved by SPFT, East Sussex CCG and submitted to the Health Oversight and Scrutiny Committee of East Sussex County Council in June 2021 prior to formal public consultation.

An independent report on the findings of the consultation has been produced and the report presented the feedback from those who participated in the consultation.

1.5 Consultation

The formal public consultation on the proposal to move inpatient services at DoP to new facilities on a new site began on 14 June and ended on 6 September 2021. It set out the improvements anticipated from a reprovision of the current facility, together with the strengths and weaknesses of site options at Amberstone Hospital and a site in north east Bexhill, while highlighting that Bexhill is the preferred option.

While the long-term vision for a 'campus'-style approach to address all inpatient needs and create a leading centre for mental health services was not subject to formal consultation, views and suggestions about this proposed approach were still welcomed.

Opinion Research Services (ORS), was appointed to advise on, independently manage and report on the public consultation programme of engagement with service users, their families and carers, clinicians and other NHS staff, and other stakeholders. The full report is attached as an Appendix to the DMBC.

1.6 Common Themes

A number of common themes were identified during the consultation process. These included concerns regarding travel and transport, queries about workforce matters and positive support for the creation of a new facility to enable facilities to be created from which a high standard of patient care can be delivered.

Initial actions in response have included a review of the QIA, EQIA and the establishment of a Travel and Transport Review Group.

1.7 Implementation

Once the DMBC is formally approved, an Outline Business Case (OBC), followed by a Full Business Case (FBC), will be developed to enable NHS approvals of the capital funding from the Eradicating Dormitories Programme to be achieved. Construction will begin once the necessary business case approvals have been given. The Trust will also seek planning consent to implement the project. By using modern methods of construction, particularly off-site manufacture, the new facility can be delivered at the earliest opportunity. It is intended that the new facility will be occupied by March 2024.



1.8 Decision making

The purpose of the DMBC is to ensure that the proposals have been consulted upon, are clinically sound, financially viable and in line with the improved outcomes agreed in the PCBC.

This will be considered by the CCG, and following the decision by the CCG, the East Sussex Health Overview and Scrutiny Committee will meet to decide if the change is in the interests of the public.

The recommended decision has been determined in two parts. Firstly, confirmation that the case for change and proposals remain valid and have received support through the public consultation, and secondly, which of the two sites (Hailsham or Bexhill) provides the best location for the new services. This is arrived at by identifying the optimal combination of site suitability and preference from the Public Consultation, and site deliverability infrastructure cost and risk as determining factors.

1.9 Conclusion

The key decision following public consultation is that the **Department of Psychiatry should be** re-provided in a new building on the preferred greenfield site identified in North East Bexhill.



Recommendation	Actions to address the Recommendations
be propored to work with NHS	The Programme is working closely with NHSEI
 be prepared to work with NHS England for a solution to any function to	There are monthly meetings and open lines of communication to ensure early identification and
 develop a design that takes advantage of high levels of mode methods of construction in order ensure speedier construction and improved carbon footprint 	to maximise the use of off-site manufacture components.
 move forward with the construction whichever site is chosen as soon is reasonably practicable, for example, finalising the design of building; pre-ordering as many prefabricated elements as possible and submitting a planning applicate by Spring 2022 	programme wherever possible. This will include: - continuing the development work while business the cases are approved Seeking financial support from NHSEI for early enabling working and potential for pre-ordering
ensure that the travel and access needs of patients, staff, families a carers are addressed as far as is practicable via the Transport and Travel Review Group	established and has met to review the Consultation findings and to identify potential solutions.
 ensure service users and their families and carers are involved in the more detailed design process including ensuring that the new so has a range of digital communications available to enal patients to contact their families a carers 	engagement with all stakeholder include service users and their families and carers. This will ensure that the outcome is co-designed and co-produced. A digital workstream will be established and will
 produce a travel and transport strategy during the planning prod that offers adequate parking for s families and carers, whilst being compliant with the local authority planning requirements and which includes charging points for elect vehicles 	staff, accessibility, green travel to encourage cycling, walking and use of public transport and the installation of elective vehicle charging points.
 once a site has been agreed, investigate the possibility of new stops with the appropriate organisations, such as Stagecoa and East Sussex County Council 	investigate opportunities.



