

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**THURSDAY, 3 MARCH 2022**

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

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

District and Borough Council Members  
Councillor Mary Barnes, Rother District Council  
Councillor 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 2 December 2021** *(Pages 5 - 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. **Child and Adolescent Mental Health Services (CAMHS)** *(Pages 17 - 60)*
6. **Urgent Care in East Sussex - Update report** *(Pages 61 - 90)*
7. **Hospital Handovers** *(Pages 91 - 98)*
8. **HOSC future work programme** *(Pages 99 - 108)*
9. **Any other items previously notified under agenda item 4**

PHILIP BAKER  
Assistant Chief Executive  
County Hall, St Anne's Crescent  
LEWES BN7 1UE

23 February 2022

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Next HOSC meeting: 10am, Thursday, 30 June 2022, County Hall, Lewes

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## Map, directions and information on parking, trains, buses etc

Map of County Hall, St Anne's Crescent, Lewes BN7 1UE



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121 – South Chailey, Chailey, Newick, Fletching

122 – Barcombe Mills

123 – Newhaven, Peacehaven

166 – Haywards Heath

VR – Plumpton, Ditchling, Wivelsfield, Hassocks, Burgess Hill.

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## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 2 December 2021

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### PRESENT:

Councillors Colin Belsey (Chair), Councillors Abul Azad, Penny di Cara, Sorrell Marlow-Eastwood, Sarah Osborne, Christine Robinson and Alan Shuttleworth (all East Sussex County Council); Councillors Councillor Mary Barnes (Rother District Council), Councillor Christine Brett (Lewes District Council), Councillor Richard Hallett (Wealden District Council) and Councillor Mike Turner (Hastings Borough Council)

### WITNESSES:

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

Jessica Britton, Executive Managing Director  
Tom Gurney, Executive Director of Communications and Public Involvement  
Katy Jackson, Director of Systems Resilience

#### Kent CCG

Mark Atkinson - Director of Integrated Care Commissioning

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

Joe Chadwick-Bell, Chief Executive  
Richard Milner, Director of Strategy  
Michael Farrer, Strategic Transformation Manager  
Prof. Nik Patel, Cardiology Clinical Lead  
Lesley Houston, General Manager Cardiovascular Services  
Mr Kash Qureshi, Clinical Lead for Ophthalmology  
Sharon Ball, Ophthalmology Service Manager

#### Maidstone and Tunbridge Wells NHS Trust (MTW)

Dr Peter Maskell – Medical Director  
Dr Laurence Nunn – Consultant Cardiologist and Clinical lead for Cardiology  
Jo Cutting – Programme Director for Cardiology

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

Simone Button, Senior Responsible Officer  
John Child, Chief Delivery Officer  
Paula Kirkland, Programme Director  
Richard Hunt, Communications and Involvement Lead

East Sussex County Council

Mark Stainton, Director of Adult Social Care  
Darrell Gale, Director of Public Health

LEAD OFFICER: Harvey Winder, Scrutiny and Policy Officer

15. MINUTES OF THE MEETING HELD ON 23 SEPTEMBER 2021

15.1 The minutes of the meeting held on 23 September 2021 were agreed as a correct record.

16. APOLOGIES FOR ABSENCE

16.1 Apologies for absence were received from Cllr Amanda Morris, Geraldine Des Moulins, and Jennifer Twist.

17. DISCLOSURES OF INTERESTS

17.1 Cllr Richard Hallett declared a personal, non-prejudicial interest in item 8 as a member of Friends of Crowborough Hospital.

18. URGENT ITEMS

18.1 There were no urgent items.

19. RECONFIGURATION OF CARDIOLOGY SERVICES AT MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

19.1. The Committee considered a report providing an overview of the proposals to redesign cardiology services at Maidstone and Tunbridge Wells NHS Trust (MTW), which are used by some patients in East Sussex.

19.2. **The Committee asked what South East Coast Ambulance NHS Foundation Trust's (SECamb) views were of the requirement under the proposals to transfer some patients from the Emergency Department (ED) on the 'cold' site to the Coronary Care Unit or cath lab on the 'hot' site.**

19.3. Dr Laurence Nunn, Consultant Cardiologist and Clinical lead for Cardiology at MTW confirmed the Trust has designed the service to minimise the burden on SECamb. The ambulance trust is fully involved with the plans and MTW has been meeting with them to discuss, amongst other things, the impact of the single siting; agreement of protocols for admitting patients directly to the specialist site; and how to enable SECamb to contact the consultant cardiologists via telemedicine, which has been used successfully for stroke services and for tertiary cardiology centres like Ashford and Guys and St Thomas. He added the patients will receive emergency treatment at both sites and the ED on both sites will be able to use telemedicine to enable consultant cardiologists at the specialist site to determine whether the patient would need to be transferred to the Coronary Care Unit.

**19.4. The Committee asked how the proposed changes will impact travel times of patients.**

19.5. Jo Cutting, Programme Director for Cardiology at MTW, said the Trust had conducted robust analysis of the travel times both by car and public transport, and the time of day of the journey. This analysis showed that whichever option is chosen will result in extended travel for a small number of people, however, the clinical improvements, particularly the reduction in length of stay made possible by having expertise on site 24/7, will reduce the number of journeys families and friends have to make. The Trust will also look to mitigate the impact, for example, through hospital transport and dedicated car parking for whichever option is chosen.

**19.6. The Committee asked how the single site might achieve 'centre of excellence' status.**

19.7. Dr Laurence Nunn said the primary reason for the reconfiguration is to provide a robust cardiology service 24/7 for all cardiology emergencies, however, there is no reason why the services could not be enhanced further. Whilst no decision has been made on the site yet, one of the advantages of locating it at Maidstone Hospital would be to allow co-adjacency with stroke services that may allow for thrombectomies (mechanical removal of blood clots during a stroke) to be performed at the cardiology cath labs. Dr Peter Maskell, Medical Director at MTW, added that single siting expertise should allow for more complex procedures to be performed locally rather than having to transfer patients to London.

**19.8. The Committee asked how MTW was conducting its public engagement in East Sussex.**

19.9. Jo Cutting explained that the engagement has been advertised very widely already across a number of different media platforms, including newspapers, press releases and online. The newspaper adverts include a telephone number and address for those people who want a physical copy of the proposals document and survey. The Trust has also set up pop up stalls in shopping centres and other places (with staff wearing masks), telephone surveys and online listening events. There are online listening events planned for the next two weeks and potentially more will take place if necessary. The Programme Director said she had also met with the Tunbridge Wells Older People's Forum virtually and would be happy to meet with any other organisations to explain the proposals.

19.10. The Committee RESOLVED to:

- 1) agree that the proposals are not a substantial variation to services; and
- 2) agree to submit a formal written response to the public engagement being undertaken by MTW.

## **20. RECONFIGURATION OF CARDIOLOGY SERVICES AT EAST SUSSEX HEALTHCARE NHS TRUST**

20.1. The Committee considered a report providing an overview of the proposals for reconfiguring cardiology services currently provided by East Sussex Healthcare NHS Trust (ESHT).

**20.2. The Committee asked what the impact of the reconfiguration would be on the current pressures on ambulance services and the EDs.**

20.3. Prof. Nik Patel, Cardiology Clinical Lead at ESHT, explained that SECamb, despite the pressures currently on it, is maintaining a very good service for patients having an acute heart attack. Prof. Patel agreed that the issue of bottlenecks at ED was exactly the area the reconfiguration aims to rectify through the creation of a cardiac response team within the ED. This will mean patients should be able to be seen in 30 minutes to an hour rather than more than four hours wait they currently experience, and this was demonstrated to work when the model was tested during the pandemic. The creation of hot clinics that allow imaging, mainly ultrasound, in ED will also mean decisions can be made more swiftly about what to do with a patient. Prof Patel added that the temporary reconfiguration of cath labs at times during the last 18 months have allowed the Trust to admit any patient arriving in cardiac arrest directly to a cath lab where cardiologists, nurses and anaesthetists are waiting on hand, rather than taking them to the ED and calling them all down to attend. SECamb has helped improve this pathway and prefers to admit patients directly to the cath labs.

**20.4. The Committee asked whether the reconfiguration would increase capacity for imaging and diagnostics such as MRI scans.**

20.5. Prof Patel said ultrasound is the most important test for diagnosing cardiac conditions and the hot clinics will enable swifter use of ultrasound. The Trust has excellent magnetic resonance imaging (MRI) scanners, but the use of MRI scans is not necessary to make a cardiac diagnosis. In addition, ESHT's computed tomography (CT) scanning times for acute stroke in 1 hour are one of the highest in the country and the Trust receives an A rating for it.

**20.6. The Committee asked whether staff are being consulted on both proposed changes at ESHT.**

20.7. Tom Gurney, Executive Director of Communications and Public Involvement, said there is a communications and engagement plan for staff separate to the public consultation. This engagement will focus on ESHT staff, but also to a lesser degree on all provider staff including those working for SECamb. Joe Chadwick-Bell, Chief Executive of ESHT, added that both cardiology and ophthalmology have been driven by clinical teams themselves and are not top-down reorganisations, meaning the main affected teams have been fully engaged throughout the process. Dr Patel has also engaged with other specialities' clinical teams across the Trust quite significantly over the last four years. The Chief Executive clarified that once a site is chosen by the CCG and Trust, there will need to be a further conversation with staff who will need to move site, however, this is a formal human resources-led consultation and cannot take place yet.

**20.8. The Committee asked whether the weekend availability of cardiologists would improve under the new proposals.**



20.9. Prof Nik Patel said nationally there is a move towards 24/7 consultant-led care in cardiology and this redesign will help move ESHT towards that model. The current arrangement has cardiologists on site doing ward rounds, out of hour remote access to cardiologists via telemedicine, and attendance of cardiologists in the event of a heart attack when it happens out of hours. There is also a multi- disciplinary team, including allied health professionals and specialist nurses, who help deliver the service out of hours.

**20.10. The Committee asked whether the new cardiac response team is an improvement on what is currently available at EDs.**

20.11. Prof. Nik Patel said currently patients in ED are seen by junior staff, then an ED consultant, and then referred to specialists within the cardiology service. The cardiac response team will be able to provide this specialist input at a much earlier stage in the process. The Trust has had the opportunity to test this model during the pandemic and there is confidence that it works well and provides a better patient experience and clinical expertise at the ED. Prof. Patel reminded the HOSC that the cardiac response teams will be at both EDs, and it is only the 2% of cardiac patients who need specialist intervention at the cath labs who will be affected by the proposals.

20.12. The Committee RESOLVED to:

- 1) agree that the proposals are a substantial variation to services;
- 2) agree to undertake a detailed review of the proposals in order to prepare a report and recommendations; and
- 3) agree to establish a Review Board to conduct the review comprising Cllrs Belsey, Robinson, Turner, di Cara, and Marlow-Eastwood.

## **21. RECONFIGURATION OF OPHTHALMOLOGY SERVICES AT EAST SUSSEX HEALTHCARE NHS TRUST**

21.1. The Committee considered a report providing an overview of the proposals for reconfiguring ophthalmology services currently provided by ESHT.

**21.2. The Committee asked what the Trust was doing to attract more specialist nurses and consultants given the growing demand for ophthalmology.**

21.3. Mr Kash Qureshi, Clinical Lead for Ophthalmology at ESHT, said the Trust has been quite successful recruiting consultants because it offers an attractive job specification that allows consultants to focus on operating and seeing patients. The change in model will also provide optometrists, orthoptics and nursing staff with expanded roles that enable them to deliver clinical treatments and eye clinics themselves, which does not usually happen at other trusts and will make the roles more attractive. Mr Qureshi added that all three roles between them already provide the majority of injections for patients with macular degeneration, which patients prefer as it provides continuity of care. The ophthalmology service is also providing opportunities for community optometrists to learn new skills in the hospitals, such as training them to do laser interventions. Very few trusts offer this service and it benefits patients by increasing the skill set of community optometrists.

**21.4. The Committee asked whether the new one stop clinics established at Bexhill Hospital and Eastbourne District General Hospital (EDGH) will be open seven days per week.**

21.5. Mr Kash Quershi said there is seven-day access for emergency and urgent eye care problems and waiting list activity is currently being carried out seven days per week due to the backlog, however, there are no plans to carry out routine care via a seven day service. The Trust is, however, planning to provide three sessions per day with the addition of an evening slot from 5-8pm, which will provide more capacity for adult clinics.

**21.6. The Committee asked whether the proposals will involve purchasing new equipment and whether this will be funded by additional capital investment.**

21.7. Mr Kash Quershi said rationalising services from three sites to two will mean the service will need less equipment and can use what it has more efficiently. Joe Chadwick-Bell added that the capital funding is nationally allocated to Integrated Care Systems (ICS), which then allocate it to individual providers based on need. Each provider trust determines its capital needs through an annual process of prioritising investment for digital, medical equipment, and building works. Any replacement of ophthalmology equipment will be considered within this process. The Chief Executive added that charitable organisations also often provide equipment to the Trust, which the Trust is very grateful for.

**21.8. The Committee asked whether Bexhill Hospital will be able to accommodate the additional parking demands of staff from Conquest Hospital.**

21.9. Michael Farrer, Strategic Transformation Manager at ESHT, said a lot of the patients who attend Bexhill are driven there by family or friends, as many will not be able to travel home afterwards. Parking is an issue that will be picked up during the consultation process and possible solutions will be developed with stakeholders as the consultation progresses.

**21.10. The Committee asked whether the whole county will be consulted on both sets of proposals.**

21.11. Jessica Britton confirmed that both consultations will be county wide. The Equality and Health Inequalities Impact Assessment (EHIA) will be used to identify who will be most impacted and the CCG will look to employ tried and tested mechanisms to reach out to these people. Tom Gurney added that the CCG has built up networks of contacts following recent public consultations, although the CCG will continue to work with voluntary and community groups to identify additional marginalised people.

21.12. The Committee RESOLVED to:

- 1) agree that the proposals are a substantial variation to services;
- 2) agree to undertake a detailed review of the proposals in order to prepare a report and recommendations; and
- 3) agree to establish a Review Board to conduct the review comprising Cllrs Belsey, Robinson, Azad, and Brett, and one additional member of the Committee to be confirmed.

## 22. EAST SUSSEX WINTER PLAN 2021/22

22.1. The Committee considered a report providing an overview of the East Sussex Winter Plan for 2021/22.

### **22.2. The Committee asked how the NHS would deliver the new vaccine programme following the Omicron outbreak.**

22.3. Darrell Gale, Director of Public Health, said his view of the new variant was one of caution but not deep concern, as a lot of work is already being done to reduce the delta variant's impact. He said the announcement to increase the booster programme in response to the Omicron variant has caused some confusion amongst residents, as it is not the case that people can just turn up at a vaccine site to receive the booster; people need to wait to be contacted by the NHS. This is because not everyone is eligible yet and the vaccine programme cannot just double its capacity of vaccines, slots and staff overnight. Jessica Britton, Executive Director of East Sussex CCG, added that all residents will be eligible for the booster by the end of January and that to date 70% of those in Sussex over the age of 40 who are eligible have already had the booster. The Executive Director said the additional demand across the whole of Sussex for all patients who will eventually be eligible for a booster is 625,000 additional vaccines between now and the end of January. Currently 80-90,000 are delivered per week, meaning operations would need to be scaled up to deliver 120,000 per week to meet the target and plans are being developed to achieve this.

### **22.4. The Committee asked about the progress of vaccines for patients in their own homes who are clinically vulnerable.**

22.5. Jessica Britton said the NHS is continuing with the Housebound programme and is on target to ensure all people who were part of the initial programme receive their booster by the end of December using additional resources provided to the Primary Care Networks (PCNs). Darrell Gale confirmed the Greater Wealden PCN will have completed all of its Housebound boosters by the weekend.

### **22.6. The Committee asked what the NHS can do to improve the resilience of the care home sector and how overseas recruitment will get round the cap on visas.**

22.7. Mark Stainton, Director of Adult Social Care, said that the biggest issue facing the home care and care home sector is workforce. East Sussex County Council (ESCC) is providing information and support to providers individually and as a sector during the winter period. This includes using central government funding to provide both home care and care home providers with financial aid to support their resilience over the winter period that is designed to help them retain the workforce they already have. ESCC also has joint recruitment initiatives with the care sector providers including a Department for Work and Pensions pilot, the Armed Forces Network, and oversees recruitment all designed to tap into parts of the employment market not yet utilised to the fullest. The overseas recruitment is in areas with an established health but not care market to try and get qualified nurses and includes Albania, Romania and the Far East. The potential employees seem willing to work sufficient number of hours per week to enable them to exceed the government threshold for obtaining a visa. The Council has also commissioned a bus to tour East Sussex advertising care roles.

22.8. Joe Chadwick-Bell added that the NHS is supporting social care by working closely together as a system and ensuring end-to-end care is in place. Specific activities by the NHS

include the Enhanced Care in Care Homes regional funding, which funds registered nurses to support care homes; additional funding to expand the 2-hour Crisis Response Service to avoid patients attending ED or being admitted; and funding for Same Day Emergency Care that means people avoid the need for a hospital admission and subsequent requirement to find them a long-term social care placement.

**22.9. The Committee asked whether the number of school children with COVID-19 is increasing and what guidance is available locally to mitigate levels of infections.**

22.10. Darrell Gale explained there is a weekly monitoring of all COVID-19 outbreaks in schools and the majority of COVID-19 infections in East Sussex are within young age groups with the largest the 10-14 age group, many of whom are not eligible for vaccines yet. The Director of Public Health explained there are no national requirements yet on mask wearing or for Christmas events at school so, prior to the Omicron variant emerging, he and the Director of Children's Services wrote a joint letter to all headteachers, and then all parents and guardians, setting out:

- an expectation that schools issue advice to their pupils on face coverings in all communal areas and decide whether or not to proceed with Christmas events;
- a message to parents that if they missed a vaccine for their 12-15 year old that they get it re-booked;
- a message to schools that they accommodate vaccines as smooth as possible as it can disrupt teaching; and
- a reminder that parents and children take lateral flow tests, and a PCR test if necessary, and log all results, including negative results.

**22.11. The Committee raised two specific issues around COVID-19 booster vaccines. The first was whether booster vaccine clinics were definitely taking place locally in Seaford and that patients who were eligible were being informed; the second was whether it was appropriate to invite people to the Hastings vaccination centre for a booster at a time prior to the centre opening, resulting in people queuing outside in the cold.**

22.12. Jessica Britton said she would check with the CCG's Vaccination Team about both of these issues.

**22.13. The Committee asked how NHS 111 might be used to meet the healthcare demands over the winter period.**

22.14. Katy Jackson, Director of Systems Resilience, said that there is a large media campaign nationally to encourage people to use NHS 111 and pharmacists rather than attending an ED or GP appointment where this is appropriate. Pharmacists are open over the weekend, can issue emergency prescriptions, and provide treatment for minor ailments. Joe Chadwick-Bell added the digital healthcare provider, Livi, has been commissioned to provide a further step in the process of a patient calling 111 and being advised to go to ED. Where the NHS 111 Clinical Assessment Service (CAS) has given a patient a disposition that involves attending the Urgent Treatment Centres (UTCs) at the hospital EDs, a GP working for Livi can call them and in the majority of cases should be able to resolve the issue over the phone, whether it is providing advice and guidance, a prescription, or booking a non-urgent GP appointment. This should help to reduce the number of patients attending EDs and will be online before Christmas.

**22.15. The Committee asked how the Winter Plan could be delivered given the current pressure on ED, and lack of bed capacity.**

22.16. Joe Chadwick-Bell agreed winter will be a busy and difficult time and said the main priority over the winter period for ESHT is to keep patients and staff safe. This will be achieved by reducing demand on the EDs, for example, through enhanced care in care homes; pathways to allow ambulances to request that the 2-hour Crisis Response Teams respond to a call rather than attending and conveying the patient to hospital; additional digital capacity from Livi; and additional workforce recruited to the UTC. The Chief Executive added that the ED has more staff than ever and that the main issue is bed space for patients who need admitting. To counter this, the Trust is increasing Same Day Emergency Care as much as possible and where clinically safe to do so to avoid the need to admit patients; and introducing a range of initiatives to improve the flow of patients through the hospital using national best practice and lots of support from senior management, including the Board of Directors.

