

## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 3 March 2022

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### PRESENT:

Councillors Colin Belsey (Chair), Councillors Sam Adeniji, Penny di Cara, Carolyn Lambert, Sorrell Marlow-Eastwood, Steve Murphy and Christine Robinson (all East Sussex County Council); Councillors Councillor Mary Barnes (Rother District Council), Councillor Christine Brett (Lewes District Council), Councillor Richard Hallett (Wealden District Council), Councillor Mike Turner (Hastings Borough Council) and Geraldine Des Moulins (VCSE Alliance)

### WITNESSES:

#### Sussex Partnership NHS Foundation Trust (SPFT)

John Child, Operational Director- Adults Services Brighton & Hove, East Sussex & West Sussex, Sussex Partnership NHS Foundation Trust

Adam Churcher, SPFT

Rachael Skates, SPFT

Rachel Walker, Operational Director, CAMHS, Specialist, Learning Disability / Neurodevelopmental Services

Dr Alison Wallis, Clinical Director

#### East Sussex Healthcare NHS Trust (ESHT)

Richard Milner, Director of Director of Strategy, Inequalities & Partnerships ESHT

#### East Sussex CCG/Sussex Health and Care Partnership (SHCP)

Ashley Scarff, Deputy Managing Director – East Sussex and Brighton & Hove CCGs

#### South East Coast Ambulance Trust (SECAmb)

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

Julie-Marie Allsopp-West

John O'Sullivan, Associate Director of Operations

#### East Sussex County Council (ESCC)

Mark Stainton, Director of Adult Social Care

Leigh Prudente, Assistant Director, Operations

LEAD OFFICER: Martin Jenks, Senior Scrutiny Adviser

26. MINUTES OF THE MEETING HELD ON 2 DECEMBER 2021

26.1 The minutes of the meeting held on 2 December 2021 were agreed as a correct record.

27. APOLOGIES FOR ABSENCE

27.1 Apologies for absence were received from Councillor Abul Azad (Councillor Adeniji substituting), Councillor Sarah Osborne (Councillor Murphy substituting), Councillor Alan Shuttleworth (Councillor Lambert substituting), Councillor Amanda Morris (Eastbourne Borough Council) and Jennifer Twist (VCSE Alliance).

27.2 Apologies were also received from Jessica Britton (CCG/SHCP), Joe Chadwick-Bell (ESHT) and Dominic Ford (SPFT).

28. DISCLOSURES OF INTERESTS

28.1 Councillor Hallett declared a personal, non-prejudicial interest under item 6 as he is a Trustee of the Friends of Crowborough Hospital.

29. URGENT ITEMS

29.1 There were none.

30. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

30.1 The Committee considered a briefing on Child and Adolescent Mental Health Services (CAMHS), and Children's and Young People's Emotional Wellbeing and Mental Health by the Sussex Partnership NHS Foundation Trust (SPFT) and the Sussex Health and Care Partnership (SHCP). A copy of the presentation slides used for the briefing is included under item 5 of the agenda for the meeting.

**30.2 The Committee noted that some early support is provided via referrals from schools and asked what happens if children are excluded or not in school for another reason.**

30.3 Alison Wallis, Clinical Director (SPFT) outlined that although there are referrals from schools, referrals can also be made by GP's or via self-referral. However, it is acknowledged that providing help and support is much more difficult if children or young people are not known to services. SPFT are working to increase the knowledge and information about mental health and wellbeing services (e.g. the i-Rock project), so that they are visible in the community and services are easier to access. Rachel Walker, Operational Director (SPFT) added that school support teams are also working with Pupil Referral units and special schools to enable access to services.

**30.4 The slides in the briefing indicate that there are long waiting times for some services. The Committee asked what prioritisation is there for those who have been waiting and when does SPFT expect to see a significant improvement in waiting times.**

30.5 Rachel Walker responded that those waiting for Autistic Spectrum Condition (ASC) services will be seen over the current calendar year, so all people waiting for an assessment will be seen this year, this is because an independent provider has been sourced to support with the those waiting the longest for assessment. There is also a system wide response to expand capacity and tackle the increase in demand. Work is also being undertaken to understand why there has been an increase in young people needing services. It is acknowledged that waiting times are too long and are impacting on outcomes for young people. Work is underway to make sure services recover and young people receive the services they need.