 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. 	Engagement with South East Coast Ambulance services will take place during the build phase.
 ensure the Urgent Care Lounge at 	It has been confirmed, with East Sussex
the Department of Psychiatry is	Healthcare NHS Trust, that these facilities will
replaced on site at the EDGH once	remain at the EDGH
the Department of Psychiatry closes	
- continue to review demand for	The programme will continue to work with the CCG
inpatient services and take steps to	and Trust to forecast demand and ensure plans to
mitigate demand wherever possible	respond to this.







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)

November 2021

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

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Recommendations

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 offer the potential to accommodate a centre of excellence in the future.

The Committee recommends that, for whichever site is chosen as 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

2

1

- 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, of which 108 beds are for working age adults, older people and dementia patients, and 28 are 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 beds. 40 of these beds are at the DoP and 16 are at the St. Anne's Centre.
- 3. In October 2020, the Department of Health and Social Care (DHSC) announced more than £400 million capital funding to eradicate dormitory accommodation from mental health facilities across the country and replace them with single ensuite bedrooms. SPFT, supported by NHS East Sussex Clinical Commissioning Group (CCG), successfully bid for £46.67m of this funding to replace the DoP.
- 4. The CCG and Trust developed a proposal titled 'Redesigning Inpatient Services in East Sussex (RIS:ES)' that involved using the funding to replace the DoP with a like-for likenew facility containing 54 ensuite single bedrooms and modern indoor therapeutic spaces and gardens. This new facility will be located either in Bexhill, near to the A2690, or at the Amberstone Hospital near Hailsham with Bexhill the preferred option. The new facility is planned as 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 and Trust ran a public consultation on the proposal for 12 weeks from 14th June to 6th September 2021.
- 5. The NHS is required under regulations to consult with the local health scrutiny committee(s) on any proposal that is deemed by the committee to be a substantial variation or development to existing services. Representatives of the CCG and Trust attended the East Sussex Health Overview and Scrutiny Committee (HOSC) meeting on 10th June to explain the plans to replace the DoP.
- 6. The HOSC agreed the proposals constituted a substantial variation to services and 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.
- 7. This report, which was endorsed by the full Committee, 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.

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

National plans to eradicate dormitory wards

- 8. 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.
- 9. Patients will usually be admitted to a bed nearby to where they live, however, they may be admitted further away if there are no beds available 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 and one the NHS Long Term Plan made a commitment to end by 2021¹.
- 10. 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 only include single bedrooms, ideally with ensuite facilities. The Care Quality Commission (CQC) reported in 2019, however, that 25 of the 51 mental health trusts in England 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.²
- 11. 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. For example:
 - the CQC said in 2017 that "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";³
 - 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"⁴; and
 - 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".5
- 12. 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

¹ NHS Long Term Plan, NHS England, January 2019, p.71

² "Exclusive: Hundreds of patients kept in 'distressing' dormitory-style wards", Health Service Journal, 17 June 2019

³ The state of care in mental health services 2014 to 2017, Care Quality Commission, 2017, p.43

⁴ Modernising the Mental Health Act: Final Report of the Independent Review of the Mental Health Act 1983, GOV.UK, December 2018, p.157

⁵ 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".⁶

- 13. In June 2020, the DHSC announced, as part of a £1.5bn NHS capital programme for 2020/21, up to £250m of funding to replace mental health dormitories with single bedrooms in England. In October 2020, the DHSC announced a further £400m over four years for eradicating dormitory wards. The news was welcomed by the President of the Royal College of Psychiatrists⁷ and by the mental health charity, Mind.⁸
- 14. In December 2020, SPFT, supported by the East Sussex CCG, applied to the DHSC for a share of the £400m capital funding. The Trust received £46.67m to replace the DoP with a like-for like-new facility containing 54 ensuite single bedrooms.
- 15. At the same time, SPFT also received separate funding of £3.28m to turn the dormitorystyle St Raphael Ward at Conquest Hospital into single ensuite bedrooms 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

16. 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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⁶ NHS Long Term Plan, NHS England, January 2019, p.71

⁷ "Over £400 million pledged to remove dormitories from mental health facilities", GOV.UK, October 2020