**22.17. The Committee asked how the system could achieve 30-minute ambulance handover times given the current pressures on the service.**

22.18. Joe Chadwick-Bell said the figure of 30 minutes is a very ambitious goal but is based on national targets. There is a national expectation of there being strictly no delays over 60 minutes and of trusts aiming to avoid any over 30 minutes. The figure of 30 minutes is to allow crews to handover patients to the hospital trust in 15 minutes and then spend 15 minutes doing paperwork and cleaning the ambulance. ESHT is committed to assisting SECamb achieve this goal and is planning to introduce "Fit to Sit", which is a pathway that allows ambulance crews to drop off patients in the ED waiting area rather than on a trolley if it is clinically safe to do so. Jessica Britton added that the CCG monitors how trusts are improving hospital handovers and confirmed learning is shared across the county.

22.19. Katy Jackson further added that SECamb is working to improve handover times by having a member of staff present in the EDs to support the handover process; avoiding unnecessary conveyances by increasing the number of patients treated in the community either via 'Hear and Treat' and 'See and Treat'; and analysing calls to see how the Trust can better communicate when to call 111 rather than 999.

**22.20. The Committee asked whether the reasons given for the temporary closure of Crowborough Minor Injuries Unit (MIU) were legitimate, and whether more could be done to reopen the MIU in time for February 2022.**

22.21. Jessica Britton stated it was not the intention of the CCG to permanently close the MIU and the closure will be reviewed on a regular basis. The NHS is balancing available resources against a number of services that need to be provided safely and effectively, including delivering the children's vaccination programme (which the provider of Crowborough MIU is conducting) and maintaining access to urgent care services. Prior to the closure of the MIU, Sussex Community NHS Foundation Trust (SCFT) had challenges staffing its three MIUs in a sustainable way whilst maintaining infection control measures that keep staff and patients safe. The temporary arrangements now allow the Trust to maintain urgent care at Lewes UTC and Uckfield MIU in a safe and sustainable manner and are able to support an increase in numbers of patients. The CCG is also in dialogue with MTW about the impact of the closure of Crowborough MIU on the Tunbridge Wells Hospital ED, with no current significant impact reported. The Executive Director said she would fully respond to the queries raised in writing, particularly around the feasibility of using spare capacity in the Crowborough Hospital as an alternative location for the MIU.

22.22. The Committee RESOLVED to:

- 1) Note the report;
- 2) Request a written response from the CCG on the questions raised about the temporary closure of the Crowborough MIU;
- 3) Respond to the queries set out in 22.11; and
- 4) Request a report on Hospital handovers at the March meeting.

23. COMMUNITY MENTAL HEALTH SERVICES IN EAST SUSSEX

23.1. The Committee considered a report providing an overview of community mental health services available to patients in East Sussex.

**23.2. The Committee asked how the Associate Director of Housing role will deliver additional resources and improvements to supported housing.**

23.3. John Child, Chief Delivery Officer at Sussex Partnership NHS Foundation Trust (SPFT), explained that the Trust would expect the role to help SPFT create more formal partnerships and arrangements with supported housing organisations, community and voluntary sector organisations; help provide supported housing organisations with more bespoke clinical input to the people they support in a more timely way; reduce reliance on inpatient mental health services and help people to leave hospitals and rehab sooner; and help reduce street homelessness.

**23.4. The Committee asked whether all residents have access to primary mental health care and whether the funding is sufficient to deliver additional services.**

23.5. John Child said the Emotional Wellbeing Service (EWS) will provide community based, primary care mental health care in East Sussex, however, it is an enhanced version of the existing Health in Mind primary mental health service that all GPs can already refer patients to for issues like anxiety and depression. PCNs have been given additional resources to hire mental health practitioners and this will be used to enhance the EWS. The £7m of funding is for this year only and there will be additional funding in future years as the programme is scaled up.

23.6. The Committee RESOLVED to:

- 1) Note the report;
- 2) Request a future update on the Emotional Wellbeing Service and Primary Care Networks and on the future of mental health investment for later in 2022.

24. REDESIGNING INPATIENT MENTAL HEALTH SERVICES IN EAST SUSSEX

24.1. The Committee considered a report requesting the Committee's view whether the NHS decision on the future of inpatient mental health services is in the best interest of the health service in East Sussex.

24.2. The Committee RESOLVED to:

- 1) Agree the decision is in the best interests of health services locally;
- 2) Request a future update via email on the progress of the development of the new facility;  
and
- 3) Request a site visit of the new facility.

25. HOSC FUTURE WORK PROGRAMME

25.1. The HOSC considered its work programme.

25.2. The Committee RESOLVED to agree its work programme subject to the addition of a report on:

- the Health and Care Act 2022

The meeting ended at 1.00 pm.

Councillor Colin Belsey

Chair

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

**Date of meeting:** 3 March 2022

**By:** Assistant Chief Executive

**Title:** Child and Adolescent Mental Health Services (CAMHS)

**Purpose:** To provide the Committee with an update on the CAMHS service in East Sussex and the services for Children and Young People's Emotional Wellbeing and Mental Health.

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## **RECOMMENDATIONS**

- 1) The Committee is recommended to consider and comment on the report; and**
  - 2) identify if there are any areas it wishes to scrutinise further and add to the future work programme.**
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## **1 Background**

1.1 The Committee has a long standing interest in mental health services for Children and Young People (CYP) and the Child and Adolescent Mental Health Service (CAMHS). At the Committee meeting held on 10 June 2021 whilst considering a report on the impact of Covid, the Committee requested additional details of CAMHS referral rates and wait times, and details of innovations to improve the service. These were circulated by email to the Committee.

1.2 Whilst considering the work on Inpatient Mental Health services, the Committee requested an update report on Community Mental Health service provision and CAMHS. The Committee received a report of Community Mental Health provision at the meeting on 2 December 2021. This report provides an overview of Children and Young People's Emotional Wellbeing and Mental Health services which includes CAMHS specialist services.

## **2 Supporting information**

2.1 The report takes the form of a presentation which is contained in Appendix 1 and provides an overview of mental health services for Children and Young People in East Sussex. It has been prepared by the Sussex Partnership NHS Foundation Trust (SPFT) and the Clinical Commissioning Group (CCG), in consultation with the Children's Services Department of East Sussex County Council (ESCC).

2.2 The report covers:

- System wide strategic framework for provision and improvement of emotional health and well being in East Sussex.
- An overview of core commissioned services:
  - Early Intervention Support
  - Specialist CAMHS services
- The Impact of COVID – on our children and young people and on service delivery.
- Challenges and the response
- Performance summary
- Next Steps: Delivery of the Transformation Plan

2.3 The Committee has expressed a particular interest in the specialist CAMHS services, and has received representations from residents about the waiting times for referrals to this service and in particular the time it takes for assessment and diagnosis to be undertaken for Autistic Spectrum Conditions (ASC). The report provides further detailed information on CAMHS specialist services and current caseload. This includes:

- An outline of CAMHS services (slide 19)
- Total and accepted referrals (slide 26)
- The number of young people waiting for an assessment (slide 27)
- The current treatment caseload and number of discharges (slide 28)
- The percentage of contacts that were face to face (slide 29)
- The Sussex Family Eating Disorder Service referrals and caseload (slide 30)
- NHSE South East Region – CAMHS Tier 4 inpatient services (slide 31)
- National access standards for children and young people and performance against these standards (slide 38 & 39)

2.4 The report gives an overview of all the services that are provided to support the emotional wellbeing and mental health of children and young people in the County. This provides the context within which the CAMHS specialist services are provided and the range of support that is available. The report also outlines the actions that are being taken as part of the Transformation Plan to improve services.

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

3.1 The report provides an overall picture of the services, current performance, challenges and plans for improvement in the emotional wellbeing and mental health services provided for children and young people across East Sussex. The Committee is asked to consider the report and identify any further areas of scrutiny work to be included in the Committee's future work programme.

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# Children and Young People's Emotional Wellbeing and Mental Health

Page 19

**Briefing for East Sussex Health Overview and Scrutiny Committee –  
3 March 2022**

Rachel Walker, Operational Director - CAMHS, Specialist, Learning Disability/Neurodevelopmental  
Services, Sussex Partnership NHS Foundation Trust

Ashley Scarff, Deputy Managing Director – East Sussex and Brighton & Hove Clinical Commissioning Groups

Appendix 1

## Overview of presentation:

- 1) **System wide strategic framework for provision and improvement of emotional health and well being in East Sussex**
  - Local Transformation Plan and Foundations for our Future
  - Thrive Framework
  - Outcomes Framework
  - Addressing Health Inequalities
  - 2021/22 transformation and investment plans
- 2) **Overview of core commissioned services**
  - Early Intervention Support
  - Specialist CAMHS services
- 3) **The Impact of COVID – on our children and young people and on service delivery**
- 4) **Challenges and our response**
- 5) **Performance summary**
- 6) **Next Steps**
  - Delivery of Transformation Plan
  - Summary

# **System wide strategic framework for provision and improvement of emotional health and wellbeing in East Sussex**

## Our Ambition

As a system, we are committed to providing a strong start in life for our children and young people. Our strategy is one for our whole population which should support the journey from birth to old age. This includes key objectives across prevention, integration and supporting transition:

- **Prevention:** Supporting a good start in life, including delivering a whole systems approach to healthy weight, and promoting emotional wellbeing and good physical mental health in children and families.
- **Integrated care:** enabling primary, community and acute services: Our vision is to provide more responsive support for children and young people when they experience poor mental health or are in crisis so that they can access services when, where and how they choose, embracing digital and social media.
- **Supporting transition to adult services:** A more joined-up multidisciplinary approach as our children and young people transition to adult services is essential for increasing independence.

Our **ambition** is that by 2025, all people with mental health problems in Sussex will have access to high quality, evidenced-based care and treatment delivered by integrated statutory, local authority and third sector services that are accessible and well connected with the wider community, intervene as early as possible in someone's life journey to prevent mental ill health.

Our **mission** is that we will work together as an Integrated Care System, bringing together patient, statutory, third sector and local authority expertise, to design, develop, commission and oversee high quality, innovative and integrated care and treatment pathways for people with mental health problems.

**The Foundations for our Future Programme and key transformation work programmes described in the Local Transformation Plan will support us to meet this ambition and deliver the requirements of the NHS Long Term Plan.**

# Foundations for our Future

- In 2020 a year-long independent Sussex-wide review of children and young people's emotional health and wellbeing services was commissioned collectively by the three Local Authorities and the NHS in Sussex
- It aimed to respond to feedback and insight from those accessing emotional health and wellbeing services
- The scope included statutory bodies, community and voluntary sector, parents, carers and young people and resulted in an ambitious set of recommendations to improve the service experience across the whole system.

Foundations for our Future recommendations include improving access, Single Point of Access and Advice, THRIVE, Mental Health Support Teams, digital, improved engagement and communications and workforce developments. They are all strategic priorities in the Local Transformation Plan.



A **Sussex-wide Strategy for Children and Young People's Emotional Wellbeing and Mental Health** is now in development. The strategy will build on and incorporate the Foundations for our Future priorities and priority work streams included in the Local Transformation Plan.

# Local Transformation Plan for emotional wellbeing and mental health support for children and young people – Annual Refresh 21/22

The **Local Transformation Plan (LTP)** brings together our collective strategic approach and plans across our three places Brighton and Hove, East Sussex and West Sussex (alongside our local authorities and other partners) and refreshes our previous Local Transformation Plans that were published annually in each of the three places (Brighton and Hove, East Sussex and West Sussex).

Our plan is published on the CCG website - [Local Transformation Plan \(LTP\)](#)

The plan includes:

- Our **strategic direction** and approach
- The **needs** of our children and young people (including the impact of Covid-19)
- How we are achieving against our existing plans
- The **future plans** we have in place - this includes delivering the NHS Long Term Plan deliverables
- How we are addressing **health inequalities**
- How we can assess the impact of our plans - **measures for success**



The LTP has been the backbone of strategic planning for 5 years and needs to be seen in the context Foundations for our Future. The strategic priorities provide the road map for transformational development of children and young peoples emotional wellbeing and mental health support in East Sussex.



# Local Transformation Plan 11 Strategic Priorities

1. Implement the **THRIVE** framework across Sussex – Overarching Framework
2. Further develop the **Single Points of Access** for those with Neurodiverse issues
3. Improve **access** to emotional wellbeing and mental health services
4. Further develop and expand **Mental Health Support Teams (MHST)** in schools
5. Continue to develop **Early Intervention in Psychosis provision** (for those aged 14-65)
6. Develop a system-wide integrated and expanded **Eating Disorder pathway**  
Improve **urgent and emergency support**, including paediatric mental health liaison at the District General Hospital and the Conquest Hospital
8. Strengthening system-wide approach **to suicide prevention and reduction in self-harm**
9. Supporting children and young people with **Complex Needs**
10. Improve support for Young People (16-25) – Supporting **transition to adulthood**
11. Enabling priorities (**workforce, digital and engagement**)

▼ More detail can be found in the Local Transformation Plan - [Local Transformation Plan \(LTP\)](#)

# The THRIVE Framework



- A key part of our approach to Children and Young People's Mental Health and Emotional Wellbeing is the introduction of the THRIVE framework; which represents a shift away from the traditional tiered structure of services, instead focusing on the needs of children, young people and their families.
- It aims to talk about mental health and mental health support in a common language that everyone understands.
- The Framework is needs led; meaning that children, young people and families alongside professionals, through shared decision making, define their mental health needs.
- THRIVE places an emphasis on prevention and early intervention. Services offer swift and flexible support with professionals thinking holistically about the needs of the child or young person rather than focusing on a diagnosis.
- This framework will support the transformation emotional wellbeing and mental health support for children and young people in East Sussex.

# Developing our agreed outcomes for children and young people and measuring our success

Our Children and Young People's Mental Health and Emotional Wellbeing Strategy will be supported by an overarching outcomes framework which is being developed with children and young people and wider stakeholders. This will help determine what services should be planned and delivered in East Sussex and what services benefit from our Sussex wide approach. Our Foundations for our Future Programme is leading this work, coordinated by a recently appointed Sussex-wide lead focusing on outcomes for our young people together with our Public Health colleagues.

Initial discussion and engagement has highlighted the outcomes below:

- More children and young people have good mental health
- Children and young people are protected from significant harm
- More children and young people recover, meet their potential and achieve their aspirations
- Integrated, aligned and co-ordinated service delivery is in place
- Children and young people, their parents and carers are instrumental in deciding which services they will use, where and when
- Funds are invested to achieve better outcomes
- Early intervention is in place to support children and young people at the point of need
- Time taken to receive a diagnosis and treatment is reduced
- Children and young people experience a seamless transition to adult services or other support services
- More children and young people have positive experiences of care and support
- Children and young people will develop their resilience capability and know how to put this into practice

## Addressing Health Inequalities

Reducing health inequalities is at the core of our system. We recognise how, within mental health and children and young people's services, health inequalities have been persistent over many years and are, in some cases, widening. We are continuing to strengthen our approach, within the context of our draft strategic framework to address health inequalities that is structured around six focus areas including early years, children and young people and mental health and learning disabilities.

Equality Health Impact Assessments underpin our work programmes to ensure that our investments are targeted to achieve greatest impact. In addition to specific actions identified in the Equality Health Impact Assessments the following actions have taken place:

- ✓ Established i-Rock Youth Hub in our areas of greatest need; i.e. Newhaven, Eastbourne, Hastings
- ✓ Ensured access to interpreting and translation services to support good access for all local people.
- ✓ SPFT have recruited a transgender, LGBTQ and inclusion training lead, and team equity champions
- ✓ Improving capture and flow of data to help identify and overcome inequalities in access
- ✓ Established Mental Health Support Teams in schools in the areas of highest i.e. The Havens; Eastbourne; Hastings
- ✓ Inequalities Participation Lead appointed to work across the ICS mental health programmes.
- ✓ Introduced a blended approach of virtual and face to face appointments – improving both digital access whilst maintaining direct contact to maximise support to those who don't have access to technology
- ✓ CAMHS Participation East Sussex (see two next slides for detail)

## CAMHS Participation East Sussex

It was evident that participation work with young people around Mental Health services was important to continue, despite the pandemic continuing. From March 2021 - December 2021 young people from East Sussex have been making recommendations to inform the work of the East Sussex Mental Health Support Team service by taking part in an online youth forum.

The young people who are members of the forum have lived experience of using mental health services. We have 9 group members, 3 girls, 4 boys and 2 trans young people.

Young People have given their views on:

- Page 29
- How to encourage more boys to access the service.
  - What barriers there are to using the service and what the potential solutions to these barriers could be.
  - How to have conversations around identity with young people registering for the service.
  - How to use social media effectively to promote the service to young people.

These conversations will be continuing until March 2022, with young people in the forum also exploring:

- What the self referral process looks like in schools.
- What the best delivery style for the psycho education workshops in schools could be.
- Reviewing a boys survey that they have created to look at themes around boys referral uptake.
- Continuing to think about how to use social media effectively.

## CAMHS Participation East Sussex – Download group

Prior to the pandemic, Download was a monthly 2 hour participation forum meeting in Eastbourne as a central location to cover East Sussex. However during the lockdown, young people said they needed to be able to meet regularly to cope. For many Download members it represents a very important space in which to gradually gain social confidence. CAMHS have therefore held Download forums every week since the 1<sup>st</sup> April to provide additional support to young people.

Young people have shared their views on accessing online groups:

- Maintaining their own privacy, both within the group (through the use of the chat function, blurring backgrounds or turning cameras off) and within their home environment (recognising that voices can be heard in other parts of the house)
- Ways of introducing new members to the group

In addition, there are now two peers co-facilitating the meeting with the team.

Examples of topics worked on during Download meetings include:

- Coping with loss
- Managing friendships
- Facing an coping with change
- How to manage feeling 'stuck' in life
- Discrimination - how can CAMHS understand how their life is affected by discrimination as they start a journey with CAMHS

## Year 1 delivery: 2021/22 Mental Health Transformation Plans and additional investment

The operational delivery of our plans for children and young people are being delivered as part of our ICS Mental Health Collaborative, system wide, transformation programme. To underpin this, we plan to spend a total of £9.87m in East Sussex in 2021/22 on children and young people's emotional wellbeing and mental health services.

The table below summarises our **additional investment** for this year (2021/22) aligned to our strategic priorities outlined in slide 8, to improve access to services (early intervention and specialist) and outcomes and experience for our children and young people in East Sussex.

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Priority Area	Investment
Expanding capacity and access, including improving access to CAHMS, Children with Complex Needs, Neurodevelopmental services, and Early Help services	£943,000
Mental Health Support Teams in Schools	£1,104,000
Eating Disorder Services	£130,000
Urgent and Emergency Support	£231,000
<b>Total</b>	<b>£2,408,000</b>

# Overview of core commissioned services



# Introduction to Core Commissioned Services

The following slides will provide an overview of the core commissioned service offers in East Sussex. *Please note there are further support offers for children, young people and families that are not commissioned by the CCG but provide emotional wellbeing support; e.g. school health.*

The core services are:

## Early intervention – getting advice and getting help

Page 33 School Advisors in SEND and Mental Health Support Teams

- iRock Youth Hubs in Newhaven; Eastbourne; Hastings
- Primary Mental Health Worker service
- E-motion online counselling
- Single Point of Advice

## Specialist Mental Health Support – getting risk support

- Specialist CAMHS



# Early intervention – getting advice and getting help (1 of 3)

## Schools Advisors

The Schools Advisors in East Sussex SEND provide training, supervision and advice to all schools in East Sussex on all matters relating to emotional wellbeing, mental health and the 'whole school approach' to mental health. Together with Sussex University and young people, evidence based guidance for schools was developed for schools based implementation. <https://www.boingboing.org.uk/schools-mental-health-guide/>

*“Our aim is to enhance emotional and mental well-being for all, to enable each child, family and professional to be the best they can be.”*

## Mental Health in Schools Team (MHST)

Since September 2019, 4 MHSTs have been implemented in East Sussex, covering the Havens; Eastbourne; Hastings (five are planned). The MHSTs focus on the areas of greatest deprivation and need. MHSTs provide brief emotional wellbeing and mental health interventions; provide advice about children's' mental health; and promote the whole school approach to supporting wellbeing and mental health.

- 1:1 interventions in 42 primary and secondary schools and 3 Special Schools. This is increasing in September to 51 schools and 16+ East Sussex College Group.
- Up to ten sessions of CBT approaches on topics such as Low Mood, Anxiety, Phobias, Healthy Eating, Worry and Sleep Hygiene
- Psychoeducation workshops for children and young people of all ages in schools
- Training for school staff on mental health and emotional wellbeing topics
- Supporting schools with Whole School Approaches to Mental Health and Emotional Wellbeing
- Enabling children and young people to get the right support
- Parents and carers of children accessing the service are supported by the EMHPs as much as possible

## Early intervention – getting advice and getting help (2 of 3)



### i-Rock Youth Mental Health Service

January 2021 – December 2021

Sussex Partnership  
NHS Foundation Trust



In this 12 month period i-Rock has provided

**1314**

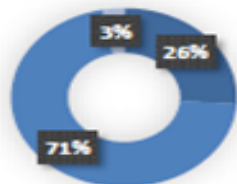
Contacts for young people,

Including 638 completely new young people accessing i-Rock directly.