**30.6 The Committee asked where the additional investment had been spent on services, particularly CAMHS, and what difference had this made?**

30.7 Rachel Walker outlined that the additional investment had been spent on Autism assessments with approximately 600 assessments transferred to an external provider. Money has been spent on recruiting additional staff for Attention Deficit Hyperactivity Disorder (ADHD) services, which has a prevalence rate which is three to four times higher in East Sussex than in either Brighton and Hove or West Sussex. Additional staff have also been recruited to provide Cognitive Behavioural Therapy (CBT), with the majority of referrals being for depression and anxiety. The additional money is being focussed on where there are the largest number of referrals and on those that have been waiting the longest. The additional funding will continue into the next year and beyond in order to achieve the ambitions of the NHS Long term Plan.

30.8 Alison Wallis added that there had also been a significant investment in Eating Disorder services and having an on duty crisis team. During Covid there has been an increase in urgent assessment work, and investment has been used to enable the service to work more quickly and efficiently. It was also clarified that all of the investment of £2.4 million has been carried forward in to 2022/23 and SPFT will continue with investment to improve pathways and outcomes.

**30.9 The Committee asked why there is a higher number of ADHD referrals.**

30.10 Rachel Walker responded that East Sussex is an outlier in terms of the number of ADHD referrals and the reason for this is not well understood. Work is underway with the Director of Children's Services to understand why there has been an increase in demand for ADHD services.

**30.11 The Committee noted that the Mental Health Support Teams (MHSTs) in schools will not all be in place until 2024. The Committee asked why there is a delay and how could Mental Health Support Teams could be provided for all schools.**

30.12 Rachel Walker explained that the delay in implementing MHSTs in schools is due to it being a staggered programme with different cohorts of schools. At the end of the programme 51% of schools will have MHSTs and how to fund the remaining 49% of schools is being explored with the Local Authority in East Sussex.

**30.13 The long waiting times for ADHD referrals have the potential to have knock effects for children’s education, exclusions and getting an Education, Health and Care Plan (EHCP). What interim measures can be put in place to tackle this and what services are there available to help prevent eating disorders.**

30.14 Alison Wallis responded that in terms of waiting times for ADHD referrals, a number of new posts have been created to tackle this, so there will be an improvement. In the meantime, SPFT work closely with social care colleagues to provide support including parenting support to deal with behaviours prior to diagnosis. SPFT has also worked with GPs to help provide information and support prior to diagnosis. For eating disorders, psychologists in the team have been providing education support to other colleagues to help pick up children and young people with eating disorders. Rachel Walker added that schools can help with surveillance as parents do not always notice weight loss as they are with their children all the time. SPFT also has a relationship with Beat, who are an eating disorder charity, to help promote messages and information around prevention.

**30.15 The Committee noted that some service users did not want to engage digitally, and others might not have tablets, PCs or smart phones to be able to access services this way. The Committee asked if this represents an additional challenge to providing services and what is SPFT doing about this.**

30.16 Alison Wallis outlined that in the first lockdown SPFT used a matrix of factors to assess referrals, so they were clear about which young people needed to come into a clinic. The factors included how unwell the young people were, digital access, home environment and whether they could get to a clinic safely. SPFT is having explicit conversations about the methods used for clinical assessments and is open about the constraints (e.g. from building constraints, digital access, and the method that works best). SPFT is taking a blended approach and is using virtual methods where they work and are appropriate (e.g. using virtual methods for follow up ADHD assessment meetings).

**30.17 The Committee asked how the service approaches situations where the parents of young people needing treatment are not engaged, and how the transition to adult services is managed to ensure ongoing care.**

30.18 Rachel Walker commented that when a child is not brought to appointments informs whether a family is engaged in treatment. It is important that families are involved in treatment but there are also circumstances where it is important to see a child alone for safeguarding reasons. SPFT works with Children’s Services in such circumstances when a child is not brought to appointments to ensure parents are involved with treatment. Alison Wallis added that it is vital to engage parents to look at what the young person is finding difficult. A skills based approach is taken to help and safely negotiate fears and anxieties “worry fears”. It is also important for the young person to have a trusted adult to work with.