⁸ "Mind responds to PM's commitment to close mental health dormitories", Mind, 30th June 2020

Department of Psychiatry

17. 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
		Amberley Ward - inpatient care for adults with mental health problems	Female	18
Eastbourne District General Hospital, Eastbourne	Department of Psychiatry	Bodiam Ward - inpatient care for adults with mental health problems	Male	18
Eastbourne		Heathfield Ward - inpatient mental health care for older people or those with additional physical and wellbeing needs	Female	18
	St Anne's Centre	St Raphael Ward - acute mental health ward for older people or those with additional physical and wellbeing needs	Mixed	16
Conquest Hospital, St Leonards-on-Sea	Woodlands	Abbey Ward - inpatient care for adults with mental health problems	Female	14
	woodlands	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

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- 18. 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 spread across three wards. 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.
- 19. In addition to the three wards, the DoP contains:
 - internal communal space;
 - external space consisting of two small, mostly concrete internal courtyards with one used as a growing garden;
 - a small family meeting space;

⁹ 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).
- 20. There are approximately 165 members of staff, including acute and facilities staff, currently working at the DoP and the annual budget is £8.243m.
- 21. There are other mental health services besides the DoP located at the EDGH including outpatient appointments, a Mental Health Liaison Team in the Emergency Department (ED), and a Crisis Resolution Home Treatment Team (CRHT).

Patient admission to the Department of Psychiatry

- 22. The DoP is an acute service so a patient will usually only be admitted when they can no longer be safely managed by community mental health services, for example, if they are suffering from psychosis. Patients will either be admitted voluntarily to the DoP or will be detained there under the Mental Health Act 1983. Voluntary patients can be admitted from a number of locations, including from the 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 or detained without a referral from a clinical professional, so an individual wishing to be admitted could not just arrive at the DoP and ask for an admission.
- 23. 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. 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.
- 24. An inpatient ward is never the best place for someone to be long term, so patients will only stay at the DoP until they can be more safely managed in the community. The national average length of stay in an acute mental health ward is 32 days.¹⁰
- 25. When a patient is close to being ready to be discharged, the CRHT Team will help facilitate their timely discharge back home or to a family home. If a patient has a social care or housing requirement, then someone from the East Sussex County Council assessment team will visit them to ensure a discharge plan is in place and emergency accommodation is available for them.
- 26. 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.
- 27. 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.

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¹⁰ NHS Mental Health Implementation Plan 2019/20 – 2023/24, NHS England, July 2019, p.6

28. 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 17% of patients admitted there are from Eastbourne and 55% are from East Sussex.

	Aug 19 to Jul 21	
	Number of Patients	%
Brighton and Hove	276	20%
Eastbourne	237	17%
Lewes	151	11%
Wealden	84	6%
Hastings	132	10%
Rother	151	11%
West Sussex	161	12%
Other - outside Sussex	42	3%
No Fixed Abode	30	2%
No Data	110	8%
	1374	100%

Concerns about the Department of Psychiatry

- 29. The Trust and CCG have been clear in their Pre-Consultation Business Case (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.
- 30. 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; 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

31. 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 DoP 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 they may end up being admitted 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 ward is full whilst 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

- 32. The Board heard that:
 - outdoor communal spaces are limited in size and lack adequate gardening and exercise space;
 - outdoor space is shared between male and female inpatients and so is out of bounds to half the patients at any one time in order to maintain gender segregation – more often than not it is the female patients who cannot access the communal space; 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

- 33. 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

- 34. 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. ¹¹
- 35. Due to the issues described above, the CCG and Trust argues that the DoP does not adequately meet the needs of patients with protected characteristics. This includes patients with 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. ¹²
- 36. 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".¹³

Comments of the Board

- 37. 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.
- 38. 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 indoor and outdoor therapeutic space and should be replaced.

Proposed options for replacing the Department of Psychiatry

39. The CCG (as the responsible NHS organisation for service reconfigurations) and Trust have received £46.67m of capital funding to replace the DoP by March 2024 with a like-for-like facility containing 54 single ensuite rooms. 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".¹⁴

Choice of site

- 40. In order to find a suitable site for the new facility, the CCG assessed 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.
- 41. 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; and
 - Amberstone Hospital, near Hailsham.