The most common age of young people accessing i-Rock was **14-17** years; an age at which young people often experience significant life changes.

#### Gender

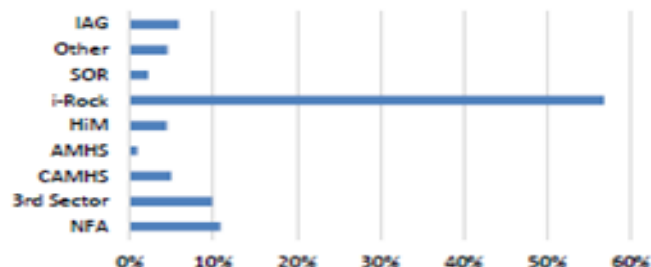


■ Male  
■ Female  
■ Other



Young people from all BAME groups access i-Rock. 82% White British, 18% BAME, compared to the 5% East Sussex population.

#### Transitioning into other services



**85%** of respondents said they 'would recommend i-Rock to a friend.'



**4%** of young people received the 'fear of failure' brief intervention and **2%** received the 'suicidal thoughts' intervention.

'GP gave feedback that i-Rock was universally seen by the young people who came through as a really positive and helpful place to go.'



'Thank you so much for all your help. B has definitely felt better with your help.'

'We have always, even before COVID-19, signposted our students as we feel that it is an exceptional service that is on offer and we always have good feedback from students who have accessed it.'

## Early intervention – getting advice and getting help (3 of 3)

### Primary Mental Health Worker Service

- Provided by SPFT, this service delivers short term interventions for young people with moderate mental health issues; for example short term intervention for young people and also support to parents in managing anxiety, low mood and emotional regulation.

### E-motion online counselling

- Since 2016, young people in East Sussex access E-Motion, online counselling, provided by Impact Initiatives. Although self referrals are encouraged, the majority are signposted to the service by their GP or School. Approximately 200 young people used the service in 21/22.



### Single Point of Advice (SPOA)

- Based at St. Mark's House, Eastbourne, East Sussex SPOA is the joint central point for all Children Service and CAMHS referrals. All emotional wellbeing and mental health referrals for young people in East Sussex for whom further support is indicated are jointly screened for advice or support or specialist service.

## Specialist CAMHS (Getting more help/ getting risk support)

Specialist CAMHS services across Sussex are provided by Sussex Partnership NHS Foundation Trust.

Specialist CAMHS provides a range of mental health direct interventions with psychiatry and medication where required as well as an urgent response where there is a mental health crisis services which include:

- Community targeted services for diagnosable mental health issues such as low mood, anxiety, depression, relationship with food, self harming behaviour, PTSD, etc.
- Specialist services for vulnerable groups such as children in care, children with learning disabilities.
- Contribute to the diagnosis of neurodiverse conditions such as ADHD, ASC
- Urgent help Service for those in crisis, at risk of admission or stepping down from admission
- Intensive home treatment services
- Early Intervention psychosis (ages 14 to 65)
- Family eating disorder services
- Day services for those stepping down from inpatient admission
- Child forensic and adolescent mental health services (FCAMHS)
- Specialist inpatient services at Chalkhill

# Impact of COVID on children and young people and the services they access

# Impact of COVID on Children and Young People – National Picture

## The NHS Confederation Mental Health Network - Reaching the Tipping Point (August 2021)

- The report into children and young people's mental health outlines the significant increases in need for mental health support for children and young people across all services – from primary care to NHS specialist mental health services, voluntary sector, independent sector, and digital providers including also pressures on acute trusts and local authorities.
- In particular, the report emphasises:
  - The need for support for eating disorders
  - The need for continued transformation of services (especially support in schools and educational settings)
  - A greater focus on early intervention and addressing the social determinants of mental health
  - The need to respond to workforce challenges and bringing services together across the whole system.

Nationally, the evidence shows that whilst initial stages of Covid-19 pandemic led to a general trend in decreased use of children and young people's mental health services, the number increased with the second wave.

The longevity and frequency of lock-down led to children and young people spending extended times at home with limited access to play or socialisation and face-to-face education; both key and important to childhood development. Children and young people with pre-existing mental health challenges or disabilities, those from low-income families or with experience of trauma and domestic abuse also became at greater risk of developing mental health and emotional issues. These, coupled in some cases, with a delay in seeking support has led to an increased need for services.



## Impact of COVID on Children and Young People – Local position

In 2020, we worked with Young Healthwatch to explore young people's experiences of Sussex health and social care services during the Covid-19 pandemic. We have also asked young people: about their preferences towards the future of health and social care services, what have been the biggest challenges faced during the pandemic and how these have affected their lives.

Key impacts were:

- Effects of social isolation, difficulties accessing mental health support for pre-existing conditions during lockdown, and maintaining a routine while schools, colleges, and universities are closed.
- Loneliness, acute and increased anxiety levels, insomnia and difficulties with relationships.
- Anxiety about digital and phone consultations and concerns about expressing themselves in phone or digital consultations. While the majority were happy to receive online support, 26% did not want to engage with remote support.
- Children and young people found it difficult to have privacy at home which was a challenge for video consultations.

[Young people's preferences towards the future of health and social care services in Sussex - Youth Survey 2020](#)



## Impact of COVID on Children and Young People – local services

- The impact on the mental health and well-being of young people has been felt across the system, in schools, social care, 3<sup>rd</sup> sector, primary care as well as the acute sector
  - Schools are reporting an increase in the number of children exhibiting mental health issues in the classroom has risen from 1:10 to 1:6. However, interventions reduced during periods of school closures
  - There has been an increase in the number of number of young people referred into specialist CAMHS services, including the Sussex wide eating disorder service, since the second wave of the pandemic. This has had an adverse impact on access to services and led to increases in waiting times and waiting list sizes together with an increase in service caseloads.
  - There has also been an increase in the acuity and complexity of presentations as evident by the increase in Children and Young People presenting in A&E, the increase in admissions to paediatric wards and the number of patients waiting a Tier 4 specialist CAMHS bed in Sussex.
- System partners working together to identify and manage clinical risk.

# Single Point of Access (SPOA)

## Children's Services Single Point of Advice

SPOA Contact outcome	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Year To Date	Rolling year	Previous rolling year
<Unknown>								1					1	1	
								0 %					0 %	0 %	NaN
CAMHS Referral	151	324	194	266	244	230	127	188	164	312	264	374	2,363	2,838	1,987
	18 %	27 %	20 %	23 %	20 %	20 %	16 %	16 %	14 %	23 %	23 %	29 %	21 %	21 %	18 %
Level 2 Information and Guidance	367	382	396	459	457	426	324	467	545	484	389	379	4,326	5,075	4,713
	44 %	32 %	41 %	39 %	37 %	37 %	40 %	39 %	46 %	36 %	35 %	30 %	38 %	38 %	43 %
Level 3 /4 MASH	43	81	52	63	81	79	79	92	56	87	101	117	807	931	708
	5 %	7 %	5 %	5 %	7 %	7 %	10 %	8 %	5 %	6 %	9 %	9 %	7 %	7 %	6 %
Level 3 Early Help Referral	86	139	104	134	127	113	66	113	90	114	87	122	1,070	1,295	1,060
	10 %	12 %	11 %	11 %	10 %	10 %	8 %	9 %	8 %	9 %	8 %	10 %	9 %	10 %	10 %
Level 4 MASH	183	266	224	247	316	289	208	343	330	342	284	286	2,869	3,318	2,482
	22 %	22 %	23 %	21 %	26 %	25 %	26 %	28 %	28 %	26 %	25 %	22 %	25 %	25 %	23 %

This table demonstrates the increase in referrals being received and triaged into appropriate services by the integrated single point of Advice in East Sussex in the last 12 months compared to the previous 12 month time period.

## Children and Young Peoples Wellbeing Service – waiting times

The service, which is for young people with mild to moderate health needs, has seen an increase in the number of referrals for support. Activity levels have exceeded the indicative plan since March 2021, whilst referrals during the last quarter (October 2021 – December 2021) were on average 17% above the planned target.

There are currently 2018 young people waiting for interventions across the 20 different treatment pathways which are currently offered by the service. The wellbeing services which have seen the greatest increase in referrals, adversely impacting on the waiting times are:

Page 43

- Autism Spectrum Condition (ASC) See and Treat
- Cognitive Behavioral Therapy (CBT)
- Wellbeing Assessment Age 4-12
- Counselling Age 4-12
- Counselling Age 13-24
- Play Therapy See and Treat

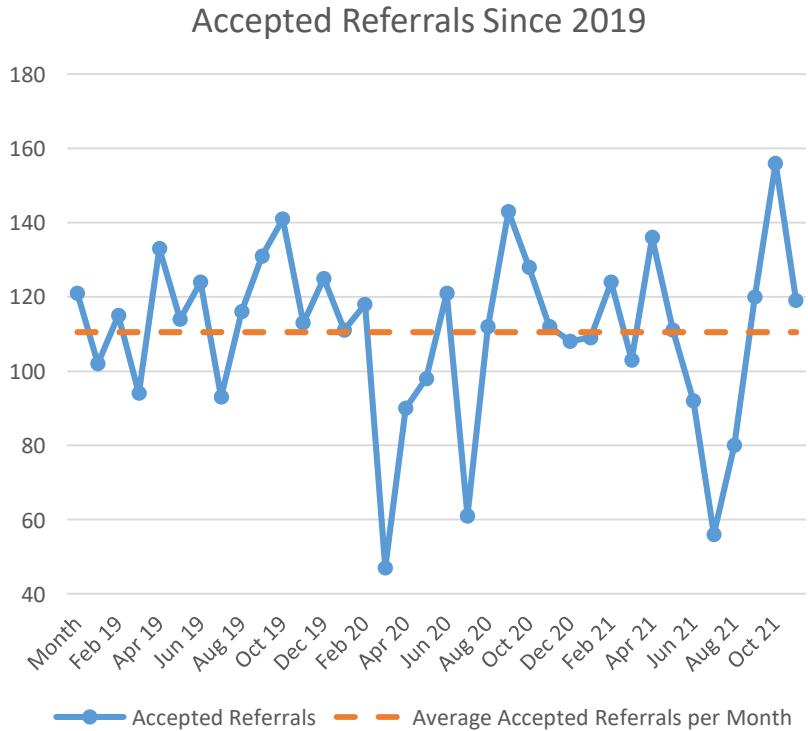
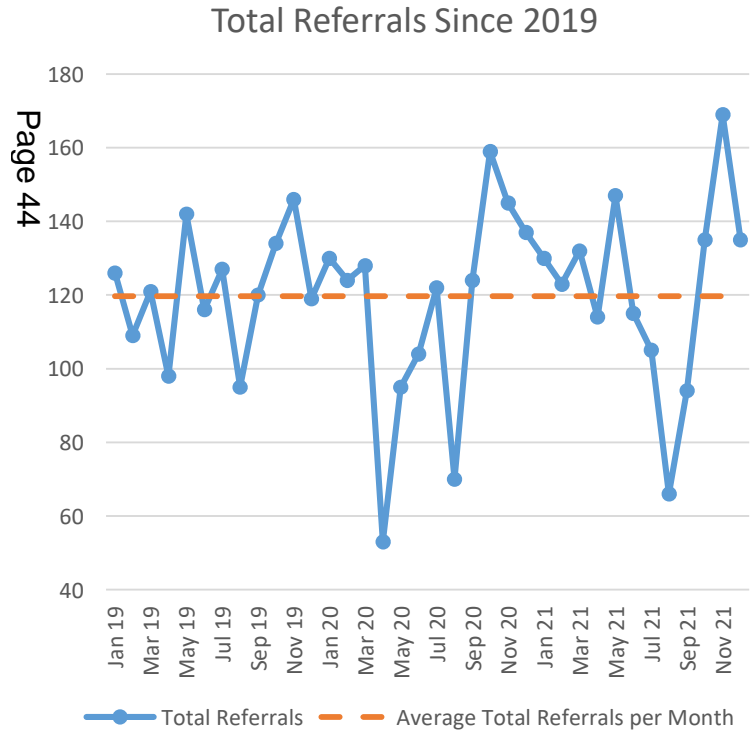
All referrals are subject to clinical triage in SPOA to ensure appropriate prioritisation and pathway.

Increased investment has been prioritised this year and proposals to expand services further and respond to the increase in referrals have been put forward as part of the 2022/23 planning process.

# Specialist CAMHS - total and accepted referrals

Month	Total Referrals	Change	Accepted Referrals	Change
Nov-19	146	-	141	-
Nov-21	169	16%	156	11%

Referral rates have seen an increase since the second half of 2020 with 11 out of the last 16 months seeing higher than average numbers between September 2020 – December 2021 which has impacted on the number of young people waiting for assessment and treatment.

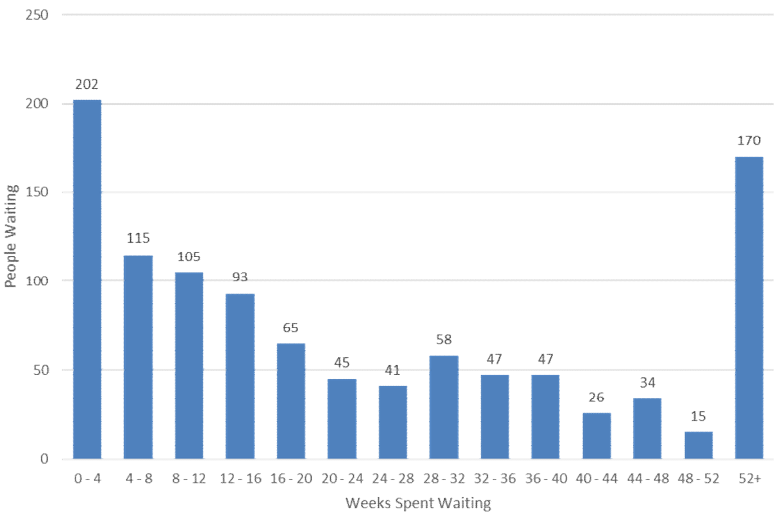


# Specialist CAMHS - number of young people waiting for an assessment

These tables detail the total number of young people waiting for assessment for a specialist CAMHS service in East Sussex by weeks waiting.

The table below demonstrates that the number waiting has increased significantly since the autumn 2020 which corresponds with the increases in referral experienced and the need to support the increase in number of young people receiving interventions from within the service.

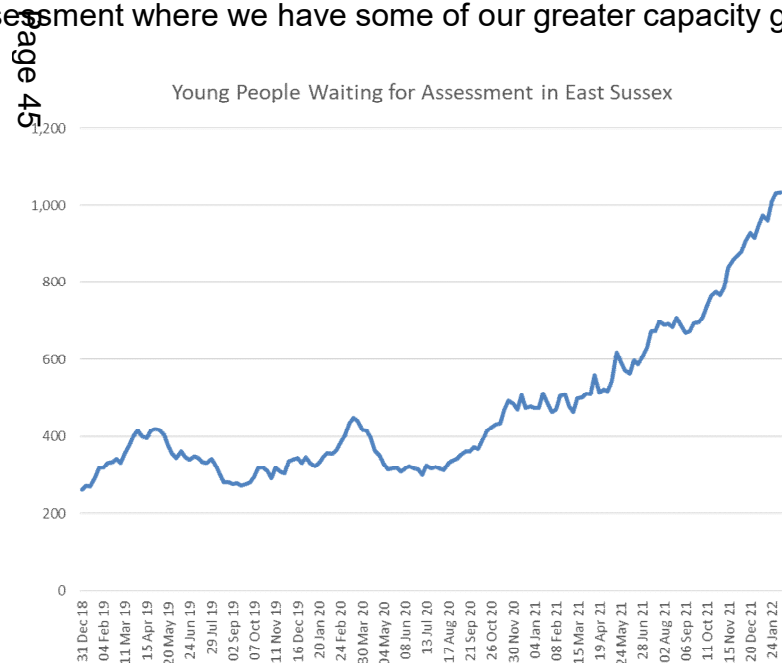
Those waiting the longest are predominantly young people waiting for an autism spectrum condition or attention deficit hyperactivity disorder assessment where we have some of our greater capacity gaps.



There is a significant programme of work with associated investment to expand the capacity of these services and enhance the current neurodiverse pathways.

For children and young people waiting, the Trust has put in place good clinical and quality oversight and measures to support children and young people waiting for care. This includes an online drop-in group for all families who are awaiting an ASC or ADHD assessment.

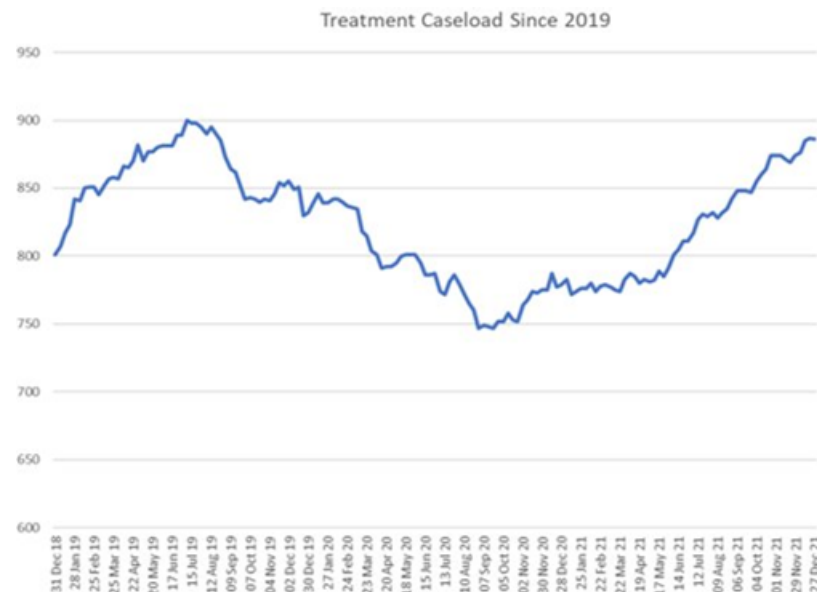
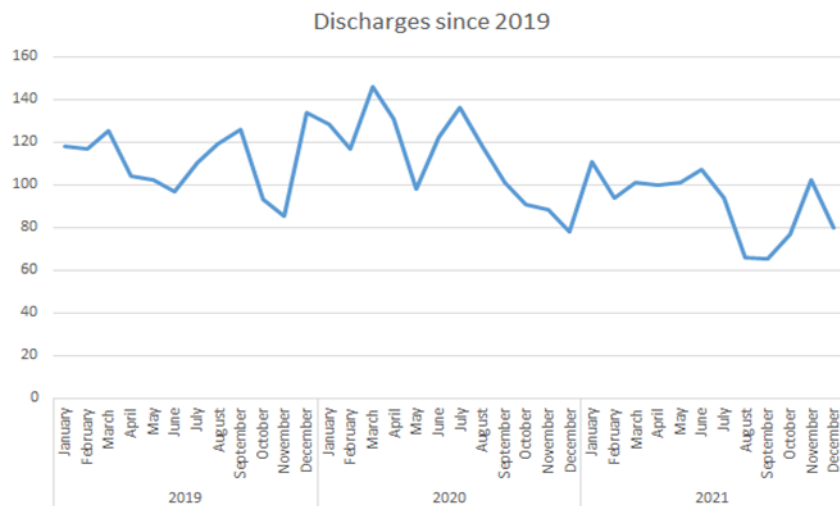
Proposals to further expand the service capacity have also been included in the 2022/23 planning process.



# Specialist CAMHS – current treatment caseload & number of discharges

The table on the right shows the overall number of young people who have been assessed and are receiving treatment from an SPFT CAMHS service. In line with national trends, this reduced during the first wave of the pandemic but has seen a significant increase since September 2020. This is due to both the increase in referrals and the slight reduction in discharges from the service since the autumn last year which has had a corresponding impact on the total treatment caseload.

A series of measures have been put in place to respond to this as summarized in slides 32 – 34.