30.19 Rachel Walker outlined that the cut off for transition to adult services is at 18 years of age, but a tailored approach is taken for each young person. At 17 years of age a young person can be discharged from CAMHS if they no longer need services. If they need adult services work will be undertaken in the 17<sup>th</sup> year to transition the young person into adult services. It should be noted that parents and carers have a different role in adult services, but family

engagement remains important. More work will be done on transitions for Looked After Children, young people with special needs and those young people that are more vulnerable.

**30.20 The Committee asked what short term interventions, such as medication, could be made whilst waiting for an ADHD referral, and how SPFT deals with digital poverty if most communication and information is delivered that way.**

30.21 Rachel Walker responded that SPFT will continue to work on reducing waiting times and the additional staff will have an impact. There is an acknowledgement that children and young people need to be seen in a timely way, but there are challenges in prescribing medication before an assessment has taken place due to the lack of an adequate evidence base. Alison Wallis added that for ADHD there are NICE guidelines where evidence needs to be triangulated from an assessment and developmental histories to make sure the diagnosis is right before medication is prescribed. It is especially important with young children not to mis-diagnose or over diagnose as poor attention can be caused by other things such as trauma.

30.22 In terms of digital exclusion, access to information technology and equipment can be provided by i-Rock and at schools. Printed materials are also available via i-Rock and schools.

30.23 The Chair thanked those attending the meeting for the presentation and answering the Committee's questions.

30.24 The Committee RESOLVED to:

1) Note the report; and

2) Request an update report at the 22 September 2022 HOSC meeting to update the Committee on referrals and assessment waiting times, the use of additional investment and the impact it is having on the provision of services, especially for CAMHS.

31. URGENT CARE IN EAST SUSSEX - UPDATE REPORT

31.1 The Committee considered a report which provided an update on various aspects of Urgent Care in East Sussex. Representatives from SECAmb provided an update on 999 and 111 ambulance services. These services continue to be challenged, as with the national picture, in terms of response times, telephone call answering times and dealing with increased demand for 111 services. However, SECAmb have performed well in comparison with other ambulance services in the region. Representatives from ESHT and the CCG provided updates on other aspects of Urgent Care, including Walk in Centres (WIC) and the Crowborough Minor Injuries Unit (MIU).

SECAmb Services

**31.2 The Committee asked for more information on the increased call volumes for the 111 service.**

31.3 John O'Sullivan, SECAmb outlined that call volumes were up year on year. Call volumes for the 111 service are still significantly above the contracted level SECAmb was commissioned to provide. Commissioners have created a clear pathway to access 111 services, and this has

led to increased activity. It is expected that activity will continue to go up in 2022/23 due to the role of 111 as the single point of access for services.

**31.4 The Committee asked if there was an impact when A&E departments are full and whether more people are still using the 111 service.**

31.5 John O'Sullivan responded that Emergency Department (ED) capacity is not something that is within the 111 service's control. However, the role of 111 is to triage patients as to whether they need to go to EDs or not. Of those patients who went through the 111 service, 82% had a direct ED booking. SECamb is in the vanguard of ambulance services nationally who offer this service. There is still some reluctance by patients to go through the 111 service, but overcrowded EDs are not because of the 111 service and are more a result of patients who elect to present at A&E / Emergency Departments.

**31.6 The Committee asked for an update on the new Make Ready Centres and the use of zero emission vehicles.**

31.7 Ray Savage, Strategic Partnerships Manager SECamb, outlined that the new Make Ready Centre at Falmer is now operational and combines facilities for staff welfare and vehicle servicing enabling an efficient service to be provided. The next development will be at Medway where the Make Ready Centre will be co-located with the operations centre for 999 and 111 services for the SECamb east area. This will create efficiencies and inter-operability between 111 and 999 services, as it enhances the opportunities for dual role staff. The Medway operations centre will cover 999 and 111 services for East Sussex, Kent and Medway which comprises the east operational area of SECamb. Currently there are separate operations centres in Ashford and Medway. Julie-Marie Allsopp-West, SECamb, added that the Medway centre is due to become operational in Autumn 2022, with the building due to be handed over in August 2022.

31.8 Ray Savage outlined that SECamb is exploring the use of zero emission vehicles, but there are limits on the distance these vehicles can travel. Ambulances are heavy vehicles, and their weight constrains the range of zero emissions vehicles. However, SECamb is experimenting with some electric vehicles to assess their suitability for a number of uses within the service.