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¹¹ 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

¹² Ibid. p.46-47

¹³ Ibid.

¹⁴ Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

- 42. The Bexhill site is the preferred option of the CCG and Trust. The Board heard this was because it will be able to accommodate larger gardens than the Amberstone site and so provide better health and wellbeing outcomes. In addition, the Bexhill site is less costly to develop, despite the Trust owning the Amberstone site, because it is larger and more topographically flat, making it less constrained and less complex to develop on.
- 43. The Board enquired whether the refurbishment of the DoP was a viable alternative option. The CCG and Trust said this was not possible because direct access to gardens plays an important role in the recovery of mental health inpatients, and the DoP footprint is too small to accommodate 54 ensuite single rooms and adequate outdoor space. In addition, the Board understands the DoP must be vacated by 2026 anyway to make way for the rebuild of EDGH that is being funded by the Building For Our Future capital programme.¹⁵ The Chief Executive of the ESHT 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".¹⁶ ESHT reiterated this in their submission to the Board, confirming the Trust "welcome[d] the opportunity and the benefit arising from greater control/flexibility arising from the vacation of the DoP that ESHT will have".¹⁷
- 44. 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".¹⁸

Services at the new facility

- 45. The CCG and Trust have developed the proposals using a wide range of clinical evidence including national standards; clinical guidelines; and the expert knowledge of stakeholders, including clinicians at the Trust, a Governors' Advisory Group, and an Assurance Group containing Experts by Experience.
- 46. The Board understands that the new facility 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

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

¹⁵ Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021, East Sussex CCG & SPFT

¹⁶ Minutes of the HOSC Meeting, 4th March 2021

¹⁸ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021 p.17

more space for parking for staff and visitors.

Benefits of the new facility to patients

- 47. The CCG and Trust conducted an Equality and Health Inequalities Impact Assessment (EHIA) that showed that the impact of the proposal was assessed as positive for all patient groups and all people with protected characteristics will benefit from improved facilities.¹⁹ 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.²⁰
- 48. In terms of specific benefits, the EHIA and QIA listed a number of benefits that en-suite bedrooms will provide, 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; and
 - improve safety due to improved lines of sight, resulting in fewer safeguarding and reportable incidences.²¹
- 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;²²
 - 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; and²³
 - support patients so they can return home in the shortest time possible.
- 50. The Board understands that there will be improved access to the building for people with disabilities, for example, the wards will not be set over two floors like at the DoP.

¹⁹ Equality and Health Inequalities Impact Assessment (EHIA) for Redesigning Inpatient Services in East Sussex (RIS:ES) project, 20th April 2021

²⁰ Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021, East Sussex CCG & SPFT

²¹ Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

²² Ibid.

²³ Equality and Health Inequalities Impact Assessment (EHIA) for Redesigning Inpatient Services in East Sussex (RIS:ES) project, 20th April 2021

²⁴ Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021, East Sussex CCG & SPFT

Benefits of the new site to staff

- 51. The CCG and Trust are confident the new facility will be a better, safer place for staff to work that will improve staff morale and retention. The QIA also identified that a sustainable building with lower emissions, lower costs and a modern, bright and vibrant setting should improve staff recruitment.²⁵ It is believed that this will have the benefit of reducing vacancies and recruitment costs; improving the continuity of care within clinical teams; and reducing the use of agency staff.²⁶ In his discussions with the Board, Dr Naliyawala also expressed his support of the proposals.
- 52. The Board sought reassurance staff were in favour of the proposals and received a summary of views expressed during engagement with staff. This demonstrated that a majority of staff recognise that the DoP is not fit for purpose and that a new facility is needed to eradicate dormitories and improve the lack of indoor and outdoor therapeutic spaces. The majority also agreed that moving to a new site would be necessary to achieve this, but with differences in opinion about where a new site should be.²⁷
- 53. The Board questioned whether a physically larger site with single ensuite rooms would require more clinical staff to manage than the DoP. The CCG and Trust advised that this would not necessarily be the case as new builds are better designed, have reduced blind spots, and are more efficiently laid out, meaning the same number of staff are better able to oversee patients; ensuite rooms also help patients to de-escalate quicker than in dormitory wards, meaning there may be fewer interventions from staff. More therapeutic activities, however, would require more staff to manage. This would mean overall the new site could operate with similar staffing levels.