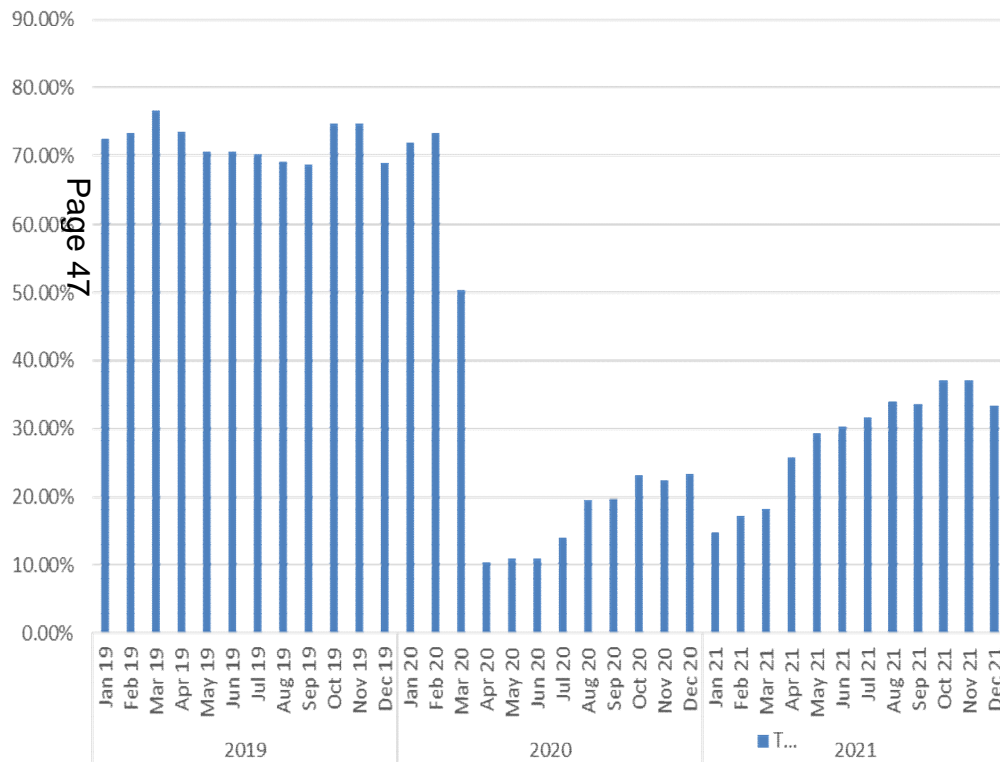
The table on the left shows the number of young people discharged from the service by month since January 2019. As evident from the graph, discharge activity has been trending down slightly, since August 2020.

One reason relates to young people requiring treatment interventions for longer periods of time, reducing the discharge rate.

## Specialist CAMHS - percentage of contacts which are face-to-face

The Trust responded very promptly to Covid to provide virtual contacts to ensure continued service delivery.

% Contacts Face to Face since 2019

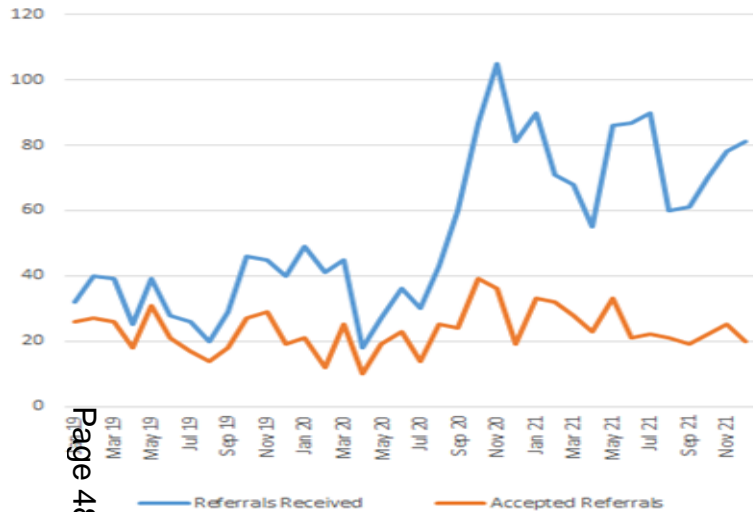


Month	%F2F	Change
Nov-19	75%	
Nov-21	37%	-38%

- Face to Face Activity increased when lockdown measures were eased.
- Engagement with young people identified that some have a preference to access virtual appointments.
- The Trust therefore committed to providing a blended approach and will continue to offer choice to young people and ensure that virtual appointments are now integrated into the new normal.

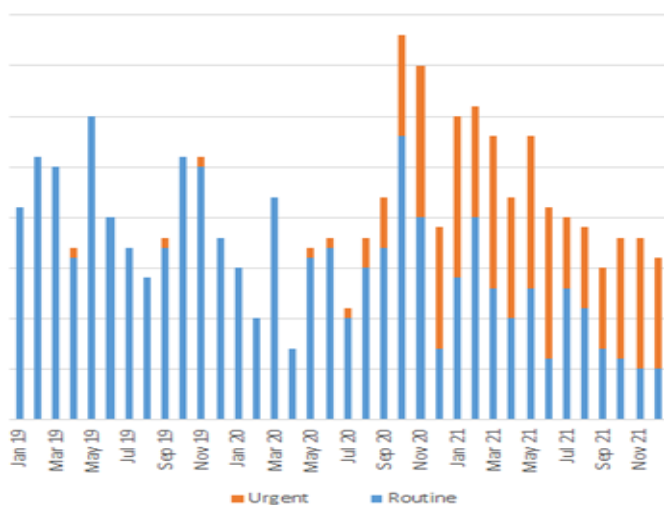
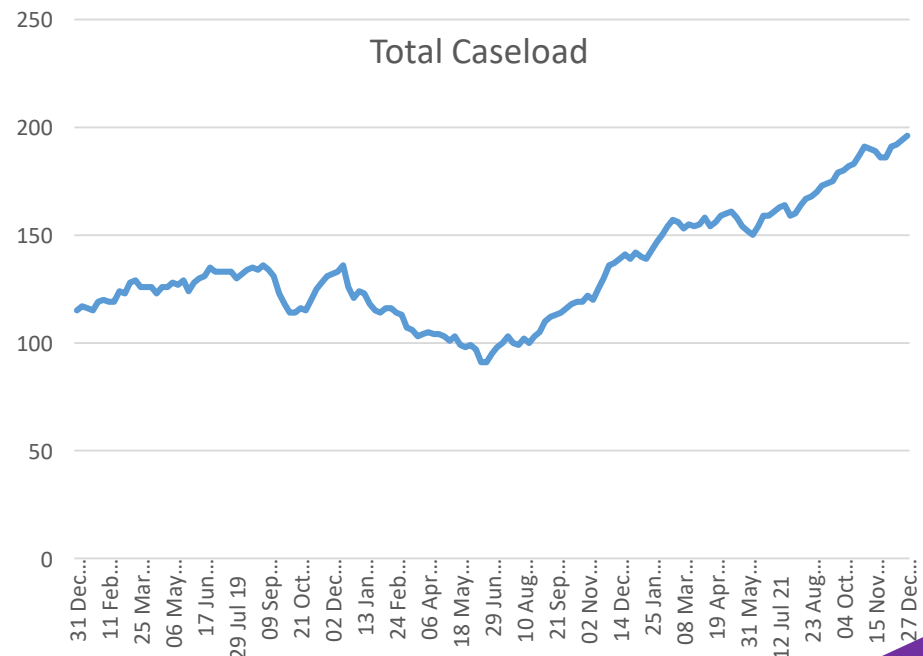


# Specialist CAMHS - Sussex Family Eating Disorder Service – Referrals & Caseload



In line with national trends, the service has seen a significant increase in both urgent and routine referrals since late summer which has resulted in a corresponding increasing caseload.

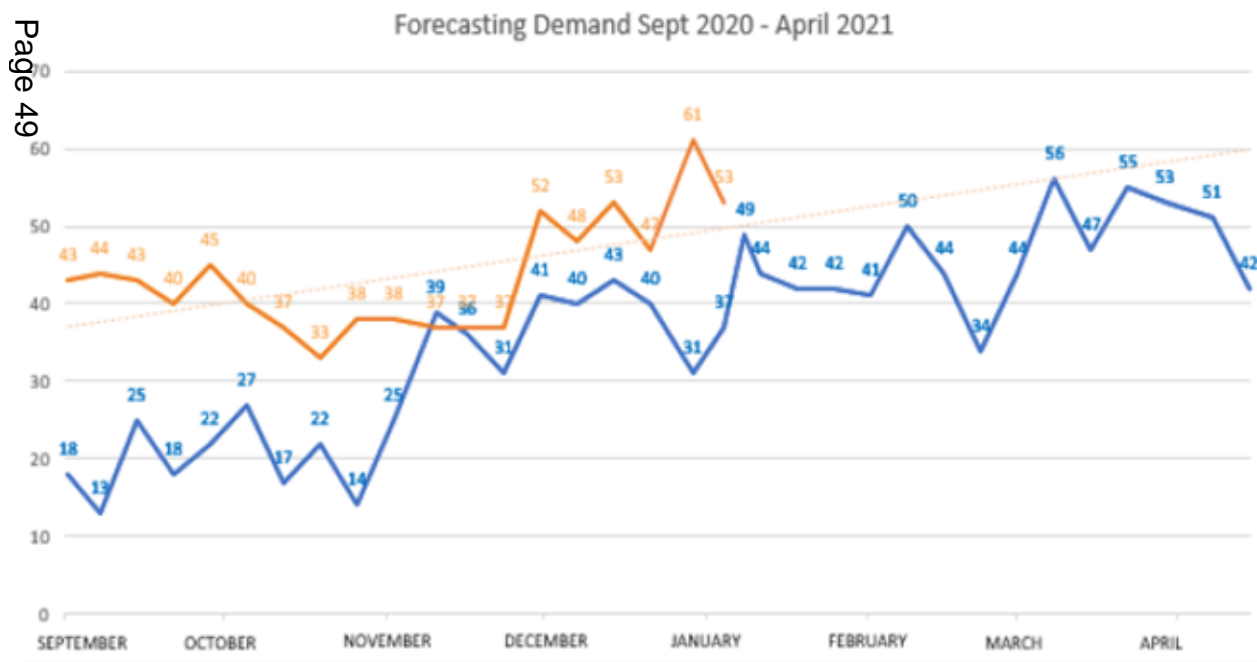
A significant programme of work, and associated investment, has been put in place to both increase the available capacity, embed GP liaison to support referral processes and enhance and improve the current pathway and service offer.





## NHSE South East Region – CAMHS Tier 4 inpatient services

The graph shows the increase in referrals for children and young people to access CAMHS Tier 4 services in the South East from September 2021 in comparison to the same period last year, indicating the increasing complexity of children and young people accessing services. It includes young people waiting at home as well as those in an acute hospital bed or already in a CAMHS inpatient setting but waiting for a more appropriate placement. This does not include the no of young people admitted to our acute paediatric hospitals who do not require very specialist T4 inpatient services.



As evident from the graph, this increase in is predicted to continue.

# Challenges and Our Response

# Challenges

Although plans are in place to develop and increase children and young peoples emotional wellbeing and mental health support there are a number of challenges in delivering the plans:

- Workforce expansion and development – we require a skilled workforce to deliver our plans and we have been unable to recruit to key clinical roles. This issue is recognised nationally and we are working to address the workforce gap.
- Covid-19 has not only had a significant impact on the emotional wellbeing and mental health of children and young people it has also had an impact on service delivery. Both in the way services are delivered (face to face or virtually) and the ability to deliver services when the workforce is reduced due to staff absence.

## **Services are also dealing with:**

- Increased levels and complexity of need – a combination of Covid-19 suppressed and generated activity. This adds pressure to already stretched services and because of the level of need young people are often remaining in the service longer leading to increased case loads. This has led to increased waiting times in particular for Cognitive Behavioural Therapy (CBT) and ASCC and ADHD assessment.
- There has also been an increase in the number of young people presenting in a crisis and requiring acute hospital admission

## Summary of our response (1 of 3)

Our 2021/22 transformation and additional in-year investment plans of £2.408m have been targeted to:

- Deliver the NHS Long Term Plan and local priorities
- Address underlying capacity gaps and increase access to services
- Respond to the challenges associated with the adverse impact of Covid-19 on our children and young people and service, in particular
  - Longest waiting lists and length of wait
  - Access to eating disorder services
  - Better supporting young people in crisis

This work has focused on:

- Workforce expansion and development
- Pathway improvements to increase capacity and begin to address the long waits
- Development of new ways of working
- Improved access to information and guidance

## Summary of our response (2 of 3)

### Examples include:

#### Workforce Expansion and Development

- Successfully recruited to additional clinical roles to increase our local capacity to deliver services
- Established a SPFT Talent Acquisition Manager to provide expert help around advertising, campaigns etc.
- Increased use of social media, for example i-Rock Instagram Life and Facebook
- Invested in the development of professional leadership, including Neurodevelopment pathway lead
- Introduced new initiatives e.g. Recruit To Train and approved/responsible clinician pilot

#### Pathway development:

- Streamlined the clinical model for neurodevelopmental pathway in advance of moving towards a new best practice target operating model
- Developed a new stepped care model will include CBT groups as first line of intervention
- Agreed plans to enhance home treatment offer and establish a specialist day service for young people with an eating disorder
- Implemented a new clinical model for children and young people in crisis

## Summary of our response (3 of 3)

### New ways of working:

- Introduced a blended offer of digital and face to face contacts to ensure continued access to services
- Introduced group sessions to support increases in capacity
- Early Intervention in Psychosis service has adopted the CARMEN project pilot, a finger-prick blood test option for testing for cardio-metabolic side effects of anti-psychotic medication, in order to reduce barriers to physical health assessment for service users and deliver in-house.
- Introduced physical health clinics and group sessions for young people with eating disorders and their families or carers

### Communication:

- Extended the Sussex Mental Healthline to people of all age (including young people, their families/carers); SPFT 24/7 triage service people experiencing emotional wellbeing issues and distress/crisis.
- Set up E-Health platform to support young people access right support and interventions;  
<https://www.minddistrict.com/ehealth-platform>
- Published a clear [online guide](#) on how to get help from Sussex mental health and emotional wellbeing services in each local authority area, for children and young people with mild to moderate and severe problems.
- Improved information access via our website <https://sussexcamhs.nhs.uk/> which details referral criteria as well as information and advice about help and support for children, young people, families and professionals.

# Performance

## National access standards for children and young people

There has been an increase in the ambition of a number of national access standards in 2021/22 and new standards have been introduced.

These are summarised in table below. However, national reporting of the new urgent care and 18-25 measures have not yet commenced.

Status	Service Area	21/22 Standard
Existing	Children and young people eating disorders	95% target of people seen within 1 week of urgent referral 95% target of people seen within 4 weeks of routine referral
Existing	Access to CAMHS	35% of YP having 2 contacts within the last 12 months
New	Children and young people under 18	Increase access of under 18s by 292 to 10,085
New	Young people between 18-25	285 CYP accessing 18-25 youth appropriate services
New	Urgent Care	Increase coverage of 24/7 crisis provision from 37% to 57%







# Latest validated performance against national access standards for children and young people

This table provides the most up to date validated / reported data against the national standards for children and young people's services.

This demonstrates that performance is compliant for access to CAMHS services, but is worsening for referrals into the Sussex Family Eating Disorder service as at quarter 3, 2021/22.

A range of mitigating actions have been put in place which, together with some successful recruitment have meant that the **in-month** performance improved to **66.7% for urgent referrals** seen within 1 week in November 2021 with a further improvement to **80%** in December 2021.

Page 57 Measure Name		ussex					East Sussex	Date
		Current Period	Previous Period	Local Plan	National Plan	Trend	Current Period	
CYP with eating disorders (ED) (routine)		40.9%	59.5%	47.5%	95.0%		31.4%	Q2 21/22
CYP with eating disorders (ED) (urgent)		34.3%	43.0%	65.1%	95.0%		34.6%	Q2 21/22
Access to CAMHS	2 Contact Rate	38.7%	38.1%	37.6%	35.0%		35.2%	Sept-21
	1 Contact	15,010	14,540	12,509			5,315	Sept-21

# Next Steps

## Priorities and Investment Planning for 22/23

Planning for 2022/23 and 2023/24 is currently in progress and being led through the strategic approach of our Foundations for our Future Programme. This is a multi-agency process, informed by local stakeholder including children and young people and their families and carers. Plans have been developed and a prioritisation is underway to ensure the investment plans best address need, are within our resource allocation, and continue to work towards our collective ambitions. The plans include:

- **Extend Single Point of Access (SPOA East Sussex):** establish Neurodevelopment referrals triage hub; for young people up to age 18.
- **Early Help as part of THRIVE framework** - increase capacity in the Primary Mental Health Service to improve access for children and young people to earlier help and emotional wellbeing support.
- **Eating Disorders** – further expansion of the eating disorders service to increase treatment provision.
- **Specialist CAMHS** – further expansion with a focus on increasing capacity within the neuro-developmental pathway and increasing the provision of cognitive-behavioural therapy (CBT) to continue to reduce waiting times.
- **Urgent and Emergency Support** –develop alternative crisis provisions for children and young people that aim to provide early support to children and young people in self-defined crisis that will complement existing crisis services.
- **Transition (16-25 year olds)** – a focus on care leavers and students as specific programme priorities but with an intention to ensure that all transformation work streams account for improving transition in their development. This will include the piloting of ARRS roles specifically for the 16-25 age range.
- **Suicide prevention and reducing self-harm** – as part of planning for 2022/23 - 2023/24, ensure developments to support suicide prevention and self-harm reduction are incorporated in line with our Sussex wide strategic approach.

## So in summary.....

- Our **ambition** is that by 2025, all people with mental health problems in Sussex will have access to high quality, evidenced-based care and treatment delivered by integrated statutory, local authority and third sector services that are accessible and well connected with the wider community, intervene as early as possible in someone's life journey to prevent mental ill health.
- Local Transformation Plans integrated with the ambitions of the Long Term Plan will improve access to and quality of service provision along a pathway of need.
- There is a commitment to working with families to ensure the best outcomes for our families. Learning from families and best evidenced based care will ensure quality future proofed services are developed and sustained.
- The workforce will be skilled and valued supporting recruitment and retention.
- Data sources will be integrated into service development decision making to best utilise resources and understand levels of need.
- Challenges and opportunities will be understood in a context of changing environments and technologies and be inclusive of the needs all service users.
- There is optimism to deliver high quality services with a well trained healthy workforce.

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

**Date of meeting:** 3 March 2022

**By:** Assistant Chief Executive

**Title:** Urgent Care in East Sussex

**Purpose:** To consider an update on a number of issues relating to urgent care in East Sussex

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## RECOMMENDATIONS

The Committee is recommended to:

- 1) Consider and comment on the updates on Urgent Care in East Sussex provided by this report; and
  - 2) Consider whether to request a further report on any of the other areas covered in the update.
- 

## 1. Background

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

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

1.3. HOSC has undertaken considerable scrutiny of the new urgent care system in East Sussex over the past three years. The Committee considered a report on Urgent Care in East Sussex at the meeting held on 23 September 2021. This report provides an update on several strands of this work, specifically:

- the new **NHS 111** Clinical Assessment Service (CAS) provided by South East Coast Ambulance NHS Foundation Trust (SECAmb) and the NHS 111 First national programme.
- an update on actions taken following the closure of the **Eastbourne Station Health Centre**
- the future development of the service at **Hastings Station Plaza**

## 2. Supporting information

### NHS 111

2.1. The NHS Long Term Plan, published in January 2019, included a requirement for CCGs in England to have commissioned by 2019/20 an enhanced NHS 111 service with the ability to book people into urgent face to face appointments and provide a proportion of callers with advice from a clinician via a Clinical Assessment Service (CAS).

2.2. South East Coast Ambulance NHS Foundation Trust (SECAmb) provides the NHS 111-CAS service for Sussex, Kent and Medway. The HOSC has followed the procurement process of the new NHS 111 service, which includes the development of a CAS. The Committee also

identified the enhanced NHS 111 service as a key element of the new Urgent Care system developed in East Sussex. The HOSC most recently received an update on NHS 111 at its meeting on 23 September 2021 as part of a wider report Urgent Care services in East Sussex and requested a further update in March 2022.

2.3. SECamb has continued to develop its NHS 111 service. The report attached at **Appendix 1** provides an update on NHS 111 and other SECamb services.

#### **Eastbourne Station Health Centre**

2.4. In March 2018, HOSC considered a report by the local CCGs on the proposed closure of the Eastbourne and Hastings Walk-in Centres (WIC) as part of the development of UTCs at the Eastbourne District General Hospital (EDGH) and Conquest Hospital, respectively. The CCGs subsequently revised their proposals for Hastings WIC.

2.5. HOSC established a Review Board to consider the evidence in relation to the proposed closure of the Eastbourne Station Health Centre in detail and prepared a report and submitted recommendations as the Committee's response to the consultation. The Committee requested an update on the progress of the implementation of the decision and received the last update at the meeting held on 23 September 2021.