**31.9 The Chair asked if it would be possible to arrange a visit for HOSC members to the new Medway Operations and Make Ready Centre once it is operational.** Action: Ray Savage and Julie-Marie Allsopp-West to organise a suitable time for a visit by HOSC in the Autumn.

**31.10 The Committee asked if it would be possible to see the IT Critical Incident report findings.**

31.11 Ray Savage responded that the findings will be made available to HOSC once the report has been cleared with the CCG. Action: Ray Savage to inform the Committee of the date when the report will be available.

**Walk In Centres**

31.12 Ashley Scarff, Deputy Managing Director East Sussex CCG provided an update on the actions flowing closure of the Eastbourne walk in centre (WIC) and the plans for the primary care led hub in Hastings. He confirmed that all patients from the Eastbourne WIC had been

transferred to the Victoria Medical Centre and a service had been commissioned for homeless and vulnerable people.

**31.13 The Committee noted the issues with telephone answering times and the ability to book an appointment at the Victoria medical centre and asked if the system for booking appointments could be reviewed.**

31.14 Ashley Scarff responded that there is a generic point around access to primary care appointments and there is an acknowledgement that some work needs to be done to get access points better and smoother. GP practices are working on this and it would be possible to come back to the Committee with more information on this point.

31.15 John O'Sullivan commented that one of the constraints in the 111 service, which operates 24 hours a day, is access to available bookings with GP surgeries. He outlined that 31% of triaged patients had a direct appointment booking to a secondary provider, and the more appointments that are made available, the more bookings the 111 service can achieve.

**31.16 The Committee asked how many patients who go to see a GP at the Hastings Primary Care led Hub, will be seen by a nurse practitioner, and what the GP presence will be at the Hub.**

31.17 Ashley Scarff agreed to share the service specification for the Hub with HOSC members after the meeting which will provide more information on this. Action: Ashley Scarff.

Crowborough Minor Injuries Unit (MIU)

**31.18 The Committee welcome the re-opening of the Crowborough MIU on 14 February 2022 but noted the opportunity has not been taken to re-open the MIU in the larger space available in the building. The Committee asked if the CCG is planning to review the accommodation used by the MIU.**

31.19 Ashley Scarff outlined that the activity levels at the MIU will be monitored, but the CCG does not have a plan to move the MIU into a new space in the building. It will be up to the providers, who are Sussex Community Foundation Trust (SCFT), to request more space. The CCG would want to maximise the use of the building and can look at the opportunities to use the available space.

31.20 The Committee RESOLVED to note the report.

## 32. HOSPITAL HANDOVERS

32.1 The Committee considered a report on hospital handovers, introduced by Ray Savage and Julie-Marie Allsopp-West from SECamb and Richard Milner, Director of Strategy, Inequalities & Partnerships at East Sussex Healthcare NHS Trust (ESHT). It is recognised by SECamb, ESHT and the CCG that delays in hospital handovers can cause patient harm. Much work has been undertaken to reduce delays over 60 minutes and the current focus is on achieving patient handover in under 30 minutes and meeting the national target of 15 minutes. Work is undertaken to support ambulance crews with handovers and hospitals are alerted whilst on route if an ambulance has a critically unwell patient. ESHT is working on this with SECamb

with a new set of targets for Emergency Department handovers and initiatives like “fit to sit”, ambulance awareness week, and dedicating 2 bays for handovers.

**32.2 The Committee asked if there was a difference in handover times between the Conquest and Eastbourne DGH hospitals.**

32.3 Ray Savage responded that performance between the two hospitals fluctuates, with a low point around September 2021. Separate charts showing the different hospital performance can be provided to HOSC in future.

**32.4 The Committee welcomed the collaborative approach between SECamb and ESHT to reduce handover times with initiatives like “fit to sit” and ambulance awareness week and asked why the handover time figures at the Royal Sussex Hospital were so high with 207 delays over 60 minutes in December.**

32.5 Ashley Scarff responded that work is also taking place with colleagues in Brighton to reduce delays as a matter of priority. There is an acknowledgement that handover delays are symptomatic of wider system pressures and delays in patients flows through hospitals. The CCG is working closely with the Royal Sussex Hospital and the Brighton and Sussex University Hospitals NHS Trust (BSUH) on a refreshed hospital handover improvement plan, which will include sharing any learning from colleagues. It should be noted that the Royal Sussex has tertiary service pressures and estates constraints, but there is some work that can be done to reduce demand and improve patient flows and discharge.