Centre of excellence

- 54. 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.
- 55. The Board heard about some of the long-term benefits of a centre of excellence to recruiting and retaining staff based on what has been achieved by SPFT when it has consolidated and improved other inpatient services:
 - 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
 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;

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²⁵ Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021, East Sussex CCG & SPFT

²⁶ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021 p.58

²⁷ High level summary of staff views, SPFT, 20th August 2021

- 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.
- 56. 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.²⁸

Retaining multiple inpatient sites

- 57. Initial engagement by the CCG and Trust with stakeholders showed views around refurbishment of existing sites versus developing a brand-new campus site were mixed.²⁹ The Board explored the arguments in favour of retaining the current model of multiple inpatient sites, these included:
 - when asked, 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:³⁰ and
 - a submission received by the Board 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.³¹
- 58. 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;
 - 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.³²

 $^{^{28}}$ Minutes of the HOSC Meeting, 10^{th} June 2021

²⁹ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.71

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

³¹ Response to HOSC Newsletter call for evidence

³² Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

Public consultation

- 59. The CCG and Trust ran a public consultation on the proposals for 12 weeks from 14th June to 6th September 2021. Opinion Research Services (ORS) provided an analysis of the consultation and the Board received a presentation summarising the findings.
- 60. According to ORS, the consultation had 330 responses with 84 responses received from service users, 84 from carers or family members, 79 from NHS staff, 62 from local residents and other individual responses, and 21 from members of organisations. The consultation also included a number of focus groups and group discussions with services users, carers and SPFT staff; in-depth interviews and engagement with service users; workshops and in-depth interviews with stakeholder organisations; and public meetings and 'roadshow' outreach activities.³³
- 61. Participants showed strong support for the proposals, for example:
 - 89% of service users, 96% of carers and family members, 91% of NHS staff and 96% of residents and other individuals agreed with the proposal to replace of the DoP;
 - 81% of service users, 82% of carers and family members, 82% of NHS staff and 90% of residents and other individuals agreed with building a new hospital on a new site; and
 - 78% of service users, 74% of carers and family members, 70% of NHS staff and 82% of residents and other individuals agreed with the long-term vision of a single site centre of excellence for all inpatient services.³⁴
- 62. There were mixed views about the location of the new facility, although on balance participants felt that North East Bexhill would be the most suitable location. Figures showed 61% of service users, 64% of carers and family members, and 53% of residents and other individuals preferred Bexhill, but 53% of NHS staff preferred Amberstone. 14 organisations preferred Bexhill compared to three that preferred Amberstone. Postcode analysis of respondents showed they tended to favour whichever site was closest to them, although a substantial minority (42%) of people living closer to Amberstone preferred Bexhill. 35

Comments of the Board

- 63. 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 the current site that contains single ensuite rooms and adequate indoor and outdoor therapeutic space, particularly in the timeframes and funding envelope available to the CCG and Trust.
- 64. 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.
- 65. 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.

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³³ Presentation: Re-provision of inpatient mental health services at the Department of Psychiatry – public consultation findings, 8th November 2021

³⁴ ibid

³⁵ Ibid.

- 66. 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.
- 67. 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.
- 68. 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 offer the potential to accommodate a centre of excellence in the future.

2. Issues with the new service that should be addressed

69. During the course of its review, the Board identified several issues that the CCG and Trust should address, regardless of which site they choose.

Funding for replacing Department of Psychiatry

70. The Board questioned the CCG and Trust over whether the £46.67m of funding would be sufficient to replace the DoP and whether the new facility could be completed by the deadline of March 2024, identifying the risk of inflation, planning process and revenue costs as potential issues.