2.6. The report attached as **Appendix 2** provides a further update on the implementation the measures agreed as part of the closure and the recommendations of the HOSC report.

#### **Hastings Station Plaza**

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

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

#### **Crowborough Minor Injuries Unit**

2.9. At its meeting on 2 December 2021 HOSC requested an update on the temporary closure of the Crowborough MIU under the Urgent Care item. The Committee has received an update via email that the Crowborough MIU will re-open on Monday 14 February 2022.

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

3.1 The reports attached as appendices provide an update to the Committee on the urgent care system in East Sussex. HOSC is recommended to consider the reports and decide whether future updates are needed on any of the areas covered in the report.

#### **PHILIP BAKER**

##### **Assistant Chief Executive**

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# HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**03 MARCH 2022**

## **SOUTH EAST COAST AMBULANCE SERVICE UPDATE**

Report from: Emma Williams, Executive Director of Operations, SECamb  
Author: Ray Savage, Strategic Partnerships Manager (SECamb)

### **Summary**

This report follows the detailed update in September 2021 on its NHS 111 Integrated Urgent Care Clinical Assessment Service and further updates the committee on the South East Coast Ambulance Service NHS Foundation Trust's performance for both NHS 111 and 999 service. Since the update to the HOSC in September, the remainder of 2021 continued to be an extremely difficult operating environment, which the performance figures reflect.

The Trust continued with its COVID-19 vaccine programme and following on from staff being offered the Oxford Astrazeneca vaccine during 2021, it was also able to offer staff the booster (third vaccine). This programme started at the beginning of October 2021 and the Trust was able to offer staff both the booster and the Flu jab at the same time.

Staff absenteeism directly related to COVID-19 has not only been a challenge to the Trust but also the wider NHS. The Trust's COVID-19 management team has been supporting staff with the latest government guidance through a series of action cards and the Trust's track and trace cell. At times, guidance to the NHS has been different to the guidance given to the general public. In early 2021 the Trust had in excess of 420 staff absent.

The Make Rady Centre at Falmer has been well received by front line crews since its opening in December 2020 and has been visited by other ambulance services to understand the efficiency and effectiveness that this type of operation offers not only to vehicle preparation and maintenance but also the facilities offered to staff. The latest MRCs in development are, Medway, Kent and Banstead, Surrey, with the Medway MRC not only providing an operational base for ambulance staff but also both the 999 and NHS 111 operational centres and playing a key part in the delivery of the strategic direction of the Trust.

Operationally, East Sussex sits within the 'East' operational area for 999 and will come under the Medway operations centre, along with Kent & Medway. The NHS 111 IUC CAS covering both Sussex and Kent & Medway will also predominately be provided from this site.

### **1. Performance**

- 1.1. Throughout 2021, the Trust has continued to be in a challenged position regarding performance across both its NHS 111 IUC and 999 services.
- 1.2. The continued and sustained pressures, saw the Trust move to Resource Escalatory Action Plan (REAP) level 4 at the beginning of July 2021.

- 1.3. Additionally, for the first time ever, across the ambulance sector in the UK, all services were operating at REAP level 4, which was a clear indicator of the pressures being faced nationally.
- 1.4. In July, the Trust also declared a Business Continuity Incident (BCI), in recognition of not only the immediate pressures being placed on the service but the anticipated continuation of these pressures.
- 1.5. Two of the key decision factors in declaring the BCI, were the continuing increase in demand place on both the NHS 111 and 999 services, resulting in longer times taken to answer calls to 111 and 999, as well as the length of time some patients were having to wait for an ambulance.
- 1.6. It was and is fully recognised by the Trust that some patients are having to wait far longer than they should for an ambulance response, particularly those in category 3.
- 1.7. Staffing level resilience was another concern that the Trust had, with higher numbers of staff being absent due to self-isolating as a result of COVID-19.
- 1.8. For the month of July, calls into 999 were approximately 25% higher than the same period the previous year.
- 1.9. A media campaign initiated by the Trust during May of 2021, has asked the public for their help to only call for an ambulance in situations where it was a life-threatening emergency.
- 1.10. As a response to these pressures the Trust developed an 'Performance Improvement Plan' to focus on the key areas that directly related to overall performance e.g. hours of resource (both ambulance and in the EOC), available on a daily basis, activity forecasting and demand planning, job cycle time etc.
- 1.11. A consequence of the challenges faced by the Trust and a delayed ambulance response was the increase in duplicate calls to 999, where the caller was asking for an update on the expected time of arrival for the ambulance.
- 1.12. These duplicate calls added to the pressure on timely call answering.
- 1.13. The Christmas and New Year period presented a number of additional challenges, including the 4-day weekend when alternative services would not have been as readily available.
- 1.14. Incentivised shifts were being offered for all front-line staff as well as 'bonus' for working certain priority shifts. This Trust also applied its annual leave policy, which for the Christmas and New Year period reduces the number of staff allowed off on annual leave at any one time.
- 1.15. Activity during this period slightly reduced prior to Christmas but the levels of activity during New Year and in particular New Year's Eve, were 20% higher than the previous year.
- 1.16. On the 26 January, the Trust's executive team, made the decision to stand down the BCI and reduce the REAP level to level 3.



- 1.17. These decisions were taken, based on a comprehensive review of the current service delivery and system pressures and whilst it was recognised that the Trust's position remained challenged in some areas, it was also recognised that during the first few weeks of 2021, there has been a stabilisation in demand which required a review of the level of REAP that the Trust was operating at.
- 1.18. The Trust continues to apply its Surge Management Plan (SMP), levels 1 – 4, in response the 'on the day' activity challenges.
- 1.19. Whilst the Trust's overall performance is not achieving the national standards for both NHS 111 and 999, the levels of performance are in line with and in some cases ahead of the national averages, again reflecting the overall pressures being experienced for all ambulance and NHS 111 providers.
- 1.20. The Trust is continuing to develop its programme 'Better by Design', as a key vehicle for delivering the Trust's strategic objectives, including operational performance. This programme will be a key focus for the Board over the next months.

## **2. NHS 111 Integrated Urgent Care Clinical Assessment Service**

- 2.1. As reported to the HOSC in September 2021, the Trusts NHS 111 IUC CAS, experienced unprecedented levels of activity during February 2020. This increase in activity did slightly decrease during March, however higher levels of activity than forecast continued throughout the summer and autumn of 2020, and remained high into the winter months.
- 2.2. The sustained higher levels of activity continued throughout 2021 and exceeded the commissioned levels that had been expected.
- 2.3. This continued high level of activity required the Trust to start urgent dialogue with its Kent & Medway and Sussex commissioners regarding funding to increase the workforce for both, call answering (Health Advisors) and clinicians in Clinical Assessment Service to.
- 2.4. This cross organisational collaboration, including NHS England/Improvement, continues, underpinned by robust activity modelling and forecasting to understand and prioritise further investment within the service.
- 2.5. The 2021 Christmas and New Year period proved to be particularly challenging with the week commencing 27 December having highest level of activity seen since the start of the contract when calls offered reached 39,500. Appendix A
- 2.6. The call abandonment rate, often in correlation to higher than forecast levels of calls, reached a high of 31.75% for the week commencing 27 December. Appendix B
- 2.7. The service level (calls answered within 60 seconds) reached a new low of 9.9% during October 2021, however due to the continued increase in staffing numbers, the week of the 27 December the service level achieved 21.50%. Appendix C
- 2.8. The referral rate for ambulance has remained consistently around 9% and is the result of the validation undertaken for category 3 & 4 ambulance dispositions. The validation for all ambulance dispositions has remained consistently around 95%. Appendix D

- 2.9. Referrals to an Emergency Department (ED) have also remained consistent and through CAS validation around 50% of referrals have been downgraded to alternative end points. Appendix E
- 2.10. Direct access bookings for December 2021 and January 2022, averaged 23,000 or c31% of all cases triaged within the CAS.
- 2.11. The ongoing recruitment into NHS 111 saw 52 new staff added to the 111 team during January: 12 additional clinicians into the CAS and 40 Health Advisors.
- 2.12. Despite these challenges, the clinical outcome performance for the NHS 111 IUC CAS, has continued to meet its contractual requirements and remains in the top quartile of national performance across NHS 111 providers for both emergency department and ambulance referral rates. Appendix F
- 2.13. This level of performance, as indicted, is supporting our commissioner's primary objective of creating a safe and effective service (achieving c50% clinical contact for patients), which is protecting the wider Integrated Urgent and Emergency Care (IUEC) system, through its minimisation of both 999 and ED referrals (2.7 & 2.8), underpinned by excellent interoperability and optimisation of Direct Access Bookings (DAB).

### **3. 111 Clinical Assessment Service (CAS)**

- 3.1. The NHS 111 CAS was a key part of NHS England's transformation of NHS 111 into a key partner in the delivery of the Integrated Urgent Care (IUC) programme.
- 3.2. NHS 111 is available 24/7 and is free for the caller either via a mobile or a landline and can also be accessed online via [www.111.nhs.uk](http://www.111.nhs.uk).
- 3.3. The CAS has continued to validate calls received by NHS 111 and as outlined in section 2, through clinical validation has reduced the number of ambulance dispositions and referrals to ED.
- 3.4. The level of clinical expertise and support available through the CAS includes:
- Dental nurses
  - Mental health practitioners
  - Advanced clinical practitioners (e.g., an Advanced Nurse Practitioner)
  - Paramedics and specialist paramedics
  - Midwives
  - Pharmacists
  - General practitioners
  - Urgent care practitioners
  - Paediatric nurses
  - Palliative care nurses
  - Registered general nurses
- 3.5. NHS 111 has established itself as a key first point of contact for clinical advice/guidance not only for patients but also health care professionals, in the delivery of integrated urgent

and emergency care, as well as being made available to staff in care homes who can access clinical support via the Starline star 5 number.

- 3.6. During July 2021, the NHS 111 IUC CAS went live with the Pathways Clinical Consultation Support (PaCCS) tool, further enabling clinicians to remotely consult with patients during a clinical call-back as well as enabling the referring of patients into new pathways, e.g., Same Day Emergency Care (SDEC).

#### **4. 999 Service**

- 4.1. Throughout 2021 the Trust's 999 service has struggled to achieve its Ambulance Quality Indicators (AQI), for both its emergency Operations Centre (EOC) call answering and ambulance response times. This challenge in achieving the AQIs has not been isolated to SECamb but has affected all ambulance services across England, including the wider UK.
- 4.2. December 2021 saw a mixture of activity patterns with the immediate run up to Christmas being lower than expected however in the run up to the New Year activity was higher than the same period the previous year. It has to be noted that brief spikes in activity cause operational pressure for the Trust.
- 4.3. For January 2022 the Trust achieved: Category 1 (C1) 'mean' time of 00:08:44 (England mean 00:08:31) and was positioned 8<sup>th</sup> out of the 11 Trusts measured against a target of 00:07:00. C1 90<sup>th</sup> percentile was 00:15:57 and positioned 8<sup>th</sup> against a target of 00:15:00. Category 2 (C2) 'mean' was 00:28:21 (England mean 00:38:04) against a target of 00:18:00 and positioned 3<sup>rd</sup>. C2 90<sup>th</sup> percentile was 00:56:54 against a target of 00:40:00. Category 3 (C3) 'mean' of 02:01:31 (England 01:56:52) against a target of 00:02:00 and positioned 6<sup>th</sup>. C3 90<sup>th</sup> percentile 04:21:34:40 (England 04:47:18) and positioned 6<sup>th</sup>. Whilst these results are still below the required quality indicators, it is noted that performance has improved compared to the previous month (December 2021). Appendix. G
- 4.4. Whilst performance is slowly improving the Trust recognises that it needs to continue to make improvements, especially in C3 performance.
- 4.5. 999 call answering has been on an improvement trajectory since August 2021, in part, due to the additional winter monies funding made available to ambulance services to recruit additional Emergency Medical Advisors (EMA) responsible for answering the 999 calls.
- 4.6. The additional funding of £55 million made available by the government to specifically support the recruitment of staff into the 999 Emergency Operations Centres, of which SECamb received approximately £4.7 million.
- 4.7. In January and as a part of the Trust's ongoing recruitment programme, our CEO welcomed 56 new Emergency Medical Advisors (EMA) to the Trust. They will be placed in both our Crawley and Coxheath operations centres.
- 4.8. The Trust has also been recruiting clinicians, to provide clinical support to the EMAs as well as validating category 3 & 4 ambulance dispositions and supporting ambulance crews at the scene of an incident requiring a clinical conversation about a patient.

- 4.9. January's (2022) call answering was 12 seconds compared with the England 'mean' of 19 seconds. The 90<sup>th</sup> percentile for the Trust was 86 seconds compared to England's 138 seconds. The Trust's position was 4<sup>th</sup> and 5<sup>th</sup> respectively compared to the 11 ambulance services in England (including the Isle of Wight). Appendix H
- 4.10. This performance is a significant improvement when for August 2021, the Trust found itself the worst performing trust compared the 10 other ambulance services, with a call answering of 42 seconds (mean) against the mean for England of 26 seconds.
- 4.11. One of the challenges facing the ambulance sector is the change in activity profile and acuity of calls received. The Ambulance Response Programme is predicated on the more serious of categories of response i.e., C1 and C2, representing approximately between 55-60% of total activity and urgent activity i.e.C3 and C4, representing between 40-45%. However, October saw c74% of C1 and C2 activity, which requires a greater level of response per incident than the Trust's business is based upon.
- 4.12. During 2021, the media was widely reporting on the challenges faced by ambulance services in England and the wider UK with a focus on patients having long waits for an ambulance response and handover delays at hospitals.

## **5. Make Ready Centre and Combined 111 and 999 Operations Centre - Medway**

- 5.1. The Trust is continuing with its development of its new purpose built, four-story, combined Make Ready Centre in Bredgar Road, Gillingham.
- 5.2. Not only will this exciting venture provide a new base from which our front-line operational staff will report into but also a vehicle preparation and maintenance area, as well housing the relocating NHS 111 Integrated Urgent Care Control Centre & Clinical Assessment Service (NHS 111 IUC CAS) from its current location in Ashford as well as the Trust's 999 Emergency Operations Centre (EOC) currently based in Coxheath.
- 5.3. SECamb's Make Ready system, which is already in place across much of its region, is a vehicle preparation system which sees specialist teams of staff employed to clean, restock and maintain the Trust's fleet.
- 5.4. The Make Ready Centre will also have on its two upper floors, an open plan office with training, rest and wellbeing facilities.
- 5.5. These changes will vastly improve the working environment for our 999 EOC and NHS 111 IUC CAS colleagues but will also align with the Trust's West EOC in West Sussex, which in 2017 saw the control room services from Banstead in Surrey and Lewes in Sussex, relocated into the brand-new Nexus House on Gatwick Road, Crawley.
- 5.6. The approach of having combined 111 and 999 services colocated, makes the Trust only the second ambulance service in England to do this and by bringing both services together under the one roof will enable an improved resilience and support for each service as well as delivering further benefits for both staff and patients by operating in a more coherent and collaborative way. This move also realises the ambitions outlined in the Trust's 5-year strategic plan in the delivery of new and integrated urgent and emergency care services across the region.

- 5.7. It is anticipated that the building works will have finished and handed over to Trust during September 2022 with occupation taking place during Q3 2022.
- 5.8. As with any relocation of services, staff uncertainty is always a key concern, and the Trust has undertaken a programme of scheduled meetings with all minutes being made available on the Trust's intranet for all staff to have access. The intranet also has displayed the floor plans, car parking options, travel plans, as well as the feasibility study and business cases, to ensure that all staff affected have access to all relevant and key documentation/information.
- 5.9. All staff have been offered 1-1 meetings, where individual needs/concerns can be discussed with the management team, and full support is being given by the Trust's wellbeing team.
- 5.10. In addition to the 1-1 meetings, webinars have also taken place, which have been recorded for those staff who were unable to make the live sessions and are available on the Trust's intranet.
- 5.11. The key Project Board meetings minutes are available on the Trust's intranet for all staff to have sight of.

## **6. Brighton Make Ready Centre**

- 6.1. Having opened in December 2020 the Brighton MRC has now been in operation for over 14 months and in line with other MRCs, has helped achieve the optimisation of vehicle (ambulance) preparation and maintenance as well as enabling ambulance crews and support staff to work from a facility that is modern in design and provides training facilities to support staff in maintaining their clinical professional development (CPD).
- 6.2. The MRC has been visited by several other ambulance services to understand how they operate and the operational efficiencies they deliver.

## **7. Banstead Make Ready Centre**

- 7.1. Due to open this spring, Banstead will be the Trust's 10th MRC, and following the designs of previous MRCs, will provide a vehicle preparation and maintenance, as well as boasting modern staff rest, wellbeing, and training facilities. Again, Banstead will have open plan office spaces for corporate services to operate from.
- 7.2. Make ready centers, in most cases will see the closure of existing older ambulance estate with the MRCs becoming the main hub for staff and vehicle reporting, however the Trust will continue to invest in its Ambulance Community Response Posts (ACRP), placed in strategic locations. Each ACRP will have facilities for crews to either be 'on standby' or to take their meal break at. Some of the ACRPs are collocated with other emergency service providers.

## **8. IT Critical Incident**

- 8.1. As a part of 'business as usual' there are regular updates to the Trust's IT infrastructure and during the early hours of the 17 November 2021, the first of a two phased IT update was initiated, resulting in the Trust experiencing an IT system failure.
- 8.2 In a response to this failure, the Trust declared a critical incident.
- 8.3 As a part of the Trusts preparedness and resilience, emergency contingences were enabled to ensure that 999 calls were received, and ambulances dispatched. Six ambulance services supported the Trust with 999 call answering.
- 8.4 At 23:15 on the 17th, the IT systems were back online, and the Critical Incident stood down.
- 8.5 Due to a critical incident being declared, a formal investigation was conducted, and the findings are currently being evaluated.

## **9. Electric Vehicles**

- 9.1. The Trust has recently been successful in receiving some funding from NHS England to start a trial of some electric vehicles. The Trust is initially looking at Mercedes eVitos. This is in addition to the work that the Trust is undertaking in developing a range of zero emission double-crewed ambulance prototypes. This work being undertaken is in line with how the NHS is moving towards a 'Net Zero' NHS outlined in its published strategy of October 2020

## **10. Executive Appointment**

- 10.1 Robert Nichols has been appointed as the Trust's new Executive Director of Quality & Nursing following the resignation, in July, of Bethan Eaton-Haskins. Bethan had agreed to stay with the Trust until December and support the Trust's efforts in response to the pandemic. Robert joins the Trust from the Imperial Collage Healthcare NHS Trust where he held the position of Director of Nursing Division of Medicine and Integrated Care. Robert has recently taken up his position within the Trust.