**32.6 The Committee asked if patients can be taken directly to ambulatory and emergency day care or do they have to go through A&E.**

32.7 Julie-Marie Allsopp-West responded that there are some pathways to take patients directly to the right part of the hospital such as maternity and surgical, but not ambulatory care yet.

**32.8 The Committee asked if stroke patients are included in the figures in the report.**

32.9 Julie-Marie Allsopp-West confirmed that stroke patients are included in the figures. For stroke patients the receiving hospital is pre-alerted, and the patient is handed over to the team waiting for them within 15 minutes.

32.10 Ray Savage commented that admissions avoidance and the focus on alternative pathways (e.g. direct access bookings) is part of the current work. Work is also being undertaken to provide easy access to specific pathways that avoid A&E and identify suitable alternative pathways (e.g. a blocked catheter could be actioned by a community nurse). Alternative end points for ambulance crews such as more access to same day emergency care is also being explored.

**32.11 The Committee noted that not all ambulance journeys have the same urgency and asked if there is some clinical prioritisation for handovers.**

32.12 Julie-Marie Allsopp-West outlined that the more critically ill patients will have a pre-alert and non-critical patients will be taken into hospital based on their clinical need. If all patients arriving at the same time have the same level of clinical need, then the one that has been waiting the longest would be taken in first. Ambulance crews review observations whilst waiting and can escalate patients if they become more unwell or unstable to ensure the patients with the greatest clinical need are seen first.



**32.13 The Committee asked if the NHS and local government are getting together to work on this issue.**

32.14 Mark Stainton, Director of Adult Social Care commented that working together is part of the answer. The delays in hospital handovers are a symptom of a whole system pressure and as such is a whole system priority which includes Adult Social Care. There is a need to ensure that only patients that need to be conveyed to hospitals are transported to them. There is an increase in activity that all parts of the system, and there are challenges with staff recruitment and retention across the system. There is work to be done on systems and processes that contribute to hospital admission and to enable discharge. There are challenges with patient flows through hospitals and as a local authority East Sussex County Council (ESCC) is block booking home care and residential care to facilitate discharges. It is also working with the independent care sector on staff recruitment and retention. Richard Milner added that there are challenges around patient flow through hospitals and discharges. This is where working as a system on discharges helps to achieve a balance between admissions and discharges.

**32.15 The Committee asked if the Joint Community Rehabilitation (JCR) service also operates at the Royal Sussex Hospital where patients from the Newhaven and Seaford areas might be taken.**

32.16 Mark Stainton confirmed that the JCR is a countywide service and there are also staff based in the Royal Sussex hospital where East Sussex residents may be taken.

32.17 The Committee RESOLVED to:

- 1) Note the report; and
- 2) Request a further update report in six months time at the September Committee meeting, including the actions being taken at the Royal Sussex and Pembury hospitals to reduce hospital handover times.

**33. HOSC FUTURE WORK PROGRAMME**

**Covid Verbal Updates**

33.1 Adam Churcher and Rachael Skates from SPFT gave a verbal update on the impacts of the Covid Pandemic on their organisation and the provision of services. During the pandemic SPFT's focus has been on providing safe and effective, high quality services. An outbreak control plan has been implemented with consistent messaging to staff and attention to detail on safe staffing levels. This has included dealing with the Government's announcement concerning making Covid vaccination as a condition of employment. At SPFT Gold Command meetings are held twice a week to review measures and monitor infection prevalence amongst the workforce.

33.2 There is a continuing focus on infection control and at present the number of staff having to self isolate is in the low thirties. To date there have been five outbreaks which resulted in two ward closures. Ongoing monitoring shows there is a downward trend on absences due to Covid, with 95% of staff having had two vaccinations and 85% having had a booster. There is daily monitoring of the Covid situation and any outbreaks.

33.3 The Chair thanked everyone for the Covid situation updates.

33.4 The Committee RESOLVED to note the Work Programme with the addition of update reports on CAMHS and Hospital Handovers, as outlined in paragraphs 30.24 and 32.17 above, for the Committee meeting to be held on 22 September 2022.

34. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

34.1 There were none.

The meeting ended at 12.47 pm.

Councillor Colin Belsey

Chair