Risk of inflation

- 71. The Board asked the CCG and Trust whether the national supply chain issues and ongoing increases to the cost of labour and materials could, due to their inflationary effect, conceivably increase the cost of the new facility beyond the funding envelope.
- 72. The CCG and Trust informed the Board that the funding envelope for the new facility has been approved by NHS England and calculated using NHS England's prescribed financial methodology, which includes inflation measurements, an optimism bias, and a planning contingency fund of 10%. The CCG and Trust expressed confidence that this would mean significant inflation would need to occur before funding becomes an issue.
- 73. The funding for the site comes from NHS England via a national programme and not local capital expenditure. If inflation did begin to cause issues, the CCG would need to work with NHS England to resolve the problem, for example, by agreeing to increase funding levels. In addition, 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 and building

- 74. 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, even though a 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 agreed with the concept of building the facility and had no major concerns with the early plans. Subject to the proposals being agreed by the CCG Governing Body, the CCG and Trust aim to submit planning permission in March 2022.
- 75. 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 and Trust 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 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.
- 76. 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.³⁶

- 77. Due diligence work on both sites had also been recently completed and showed that significant infrastructure works would be needed before construction could commence. The Board heard that this was not unusual for greenfield or brownfield sites such as Bexhill and Amberstone and the CCG and Trust are confident the works were affordable and can be completed within the budget.³⁷
- 78. 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

79. 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 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.³⁸

Comments of the Board

- 80. 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.
- 81. 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 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.

Travel and transport to the site

82. Staff, service users, and their family and carers have all raised concerns to the CCG and Trust during stakeholder engagement about the issue of travel and transport; it was a major concern highlighted in the public consultation responses; and the Board was contacted directly about travel and transport concerns by several organisations and individuals.

³⁶ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.58

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

³⁸ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021 p.118

Staff

- 83. The CCG and Trust's draft business case says 96% of staff could reach either site within an hour via private transport. According to SPFT's engagement with staff, there was a slight preference for Amberstone as the site for the new facility, and this may be because, according to postcode analysis, more staff live closer to Amberstone than to Bexhill. Public consultation responses by NHS staff also showed a preference for Amberstone for the same reason.
- 84. During the Trust's engagement, staff expressed reservations about increased travel times, the possibility of looking for alternative jobs closer to home, and whether expenses might be paid to cover additional travel costs. When these concerns were put to the CCG and Trust, the Board was informed that staff had raised them as queries rather than as firm objections to the proposals. The CCG and Trust pointed out that the location of the two sites in relation to where staff live meant not all staff would be impacted unfavourably by the change in location. For those who are, there are NHS policies in place that allow staff to either change role or have increases in their travel expenses covered. SPFT, as the employer, confirmed staff would be offered remuneration for travel or potentially be able to work in community-based positions closer to home if they wished.

Patients, Family and carers

- 85. Patients would be taken to the new facility via an emergency ambulance or a secure ambulance (see below para 97), rather than travel there alone via public or private transport. However, voluntary patients given leave from the hospital and patients who are medically fit for discharge would need to get back to their home address or to a family or friend from the facility on their own. The Board understands that a patient's discharge plan includes how they will get home and most of the time it is through a lift from family or friends in a private vehicle.
- 86. 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 reconfiguration of inpatient services in West Sussex had shown that 80% of visitors accessed inpatient sites via private transport, and a similar figure would be expected in East Sussex.
- 87. For those who may require public transport, the CCG and Trust have undertaken some initial research on where bus routes are relative to the proposed locations. The CCG and Trust believe 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.
- 88. Once the CCG takes the decision on which site to build the facility, it will begin an engagement process with East Sussex County Council and bus providers like Stagecoach about the possibility of new routes or redirecting existing routes. If Bexhill is chosen as the site for the facility, the CCG is fairly confident that new bus routes or stops could be added.
- 89. The Board was informed that the travel implications for both patients and staff are being reviewed by a Transport and Travel Review Group that has been established following the conclusion of the public consultation. It includes service users, Experts by Experience, SPFT Governors, Healthwatch and the Eastbourne Access Group. The Group's report will be included as an appendix to the CCG's Decision Making Business Case.

Comments of the Board

90. 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.

- 91. 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 report of the Transport and Travel Review Group.
- 92. 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

- 93. Staff highlighted parking as a major issue at the DoP. During engagement with the Trust, they listed "ample space for parking" as necessary or desirable at the new hospital and something that should be prioritised at whichever new location is chosen. It is also a key concern highlighted in the public consultation analysis and has been raised in representations sent to HOSC. The CCG also lists provision of sufficient parking as a way to achieve "support from local family/carers" 39
- 94. 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 would enable there to be more space for parking than at Amberstone. The final number of spaces needed, however, had not been determined and would be subject to agreement by the planning authority and would depend on the local authorities' transport policies. The CCG and 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, which will include charging points for electrical vehicles.