## **11. Recommendations**

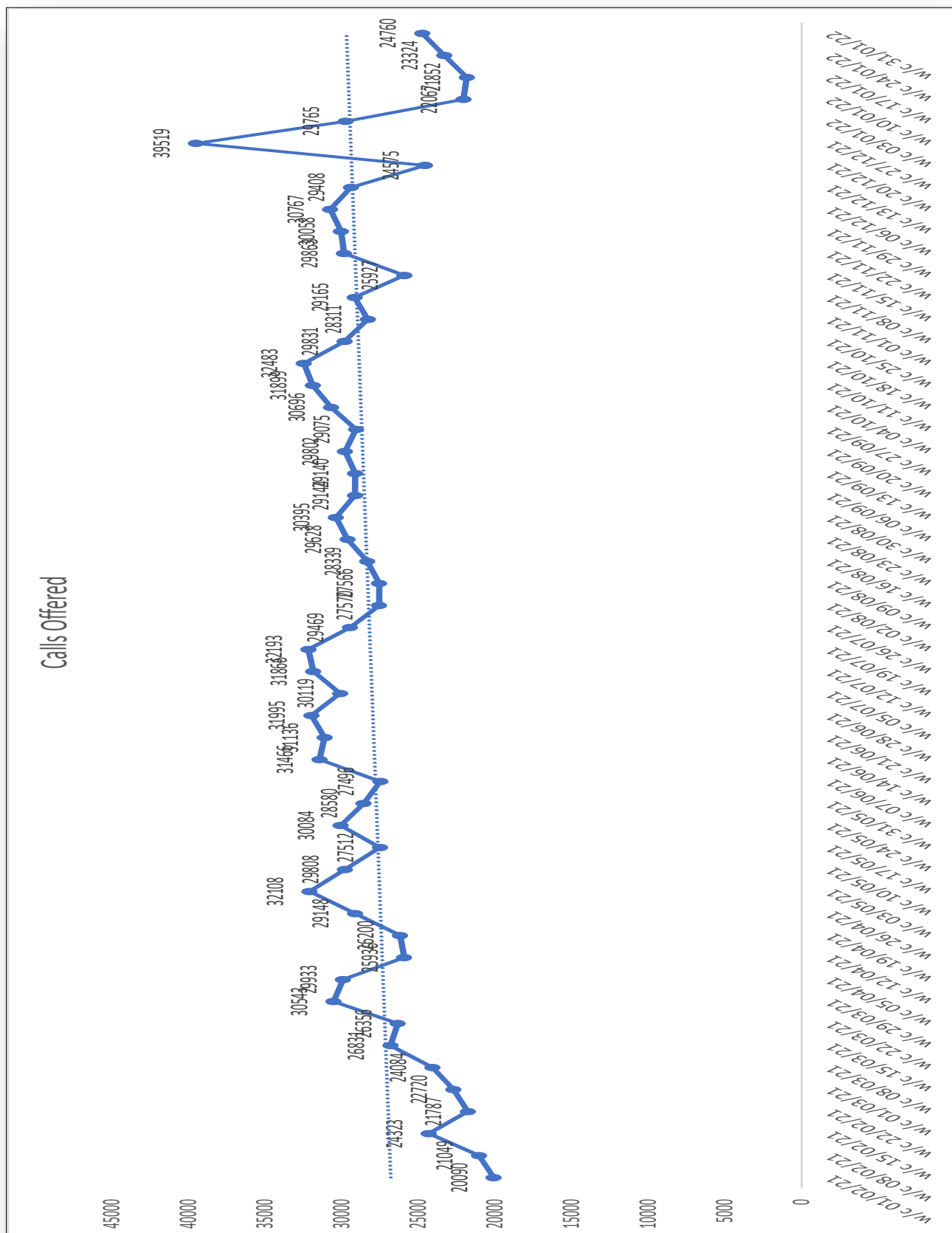
- 11.1 The committee is asked to note and comment on the update provided.

### **Lead Officer Contact**

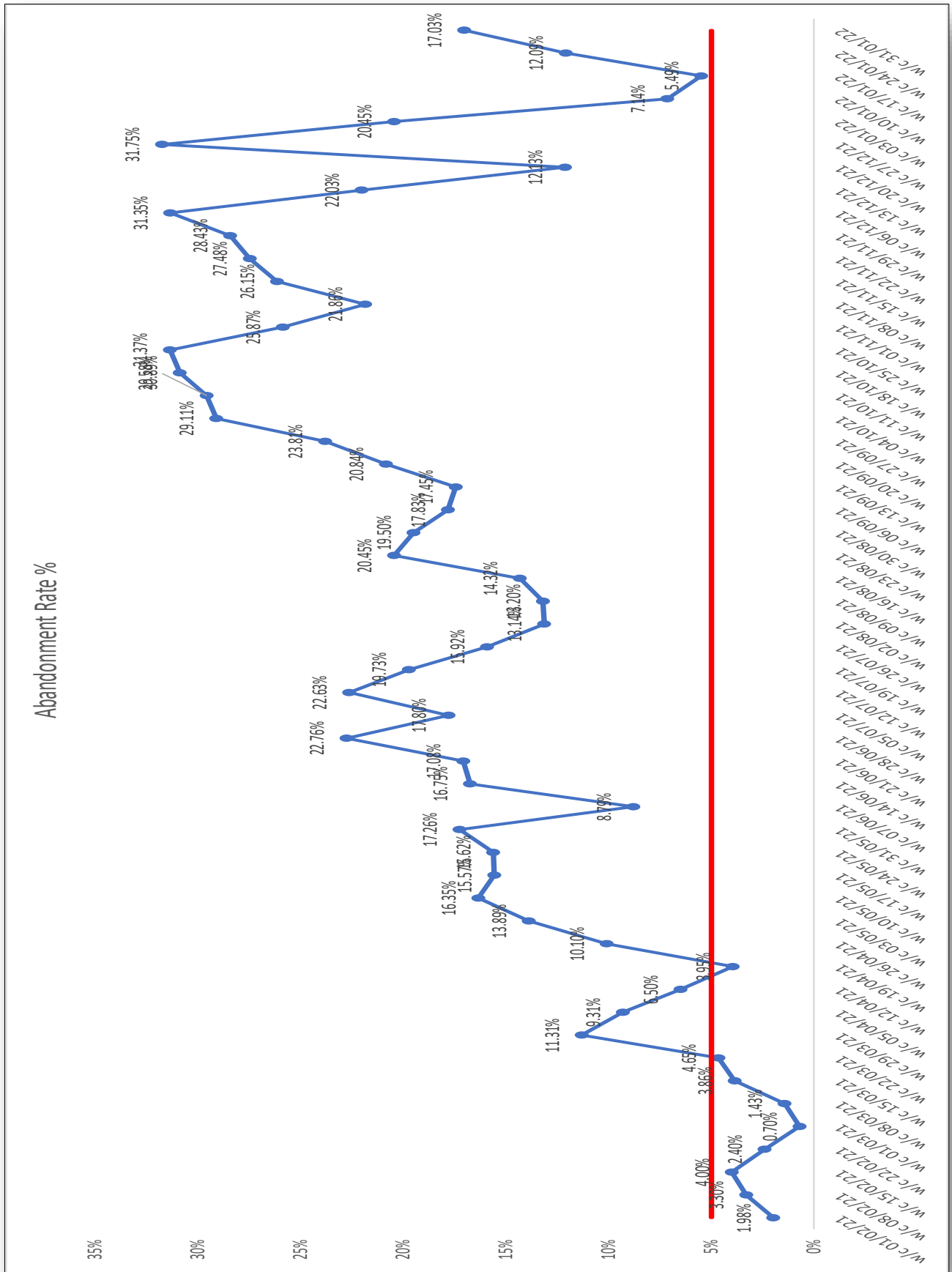
Ray Savage, Strategic Partnerships Manager (SECAmb)

# Appendices

## Appendix A – KMS 111 IUC - Calls Offered

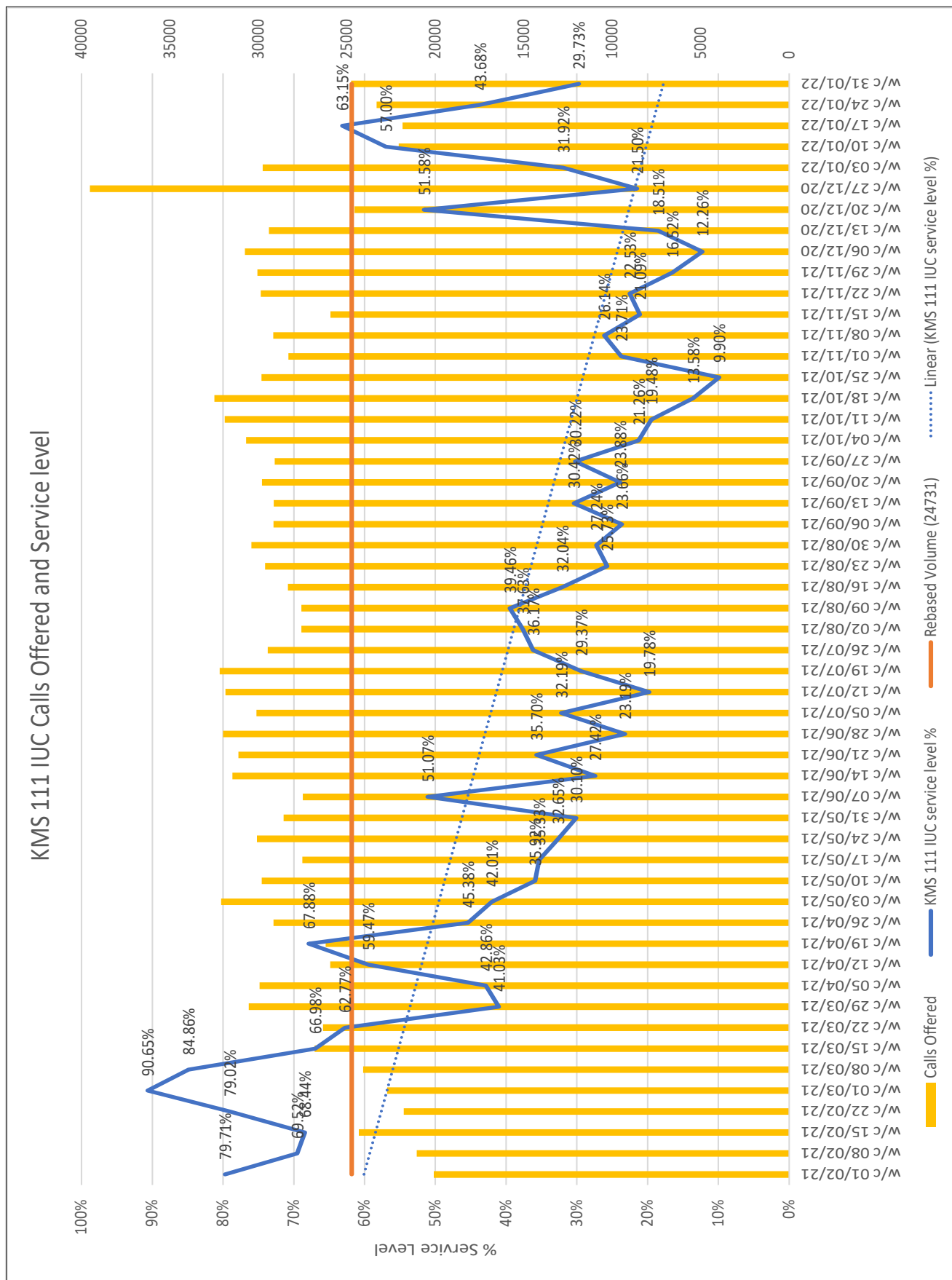


## Appendix B – KMS 111 IUC - Abandonment Rate

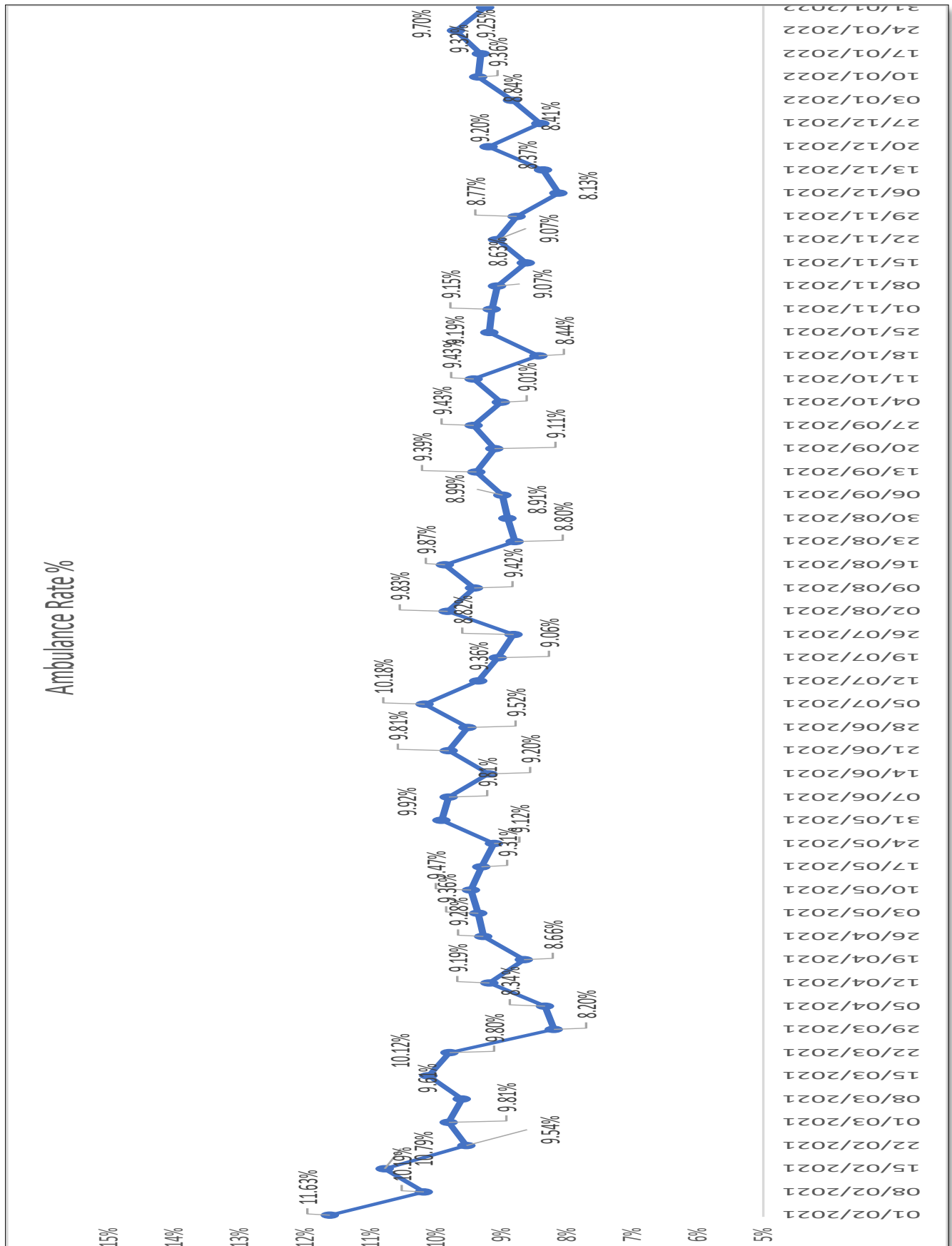




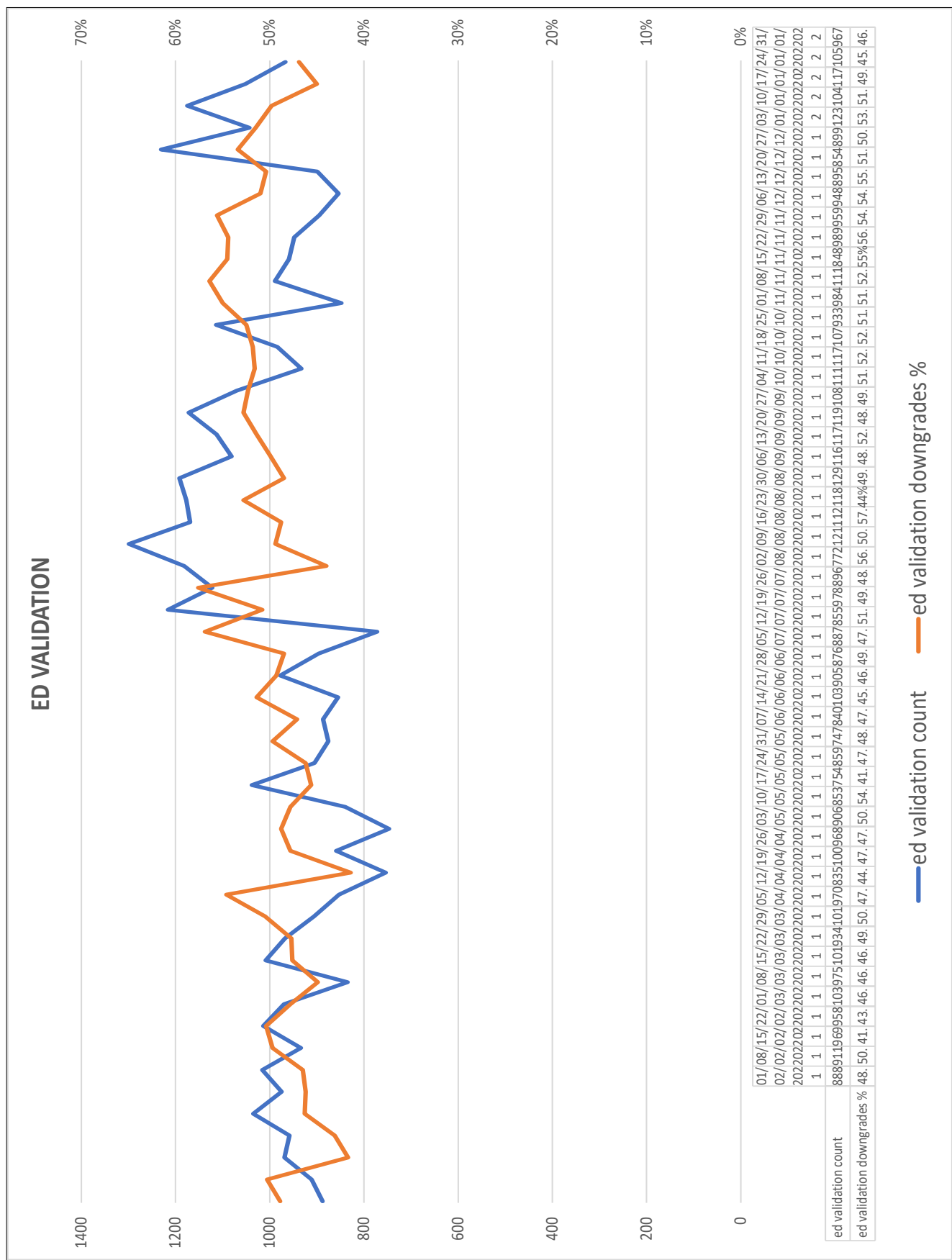
# Appendix C – KMS 111 IUC - Calls offered and service Level



## Appendix D – KMS 111 IUC – Ambulance Referral Rate



Appendix E – KMS 111 IUC – Emergency Department Validations



## Appendix F – KMS 111 IUC - Overview

Disposition /Month	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target
111 to 999 referrals*	13:9 0%	14:9 0%	15:0 0%	13:4 0%	8:70 %	9:10 %	9:70 %	9:30 %	9:30 %	9:10 %	8:90 %	8:95 %	8:51 %	13:0 0%
A&E Dispositions	14:6 0%	14:7 0%	15:4 0%	15:6 0%	15:2 0%	14:9 0%	16:0 0%	9:10 %	8:10 %	8:90 %	8:30 %	8:70 %	8:25 %	9:00 %
up	n/a	n/a	n/a	48:1 0%	48:2 0%	45:2 0%	44:9 0%	46:0 0%	46:0 0%	46:2 0%	48:0 0%	49:3 5%	52:1 7%	50:0 0%
Ambulance C3/C4 Validation	n/a	n/a	n/a	95:4 0%	95:3 0%	95:1 0%	90:6 0%	95:2 0%	93:6 0%	95:9 0%	95:6 0%	94:9 0%	96:8 6%	85:0 0%

## Appendix G – Ambulance AQI – January 2022

C1		Mean
England		00:08:31
1	London	00:06:48
2	North East	00:07:52
3	South Central	00:08:00
4	Isle of Wight	00:08:10
5	West Midlands	00:08:31
6	East Midlands	00:08:31
7	North West	00:08:44
8	South East Coast	00:08:55
9	Yorkshire	00:09:56
10	East of England	00:10:14
11	South Western	00:08:31

C1		90th
England		00:15:05
1	London	00:11:45
2	North East	00:14:21
3	West Midlands	00:14:27
4	South Central	00:14:32
5	North West	00:15:21
6	East Midlands	00:15:45
7	Yorkshire	00:15:57
8	South East Coast	00:16:49
9	Isle of Wight	00:18:09
10	East of England	00:18:53
11	South Western	00:15:05

C2		Mean
England		00:38:04
1	Isle of Wight	00:21:43
2	South Central	00:22:58
3	South East Coast	00:28:21
4	North East	00:31:22
5	Yorkshire	00:32:43
6	West Midlands	00:34:44
7	London	00:34:55
8	East Midlands	00:38:50
9	North West	00:43:37
10	East of England	00:46:09
11	South Western	00:57:25

C2		90th
England		01:23:35
1	Isle of Wight	00:43:47
2	South Central	00:45:47
3	South East Coast	00:56:54
4	North East	01:06:35
5	Yorkshire	01:13:03
6	West Midlands	01:16:10
7	London	01:17:42
8	East Midlands	01:23:24
9	East of England	01:40:17
10	North West	01:41:35
11	South Western	02:08:19

C3		Mean
England		01:56:52
1	Isle of Wight	00:54:16
2	North East	01:16:26
3	South Central	01:24:30
4	Yorkshire	01:25:51
5	London	01:35:50
6	South East Coast	02:01:32
7	East Midlands	02:03:50
8	South Western	02:16:59
9	North West	02:17:22
10	East of England	02:18:04
11	West Midlands	02:35:07

C3		90th
England		04:47:18
1	Isle of Wight	02:09:23
2	South Central	03:06:59
3	North East	03:16:10
4	Yorkshire	03:31:29
5	London	03:58:12
6	South East Coast	04:34:40
7	East Midlands	05:01:28
8	East of England	05:36:59
9	North west	05:39:43
10	South Western	06:13:26
11	West Midlands	06:29:35

## Appendix H – Emergency Operations Centre – 999 Call Answering

Call Answer Times		Mean
<b>England</b>		<b>19</b>
1	East Midlands	5
2	West Midlands	8
3	Isle of Wight	9
4	South East Coast	12
5	North West	13
6	London	14
7	Yorkshire	17
8	North East	18
9	South Central	29
10	East of England	36
11	South Western	44

Call Answer Times		90th centile
<b>England</b>		<b>59</b>
1	East Midlands	3
2	Isle of Wight	14
3	West Midlands	21
4	North West	33
5	South East Coast	38
6	North East	44
7	Yorkshire	44
8	London	54
9	South Central	111
10	East of England	117
11	South Western	152

Call Answer Times		95th centile
<b>England</b>		<b>108</b>
1	East Midlands	9
2	West Midlands	33
3	Isle of Wight	47
4	North East	73
5	South East Coast	84
6	North West	85
7	London	98
8	Yorkshire	108
9	South Central	173
10	East of England	207
11	South Western	238

Call Answer Times		99th centile
<b>England</b>		<b>226</b>
1	West Midlands	66
2	Isle of Wight	107
3	East Midlands	116
4	North East	160
5	South East Coast	185
6	North West	189
7	London	198
8	South Central	303
9	Yorkshire	310
10	South Western	397
11	East of England	398

# Report to East Sussex Health Overview and Scrutiny Committee: Same day urgent care update

February 2022

## 1. Introduction

This paper provides an update to the East Sussex Health Overview and Scrutiny Committee on key developments in relation to same day urgent care. This includes:

- An evaluation following the closure of the Eastbourne Walk in Centre and associated GP practice list dispersal
- Information regarding Minor Injury Units and the Hastings Station Plaza primary care-led hub

## 2. Eastbourne Walk in Centre closure: evaluation

### 2.1 Background

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

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

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

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

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

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

### 2.2 Implementation

The implementation of plans was previously reported to HOSC in September 2021 and a summary is provided here for context.