Comments of the Review Board

- 95. 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 the site via private transport makes adequate parking an important requirement.
- 96. 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.

Inter facility transfers

97. Patients requiring admission to the DoP are conveyed there via either an emergency ambulance provided by SECAmb – where the individual is deemed to be of low risk – or a secure ambulance provided by specialist providers – if the patient is high risk. The patient would be transported either from 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. SECAmb advised that it currently carries out two direct conveyances per week from the place of incident to the DoP. As a consequence, 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."

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³⁹ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.58

⁴⁰ SECAmb statement to HOSC Review Board, 20th August 2021

- 98. 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.
- 99. The Board understands that currently a patient may present at the EDGH Emergency Department with mental health symptoms and then be transported to the UCL, which is located at the DoP on the EDGH campus a short walk away from the ED. In its submission to the HOSC, ESHT said that this transfer may be undertaken on foot rather than via ambulance if the patient consents, so long as they are not deemed high risk. As the UCL is at the DoP, there is not then a need to transfer the patient via ambulance from the UCL to an inpatient bed if a patient requires an inpatient stay. This means that any inter facility transfers (from the ED to the UCL) are currently quite short and apparently may be undertaken on foot instead of ambulance in certain circumstances.⁴¹
- 100. If the proposed changes are made, there will be a need in the future to transfer patients presenting at the ED at EDGH to the new facility if they do 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 one or two a day.⁴² The CCG and SPFT confirmed that this figure was correct, but also that most of these patients would not then require admittance to the DoP, meaning the number of additional inter facility conveyances from the EDGH to the new facility for SECAmb would most likely be considerably less than one per day.
- 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, 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.

Comments of the Review Board

- 102. 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 two per week currently taken to the DoP by ambulance.
- 103. 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.

Co-location of other services

104. The CCG was informed that the UCL and 24-hour Mental Health Liaison Team – who conduct the assessments of patients at the ED – are a separately commissioned and nationally

43 ibid

⁴¹ ESHT's briefing to HOSC Review Board, 20th August 2021

⁴² ibid

mandated service. This means a service will remain at the EDGH after the DoP closes (assuming it closes) to assess and support patients with mental health problems who present at the ED and provide them with a place to wait before being admitted to an inpatient facility.

- 105. ESHT raised concerns in its submission to the Board about the challenges with the current pathway in transporting patients who need a mental health assessment from the ED to the UCL, which, although on the same campus, is not in the same building as the ED. The EDGH is due to be extensively rebuilt in the next few years and the location of the UCL will need to be considered as part of that rebuild.
- 106. The proposals will also involve ending the co-location of the inpatient mental health services with acute health services, which was raised as an issue by some people both directly to the Board and during the CCG and Trust's pre-consultation engagement. When asked for assurance this would not put patients at risk, SPFT said it manages several other inpatient facilities elsewhere in Sussex that are not co-located with an acute hospital and the Trust is confident there are no issues at these facilities in meeting physical healthcare needs of their patients. Furthermore, since the COVID-19 pandemic, the Trust has had a General Nurse onsite at the DoP who can conduct blood tests and other medical interventions, and the Trust is committed to maintain and upskill this nursing capacity at the new facility. In addition, more serious physical health interventions would require the transfer of a patient from the facility to an acute hospital, however, this is no different to the current pathway (as there are no medical beds in the DoP itself) and the nearest acute hospital Conquest Hospital is only a short ambulance ride away.

Comment of the Review Board

107. The CCG has said that the UCL and Mental Health Liaison Team are separately commissioned and nationally mandated and will remain at the EDGH. The UCL is currently located in the DoP building, so will need to be replaced with a like for like equivalent somewhere else on the hospital site, ideally close to the ED.

Remote access

- 108. 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.
- 109. There may also 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"
- 110. In response to the new expectations around digital communication, 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".⁴⁵

⁴⁴ Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

⁴⁵ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.48

111. 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, including around remote access.

Comments of the Board

112. 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.