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

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

Victoria Medical Centre – a new, purpose-built GP practice which opened on 9 August – is located in Victoria Drive, Eastbourne. As this new facility is further away from the centre of town, a new branch surgery opened in the Beacon Centre and this is being well used by local patients.

During the formal public consultation about the future of ESHC, concerns were raised about the future access to health services for vulnerable groups including homeless people and rough sleepers if the walk-in service closed. In response to these concerns, we commissioned the Homeless and Rough Sleepers Service (HRSS), which aims to meet the needs of this particular vulnerable group in Eastbourne, linking into and working together with other services in Eastbourne and East Sussex in a way that is designed to support their needs. This service includes GP and community nurse drop-in clinics, taking place at least once a week.

All of the services highlighted when we began our consultation into the future of Eastbourne Station Health Centre are still available to everyone – often via NHS 111 with a call-back from a service with a pre-arranged appointment time. This includes the following:

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

The HOSC made a number of helpful recommendations in response to the CCG's decision with regard to ESHC. The recommendations and how the CCG has ensured each of these has been addressed is included below for information. Further updates (where relevant) have been provided in *italics* building on the previous update provided to the HOSC.

**Table 1. HOSC recommendations**

	<b>HOSC Recommendation</b>	<b>CCG Action</b>
<b>1</b>	The CCG should liaise with the current provider at the appropriate time to understand what opportunities there are for potential employment of the ESHC staff	The CCG initiated and facilitated discussions between the provider of the ESHC service and the GP practice that was accepting the managed list transfer of registered patients to



	to minimise any loss of available healthcare staff in the local system, and mitigate the impact on staff members themselves.	ensure that all staff from ESHC were offered the opportunity to work at the receiving practice. Some staff have transferred, others are remaining with the provider of the ESHC service and being re-deployed within that organisation.
<b>2</b>	<p>The communications and engagement plan for Integrated Urgent Care must help improve residents' understanding of how they can access urgent care in their local communities. Communications should focus on the benefits of the new service to patients and should therefore emphasise the wider variety of booked appointments and the potential additional convenience of telephone and video consultations, for example:</p> <ul style="list-style-type: none"> <li>• The enhanced NHS 111-Clinical Assessment Service that includes where appropriate the ability to speak to a clinician via NHS 111 for initial medical advice and book a same day face-to-face appointment at either the Urgent Treatment Centre (UTC), their local GP, a Primary Care Improved Access Hub (PCIA) or a community pharmacy.</li> <li>• If people cannot attend a GP appointment during core hours, they have the option of attending early morning, evening and weekend appointments at a PCIA hub, or potentially their own GP practice both face-to-face or over a video or phone consultation</li> <li>• Patients can order urgent prescriptions over the phone via NHS 111 and have them delivered to a community pharmacy.</li> <li>• Patients with self-care illnesses can now book to see a pharmacist via NHS 111.</li> </ul> <p>Publicity about the above options for patients should begin well in advance of any closure of the ESHC to ensure people are aware of the new services available to them. The CCG should also encourage GP practices to inform their patients about these changes, for example, by placing advertisements in waiting rooms or on their websites and advising patients when</p>	<p>A communications campaign to launch NHS 111 First in East Sussex began in October 2020, with staff, stakeholder and public messaging shared in the 'traditional' media, social media, partners websites and newsletters, and on site at our two main hospitals in East Sussex: Eastbourne District General Hospital and The Conquest Hospital in Hastings.</p> <p>The key messages include:</p> <ul style="list-style-type: none"> <li>• If you need urgent medical help, just call NHS 111. They can direct you to the right place and can book a time slot / appointment for services at our Emergency Departments or Urgent Treatment Centre;</li> <li>• By calling 111 first you are making sure you are going to the most appropriate service for your needs – getting the right care in the right place in a more timely way;</li> <li>• If you or someone you know is experiencing a medical emergency, you can still attend the Emergency Department or call 999.</li> </ul> <p>This messaging continues to be shared and developed alongside other communications – including our summer 2021 campaign <a href="#">Think Twice</a>. These messages are run continuously to promote access to services such as GP appointments, community pharmacies, mental health support, etc.</p> <p>The CCG developed a signposting guide which is designed to help when having conversations with people about accessing health services in and around Eastbourne. It includes information about primary care, urgent and emergency care, and a wide variety of other support services. The guide includes information on how to access these services, including how to register with a GP practice as a temporary resident and how to access language support services. The</p>

	<p>they call their GP practice about accessing 111, for example for an urgent prescription, if it is clinically appropriate to do so.</p>	<p>guide was used within ESCH to raise awareness before its closure, and with statutory and voluntary sector partners, local language schools, tourist information centres and the local hospitality industry.</p> <p>Practices also raise awareness of appointments outside of core hours and video and phone consultation opportunities.</p> <p><i>Over the winter period the Keep Sussex Safe communications campaign was launched focusing on supporting people to use health services wisely over the winter period including advice to use pharmacy NHS 111, Urgent Treatment Centres and Minor Injury Units and encouraging people to take up their Covid-19 booster vaccinations. Following this, in mid-January 'Help us to help you' communications were launched focusing on encouraging local people to use the right services for their needs at the right time; save emergency services for saving lives; be patient with staff, they are trying to keep people safe; to get your vaccines to protect yourself against Covid-19 and flu; and to follow public health advice to protect you and others from Covid-19.</i></p>
3	<p>The CCG should engage with Primary Care Networks to encourage them to consult with their Patient Participation Group (PPG), if they have not done so already, to find out what extended hours services patients would find most helpful, if current utilisation is low.</p>	<p>The CCG encourages this and most recently attended an additional meeting in July 2021 with the Eastbourne, Hailsham and Seaford PPG Forum to provide an update on the progress of the agreed mitigations and discuss experiences of GP Improved Access. PPG members offered support to disseminate communications to continue to raise awareness.</p> <p><i>Since the closure of ESHC, Victoria Medical Centre, supported by the CCG, organised virtual patient engagement events to enable patients previously registered at ESHC the opportunity to meet GPs and staff from the new practice and to find out more about the services available.</i></p> <p><i>Support was offered to patients who chose to move to another practice of their choice (provided they lived within the catchment area).</i></p>

4	<p>The CCG should investigate the feasibility of commissioning a drop-in clinical service for homeless and rough sleepers in the town centre ahead of the publication of its Decision-Making Business Case.</p>	<p>This is in place as previously outlined to HOSC.</p> <p>The service includes:</p> <ul style="list-style-type: none"> <li>• GP drop-in clinics specifically for homeless people and rough sleepers for treatment, health checks and signposting/support as appropriate.</li> <li>• Community nurse drop-in clinic and outreach, linking into patient pathways that support appointments, appropriate admissions, patient management and improving hospital discharge processes.</li> <li>• Support, navigation and co-ordination to access primary and secondary health services and to assist with GP registration. This includes triage and assessment, remote support and care continuity at accommodation sites. The service also helps facilitate/maintain necessary inpatient episode(s) of care.</li> <li>• Support to regional services by working with, and complementing, wider homeless and rough sleeping services such as the Rough Sleepers Initiative (RSI).</li> </ul>
5	<p>The CCG should ensure that Care Navigators employed to assist people target any homeless and rough sleepers and advise them of the Rough Sleepers Initiative (RSI) and any other available services. Care Navigators should also ensure they focus on other vulnerable groups such as people living in temporary accommodation, young carers, or those with English as a second language to ensure they understand the new Integrated Urgent Care system and are confident they can access it. They should also be in a position to use social prescribing to help ensure vulnerable groups are supported to access non-clinical support from community based services.</p>	<p>The CCG has provided information to support signposting throughout the implementation of these plans and as well as people using ESHC being kept informed, this has been shared with a wide variety of stakeholders in line with section 2 of this table.</p>
6	<p>The CCG should contact language schools and ensure that they are aware they should advise their students to use 111 as the first point of contact if they feel ill.</p>	<p>The CCG sign-posting guide includes information about primary care, urgent and emergency care, and a wide variety of other support services. The guide has been shared with local language schools, tourist information centres and the local hospitality industry to enable them to support and inform their respective audiences.</p>

		<i>As part of its evaluation, the CCG has contacted these services to seek feedback about the impact of the closure on people who visit or stay temporarily in the area, further information about this is included in the evaluation section of this paper.</i>
7	<p>If the decision is taken to close ESHC, the CCG should ensure that assistance is provided to help people register at a new GP practice. This includes:</p> <ul style="list-style-type: none"> <li>• Ensure Care Navigators and letters to patients advise that the local practice they have been allocated will have a full range of primary care services available.</li> <li>• Ensure Care Navigators and any letters to patients explain patient choice and that people may choose a practice in the town centre or nearby to where they live.</li> <li>• Ensure the CCG Allocations team is able to assist with the potential influx of contact from patients registering at new practices and can help patients register at a preferred practice where it has a patient cap in place.</li> <li>• Ensure that the homeless patients registered at ESHC are all registered at new practices elsewhere in the town centre.</li> <li>• Ensure that the Care and Protect service and RSI can register homeless and rough sleepers at alternative town centre practices in the future.</li> </ul>	<p>The new Victoria Medical Centre (VMC) premises opened on 9 August 2021 and patients on the ESHC registered list were transferred by a managed list dispersal to the new practice on the 27 August 2021. ESHC closed at 8 p.m. on Monday 30 August. VMC also has a branch surgery in the Beacon Shopping Centre in central Eastbourne.</p> <p>A letter to ESHC registered patients was sent out on the 21 July 2021. This included information on the dispersal of the registered list to VMC, how patients could access support via a dedicated CCG telephone number and, if desired, move to a different practice. Information and dates for a series of patient meetings with the team from VMC were also shared. These meetings were attended by over 250 patients. The events were led by GPs and other practice staff and were supported by members of the CCG.</p> <p>The CCG attended key forums including Eastbourne Access Group, Eastbourne Disability Group and East Sussex Seniors Association to update on progress, and to provide information on new services such as the branch surgery in the Beacon Shopping Centre.</p> <p>The CCG has set up a dedicated page on the Engagement HQ website to include all relevant information about the closure of ESHC and the dispersal of the registered list and this page will be regularly updated. Links to this page have been provided to key stakeholders and included in patient letters.</p> <p>The homeless and rough sleeper service incorporates functions previously carried out by the Care and Protect service.</p> <p>Homeless and rough sleepers who were registered at Eastbourne Station Health Centre automatically transferred to Victoria Medical Centre when Eastbourne Station</p>

	<p>Health Centre closed down. For any patients not wanting to transfer to Victoria Medical Centre they were free to register at another local GP practice. The Primary Care team at the CCG are on hand to support any patient who is seeking to register with an alternative GP practice.</p> <p>The homeless and rough sleeper provider is unable to register patients as it is not a GP practice, however it can encourage and direct homeless and rough sleepers to practices in Eastbourne with whom they can register. The provider has been informed that if the patient faces any barriers to registration then the Primary Care team at the CCG are on hand to support any patient requiring registration with a GP practice.</p>
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## 2.3 Evaluation findings

The CCG has evaluated key elements of local services to understand the impact of the changes and test if the measures put in place (including HOSC recommendations) ensured that local people continued to access the care they needed. This evaluation focused in four key areas:

1. Review with key local community organisations that support people who visit the area or are resident on a temporary basis to understand if these groups of local people are experiencing difficulties in accessing services
2. Review of the Homeless and Rough Sleeper service
3. Review of numbers of patients transferred to Victoria Medical Centre and survey of patients of Victoria Medical Centre seeking feedback about the effectiveness of the transition from ESHC to Victoria Medical Centre
4. Review of activity at key NHS urgent care services to understand if this has been impacted by the changes.

### 2.3.1 Review with key local community organisations that support people who visit the area or who are resident on a temporary basis to understand if these groups of local people are experiencing difficulties in accessing services

To ascertain whether the closure of ESHC has impacted upon the communities of Eastbourne who may be visiting the area or who are resident on a temporary basis, the CCG's Communication and Public Involvement Team liaised with hospitality companies, language schools and Tourist information for any feedback they may have on the closure of Eastbourne Station Health Centre.



The CCG has not received any feedback about increases in queries from people visiting the area or staying temporarily. Of particular note, the tourist information service confirmed that they have not received any walk-in queries; they do receive email and social media queries following which their staff signpost local people to available local services (as their staff are aware of these services). One of the language schools reported that they remain closed due to Covid-19 and requested information be provided in English and translated versions (Right Care, Right Place leaflet) for future use, which has been taken into account.

### **2.3.2 Review of the Homeless and Rough Sleeper service**

The Homeless and Rough Sleeper Service was commissioned and commenced on 2nd August 2021 serving local Homeless and Rough Sleeper communities from Eastbourne town centre and, once it is operational, the Rough Sleeper Initiative mobile bus. Regular monitoring of the service is in place. Following mobilisation, the service has been growing (with a weekly average number of patient contacts of 22 during January 2022.) Patients (who are registered with a wide range of local GPs within Eastbourne and beyond) have accessed the service through telephone and face-to-face mechanisms. Where patients are not already registered with a GP the service has been successful in arranging new GP registrations. Both men and women have been supported by the service across a wide range of ages and increasing diversity in line with the growing range of locations that the service now reaches in to. Outcomes for patients following contact with the service include prescribing, mental health referrals, blood tests, A&E referrals, referral to routine hospital services and arranging primary care treatment.

### **2.3.3 Review of numbers of patients transferred to Victoria Medical Centre and survey of patients of Victoria Medical Centre seeking feedback about the effectiveness of the transition from ESHC to Victoria Medical Centre**

At the time of the closure of ESHC (30 August 2021) 2,956 patients transferred to the Victoria Medical Centre. Victoria Medical Centre had a patient list in July of 23,728; in October this figure was 26,834, reflecting an increase of 3,106. Most of this increase will have arisen from those patients moving from ESHC and remaining with Victoria Medical Centre after the three month period from closure, as well as other patients choosing to join this practice.

Victoria Medical Centre were due to survey their patients in December 2021 to obtain feedback on the how effective the transition from ESHC had been. Unfortunately, this has been delayed due to resources being redirected to support the Covid-19 vaccination programme. The survey is now running throughout February and the outcomes will be reviewed following this.

Within the survey, Victoria Medical Centre are asking for feedback on:

- Which practice location within the group patients have contacted since transferring to Victoria Medical Centre and how they found the service
- Their experiences when contacting Victoria Medical Centre
- How well patients feel the transfer from ESHC went for them and whether anything could have been done better.

As of 7 February 2022, 77 people had responded to the survey.

It is recognised that there had been difficulties reported by local people in accessing Victoria Medical Centre by telephone following the merger of previous GP practices into the new Victoria Medical Centre. There were some difficulties that Victoria Medical Centre experienced as they established their new surgery, and we acknowledge that this has made accessing services difficult for patients at times. The CCG continues to work closely with Victoria Medical Centre to ensure the issues are addressed, and actions have been taken to improve matters for patients.

As soon as this issue was identified, Victoria Medical Centre urgently brought in extra resource to provide support in dealing with in-coming calls quickly; the practice also reviewed its telephone system and made further improvements, all with the aim of providing quicker and easier telephone access for its patients. Current data from the new telephone system shows that the average call waiting time has reduced significantly on a monthly basis and in December 2021 was 7.55 minutes, with 15 minutes at 8.30-9.00am and 5 minutes at other times of day. The practice also releases a number of appointments online which patients can book directly without calling the practice via the NHS app. The CCG will continue to work with the practice team at Victoria Medical Centre to ensure the improvements made to date continue to provide good access for patients.

#### **2.3.4 Review of activity at key NHS urgent care services to understand if this has been impacted by the changes**

Attendances at Eastbourne District General Hospital A&E and Urgent Treatment Centre and calls to NHS 111 have been reviewed to understand if there has been any impact on these services following the closure of ESHC. A&E attendances have remained stable and have been marginally lower during September, October and November 2021 than during the four months preceding the closure (with the exception of August where there was reduced activity that was experienced Sussex wide). Similarly, the pattern of calls to NHS 111 remained stable following the closure of ESHC. This is in line with the modelling undertaken in developing proposals where the level of activity could be supported by the service provision in place.

### **3. Information regarding Minor Injury Units and the Hastings Station Plaza primary care-led hub**

#### **3.1 Minor Injuries Units**

During 2022/23 we will be working collaboratively to continue to ensure that local people have access to Integrated Urgent Care services that meets their needs. As set out in the Sussex and place-based plans, our goal is to ensure patients receive the most appropriate care in the most appropriate setting. Improved access to effective out of hospital care, including primary care services forms part of this. Focus for our future services continues to be towards supporting primary care by meeting the patient's needs closer to home, alongside opportunities for integration with other health and care services across our community.

The Minor Injuries Unit (MIU) at Crowborough War Memorial Hospital reopened on Monday 14 February 2022 following a temporary closure, which was discussed at the previous HOSC meeting. The unit, run by Sussex Community NHS Foundation Trust, had been temporarily closed since August 2021, when staff were redeployed to help the NHS respond to significant pressures across the local area.

With high levels of need, increased people requiring hospital admission and high and unpredictable sickness rates across the health and care workforce, this short-term measure allowed the NHS to continue to offer minor injuries services for local people at two out of three community hospitals in East Sussex.

### 3.2 Hastings Primary Care Led Hub

Following previous presentations to HOSC and the establishment of a Proof of Concept service at Hastings Station Plaza replacing the previous Walk-in-Centre, the CCG has worked with local stakeholders to develop the service specification for the Hastings Primary Care Led Hub (to be provided from Hastings Station Plaza) building on learning from the Hastings Proof of Concept service which ends on 31 July 2022.

The new service that will commence on 1 August 2022, ensuring that the primary care needs of local patients, primarily key vulnerable groups, are met and fully supported now and in the future, complementing services provided by general practice and local community services.

The new service model includes “**Outreach nursing and GP clinic provisions**” for delivering a responsive service that meets the needs of key vulnerable patient groups enhancing the previous service. The core offer of the new service is detailed as follows:

1. Tailored operating times for drop-in services based on previous patterns of service usage.
2. Service led by Advanced Nurse Practitioners (ANPs) and appropriate Health Care Professionals working within an in-reach and out-reach model that is aligned across and collaborates with primary care.
3. GP Drop-in Clinics operating a minimum of eight hours a week over 2 or more sessions for patients who need treatment for acute illnesses, general health checks and support to seek medical attention when needed.
4. Advising and supporting patients who present without booked appointments on how to access other, more appropriate primary care services based on their need, either via NHS 111 Clinical Assessment Service or their own registered GP; if required, people will be seen by a health professional when they present.
5. Provision of information and support to people who use drop-in facilities to improve their knowledge of the co-ordinated range of services that are available to them. Where appropriate the service will work with the patient’s registered practice and/or the appropriate service to coordinate this support.
6. Offer a multi-disciplinary approach to the care of unregistered and vulnerable patients.
7. Development of new care pathways focused on wellness, signposting, care navigation and multi-agency delivery. There will be a strong focus on integration with other providers including voluntary and community sector providers to help secure future a shift from treatment to health promotion and the prevention of ill-health for local people.