Future demand for the service

- 113. 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. 46
- 114. 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.
- 115. The Board heard that the new inpatient facility may reduce bed occupancy levels even if there are no additional beds by reducing 28-day readmission rates and length of stay of patients. This is because patients will receive a better experience and so recover quicker and because single bedrooms can be more responsive to demand, as they do not have the same issue of being limited to single sex dorms. ⁴⁷
- 116. The CCG and Trust have also said the future phases of the programme may provide an opportunity to increase the number of inpatient beds if demand increases. Furthermore, 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. This
- 117. In addition to improved inpatient facilities, the CCG advised that it will mitigate future demand by the development of enhanced community services via a Sussex-wide community mental health transformation programme that 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
 - developing specialist community mental health services that wrap around additional support and interventions when required and without the need for a referral.

⁴⁷ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.58

⁴⁶ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.56

The CCG says this will bring previously disconnected services across sectors together into a single integrated care pathway. The Trust will also 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. These new community services are being funded by an additional investment of over £1m in adult community mental health services, with an expectation of future years' growth.

- 118. The CCG and Trust expects one of the outputs of this new inpatient and community service model will be a forecast optimal bed occupancy level of 90%.⁵⁰
- 119. 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.⁵¹

Comment of the Board

120. The CCG and Trusts forecasts an increase in demand for beds and concerns about capacity are shared by the NHS and stakeholders alike. The long term effects of COVID-19 may also increase demand for mental health services for the next few 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, for whichever site is chosen as the new inpatient mental health facility, the CCG and SPFT 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; preordering 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;

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⁴⁸ New model for community mental health services, Sussex Health and Care Partnership (SHCP) presentation

⁴⁹ The Five Year Forward View for Mental Health, NHS England, February 2016, p.31

⁵⁰ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.58

⁵¹ Minute of the HOSC meeting, 10th June 2021

- 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.
- 8th November 2021 to consider the public consultation outcomes and agree any changes to the final report.

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

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

High level staff views of the proposals, 24th August 2021

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

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

Presentation: Re-provision of inpatient mental health services at the Department of Psychiatry – public consultation findings, 8th November 2021

Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021

Public consultation document: Working with you to improve mental health in East Sussex

Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021

Table of location of Department of Psychiatry patients 2018/19 – 2019/20

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

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

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

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

NHS Long Term Plan, NHS England, January 2019

NHS Mental Health Implementation Plan 2019/20 - 2023/24, NHS England, July 2019

Press release: "Mind responds to PM's commitment to close mental health dormitories", Mind, 30th June 2020

The Five Year Forward View for Mental Health, NHS England, February 2016

The state of care in mental health services 2014 to 2017, Care Quality Commission, 2017

Contact officer for this review:

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Agenda Item 11.

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

Date of meeting: 2 December 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 Joint HOSC Sussex Partnership NHS Foundation Trust (SPFT) Working Group, which monitors the Trust's performance and undertakes horizon scanning of emerging issues, is due to begin meeting again every six months following a hiatus during COVID-19. The next meeting is 21st December 2021. Membership: Cllrs Belsey, Robinson and Osborne.

3 Conclusion and reasons for recommendations

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

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PHILIP BAKER Assistant Chief Executive

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Health Overview and Scrutiny Committee – Work Programme

Title of Review	Detail	Proposed Completion Date

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 Potentia	I 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 Robinson	Last meeting: 27 September 2019 Next meeting: 21 December 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: TBC	
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	

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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 Age Items	nda	Witnesses		
3 rd March 2021				
Child and Adolescent Mental Health Services (CAMHS)	An overview of CAMHS, including challenges, investment and plans, provided by Sussex Partnership NHS Foundation Trust (SPFT) to residents in East Sussex.	Representative of East Sussex CCGs and SPFT		
Urgent Care in East Sussex	To consider a further report on various urgent care issues in East Sussex. The report to have a focus on improving communications with the public and internally.	East Sussex Clinical Commissioning Group (CCG) and urgent care providers		
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.	Policy and Scrutiny Officer		
30 th 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.	Policy and Scrutiny Officer		
22 nd September 2021	22 nd 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.	Policy and Scrutiny Officer		
Items to be scheduled – dates TBC				

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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