Overall, the new model will ensure patients get the right care, first time as well as integrating with other services supporting these groups to ensure that there is better co-ordination of their care. The service will link closely with other organisations (including the voluntary sector, general health services, substance misuse services, adult social care services and housing) to ensure a multi-disciplinary approach to care. This will promote a collaborative, whole system approach to prevention, health assessment and interventions that support this transient, vulnerable population – often with complex needs.

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

**Date of meeting:** 3 March 2022

**By:** Assistant Chief Executive

**Title:** Hospital Handovers

**Purpose:** To provide the Committee with an update on the work being undertaken to reduce Hospital Handover times.

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## RECOMMENDATIONS

The Committee is recommended to:

- 1) consider and comment on the update on hospital handovers; and
  - 2) consider whether to request a further report on any of the other areas covered in the update.
- 

## 1. Background

1.1. Ambulance crews arriving at hospital Emergency Departments (ED) with patients requiring admittance must wait for ED clinical staff to handover the care of their patient before they may leave and respond to additional calls. This process is called a hospital handover.

1.2. Hospital handovers require co-ordination between two separate NHS trusts – the ambulance trust and the hospital trust. In the case of East Sussex, the ambulance trust is South East Coast Ambulance NHS Foundation Trust (SECAmb) and the hospital trusts are East Sussex Healthcare NHS Trust (ESHT), University Hospitals Sussex NHS Foundation Trust (UHSussex), and Maidstone and Tunbridge Wells NHS Trust (MTW).

1.3. The NHS national standard for hospital handovers is 15 minutes and there is an expectation of there being strictly no delays over 60 minutes and of hospital trusts aiming to avoid any over 30 minutes.

1.4. Delays in hospital handovers result in ambulance crews having to stay with their patients rather than getting back on the road. It also means that patients may have to wait in sub-optimal conditions for assessment and treatment. Hospital handover delays had increased due to COVID-19 and the effects this has had on patient care and ambulance response times have been widely reported.

1.5. At its last meeting on 2<sup>nd</sup> December 2021, the HOSC considered a winter planning update from the local NHS system that included an ambitious target to reduce hospital handover times to 30 minutes. The figure of 30 minutes is to allow crews to handover patients to the hospital trust in 15 minutes and then spend 15 minutes doing paperwork and cleaning the ambulance. The HOSC requested a report on hospital handovers at its next meeting in March 2022 to consider how the system had performed against this target.

## 2. Supporting information

2.1. The report attached as **Appendix 1** sets out the performance of South East Coast Ambulance NHS Foundation Trust (SECAmb) against hospital handover times for the four main hospital sites that East Sussex residents may attend – Eastbourne District General Hospital, Conquest Hospital, Royal Sussex County Hospital in Brighton and Tunbridge Wells Hospital.

2.2. The supplementary information provided in **Appendix 2** sets out the measures that East Sussex Healthcare Trust (ESHT) is taking to address ambulance handover times. This includes

several focussed programmes to support discharges to reduce bed occupancy and improve bed availability for admissions for those who need acute level care. The report outlines the targets for improvements in hospital handovers and an initiative called “Ambulance Awareness Week” to be rolled out in early March. ESHT is also exploring other measures with SECamb and other partners to reduce the need to transport patients to hospital, ensure crews take patients to the right site first time, and to reduce the need for admissions where medically appropriate.

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

3.1 The reports attached as appendices provide an update to the Committee on the extent of hospital handover delays and the efforts being made to tackle them. HOSC is recommended to consider the reports and decide whether future updates are needed on any of the areas covered in the report.

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

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**03 MARCH 2022**

### **SOUTH EAST COAST AMBULANCE SERVICE HOSPITAL HANDOVER UPDATE**

Report from: Emma Williams, Executive Director of Operations, SECamb  
Author: Ray Savage, Strategic Partnerships Manager (SECamb)

- 1.1. The NHS Long Term Plan sets out as one of its priorities, a reduction in ambulance handover delays. The aim is to have a 'zero' tolerance towards any greater than 60-minute handover delays and a focus on returning to the national standard of all patient handover within 15 minutes.
- 1.2. The NHS Emergency Care Improvement Support Team (ECIST) are a clinically led national team that provide support to 'systems' in achieving the delivery of high-quality emergency care.
- 1.3. ECIST have been proactively working with the Royal Sussex County Hospital in Brighton, where handover delays, at times, have been significant.
- 1.4. Each month, at the National Ambulance Handover meeting – chaired by Anthony Marsh (CEO of West Midlands Association of Ambulance Service/Chair of the Association of Ambulance Chief Executives (AACE)), supported by NHS England/Improvement, and commissioners, the areas that have the greatest challenges with patient handovers are discussed. ECIT also give feedback to the hospitals they have visited and supported.
- 1.5. Also in November, AACE published a report titled "Delayed hospital handovers: Impact assessment of patient harm", having collated hospital handover data from all 10 ambulance services, including SECamb.
- 1.6. The report focuses on a single day in January 2021 and the overarching conclusion is that 8 out of 10 patients who have to wait greater than 60 minutes are at risk of harm and the study highlighting that 53% did experience some level of harm.
- 1.7. Within Sussex, the Integrated Care System (ICS) has the reduction of 'handovers' as a key priority for its Urgent and Emergency Care (UEC) programme and emphasises its 'zero' tolerance for any handover greater than 60 minutes, in addition to reducing handover delays greater than 15 minutes.
- 1.8. At an East Sussex level, the Local Accident and Emergency Delivery Board monitors handover delays at both hospitals (Eastbourne District General Hospital (EDGH) & Conquest Hospital) and reporting on delays is a key part of the Urgent and Emergency Care dashboard.
- 1.9. Handover delays at East Sussex Healthcare NHS Trust (ESHT) greater than 60 minutes have not only been reflective of the bed occupancy within the trust (flow), but also a reflection of the pressure within the wider system.
- 1.10. The SECamb operational team have worked collaboratively with ESHT's emergency department team to improve the process for patient handover and the number of delays reported for January 2022, at 25 greater than 60 minutes, has been the lowest since

July 2021, where there were 16 greater than 60 minutes. November 2021, by contrast, had 86 greater than 60 minutes. This reduction is indicative of the work that has been done, internally within ESHT and between the two trusts, including daily meetings to discuss improvements and support from SECAMB operational management team when delays start to happen.

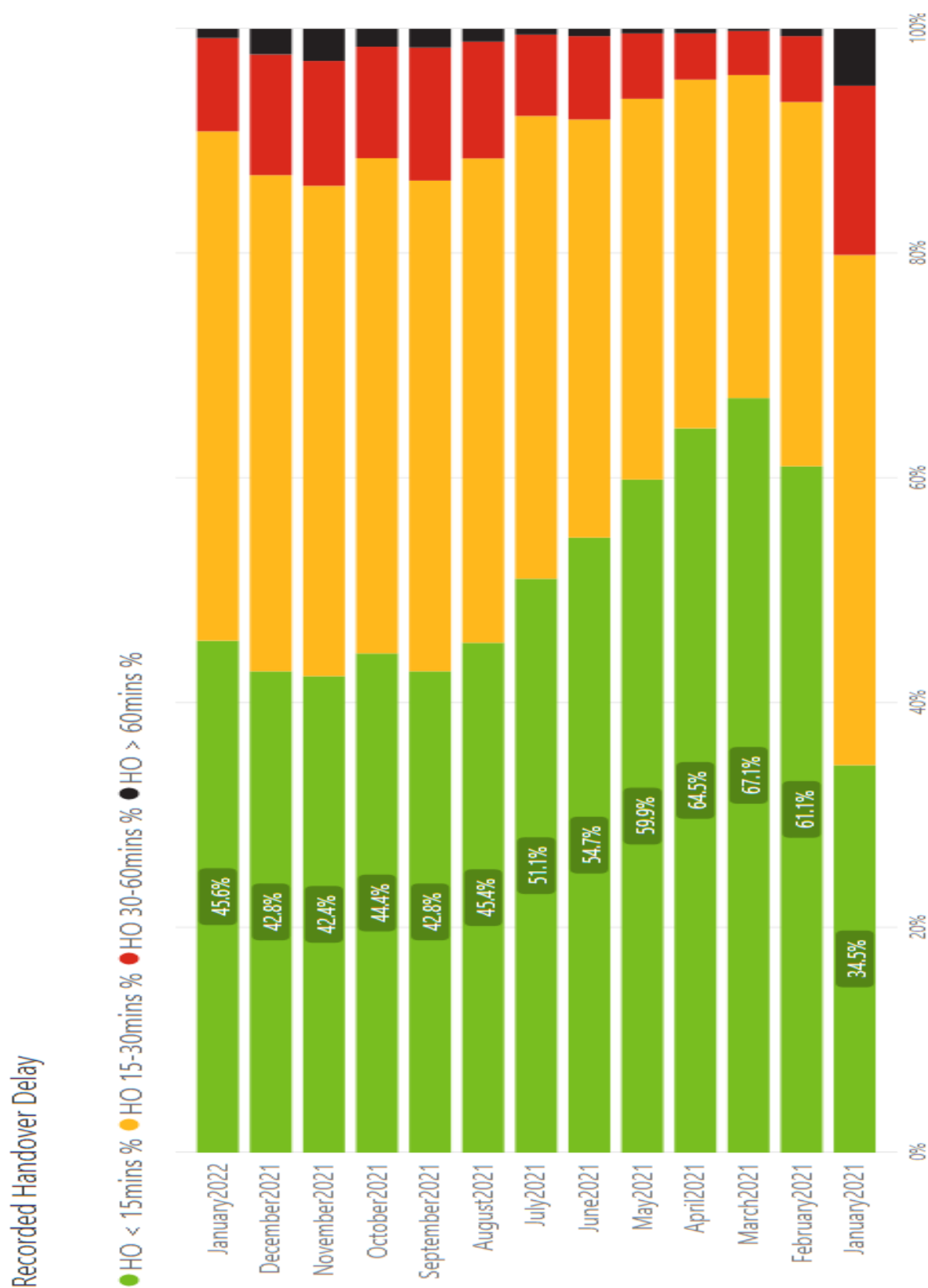
- 1.11. Handover delays of greater than 60 minutes at neighbouring hospitals for January 2022 were:
  - Royal Sussex County Hospital (RSCH) – 207 delays greater than 60 minutes;
  - Pembury (Tunbridge Wells) – 7 delays greater than 60 minutes.
- 1.12. Further details of handover delays at ESHT, RSCH and Pembury are set out in Appendix A.

### **Lead Officer Contact**

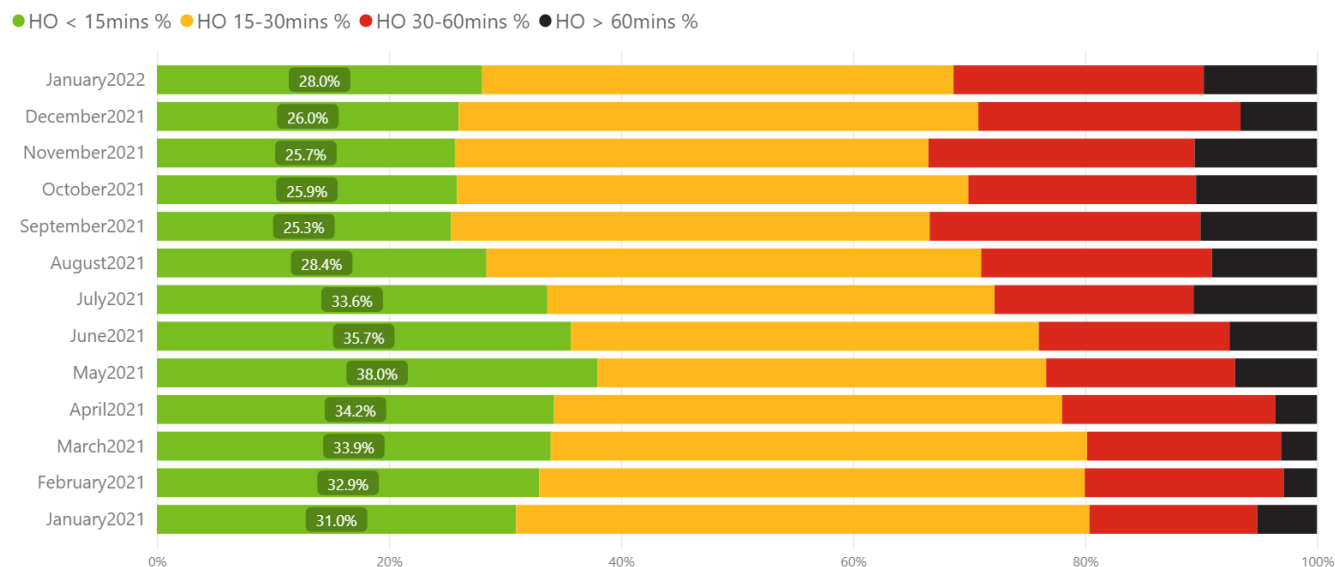
Ray Savage, Strategic Partnerships Manager (SECAMB)

## Appendix A - Hospital Handover Delays

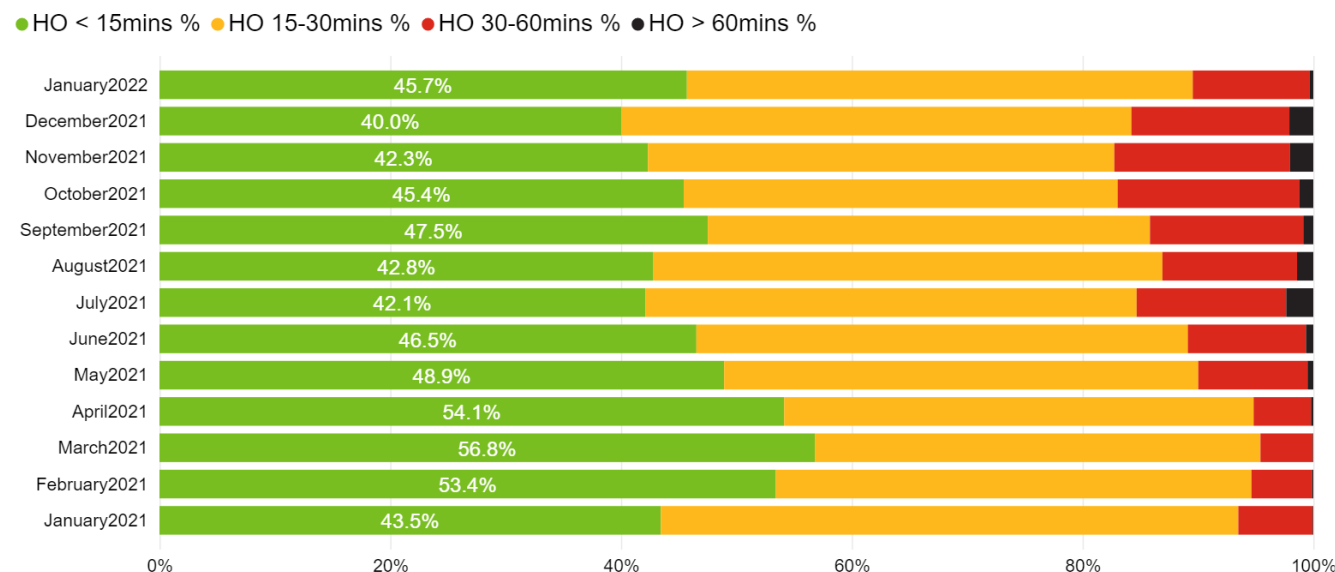
Hospital Handover Delays at East Sussex Healthcare NHS Trust (ESHT) (Eastbourne DGH/Conquest Hospital), Date (01/01/2021 - 31/01/2022)



## Hospital Handover Delays at the Royal Sussex County Hospital, Date (01/01/2021 - 31/01/2022)



## Hospital Handover Delays at the Tunbridge Wells Hospital (Pembury), Date (01/01/2021 - 31/01/2022)





## **East Sussex Health Overview and Scrutiny Committee: Hospital Handovers**

### **Supplementary Information from East Sussex Healthcare NHS Trust (ESHT)**

**March 2022**

1.1 ESHT have undertaken several focused programmes over the last few months supporting discharge to reduce bed occupancy where medically appropriate within the trust and ensure bed availability for those who need acute level care. The trust teams recognise that these focused programmes support the delivery of the overall patient pathway, from the emergency department to discharge which includes ambulance handover. In January the Trust saw 25 delays to ambulance handover (where handover took over 60 minutes) which is the lowest since July 2021.

1.2 The national standard is that all ambulances will have completed a meaningful clinical handover and be able to leave the emergency department within 15 minutes of arrival (handbrake on) and achieving this is our main driver. As a Trust we aim to go back to basics as part of a reset initiative called “Ambulance Awareness Week” we are looking to deliver this in early March with the ambition that we achieve 0 delays over 60 mins, working towards 0 waits over 15 mins by the end of June 2022. We will increase visibility of the inbound ambulances across all gateway areas (Emergency department, Same Day Emergency Centre (SDEC), Surgical Assessment Unit (SAU)) by displaying the SECamb “inbound screen” in all areas including the operational site office. This will also support improved timely escalation of any potential delays.

1.3 We are working with SECamb to explore how the Urgent Treatment Centres (UTC) could support non conveyance of patients by providing remote consultations via the LIVI and the 111 service. In addition, SECamb and ESHT are working collaboratively to review all service finders to ensure crews get the right patient to the right site first time, preventing delays and the need to move patients between sites. In addition to this the Trust are implementing a community Same Day Emergency Care ‘SDEC’ (2-hour rapid response) to increase admission avoidance, alongside the non-injury falls service which went live in January 2022 whereby the community nursing team respond and address the patient’s needs rather than requiring an ambulance response.

1.4 The Trust is also working with Secamb and other health professionals to ensure that there is direct access to clinicians within our specialty direct access areas ‘gateway’ and streaming from the UTC and emergency department, to improve direct access to services and both reduce pressure at our front door and aid handover times.

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

**Date of meeting:** 3 March 2022

**By:** Assistant Chief Executive

**Title:** Work Programme

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

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## RECOMMENDATIONS

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

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### 1 Background

1.1 The work programme contains the proposed agenda items for future HOSC meetings and is included on the agenda for each committee meeting.

1.2 This report also provides an update on any other work going on outside the Committee's main meetings.

### 2. Supporting information

2.1. The work programme is attached as **appendix 1** to this report. It contains the proposed agenda items for the upcoming HOSC meetings, as well as other HOSC work going on outside of the formal meetings. The updated work programme will be published online following this meeting. The [HOSC work programme is also available online](#).

2.2. The Committee is asked to consider any future reports or other work items that it wishes to add to the work programme.

2.3. To assist in this process the partner organisations attending the meeting have been asked to provide a verbal update on Covid and the impacts on services under the work programme item. This follows on from the Winter Plan Update report received at the last meeting where it was reported that Covid was affecting staffing and recovery plans.

2.4. The Committee is also asked to consider whether to schedule any of the items listed under "Items to be Scheduled" section of the work programme for future meetings to be held later this year.

2.5. The Committee will note that a new item has been added for the recommissioning of the Adult Bruns Service currently provided by the Queen Victoria Hospital, East Grinstead. The exact timing of this report will depend on the timescales set by NHS England Specialised Commissioning South East (NHSE SE).

### 3 Conclusion and reasons for recommendations

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

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

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## Health Overview and Scrutiny Committee (HOSC) – Work Programme

Current Scrutiny Reviews		
Title of Review	Detail	Proposed Completion Date
Cardiology	<p>The NHS East Sussex Clinical Commissioning Group (CCG) and East Sussex Healthcare NHS Trust (ESHT) are proposing the following changes to acute inpatient cardiology services provided by ESHT:</p> <ul style="list-style-type: none"> <li>• locate the most specialist cardiac services, including surgical procedures or investigations that might require an overnight or longer stay in hospital, <b>at one of the two acute hospitals;</b></li> <li>• introduce a “front door model” involving forming a Cardiac Response Team to support patients on their arrival at A&amp;E, alongside ‘hot clinics’ that will provide consultant-led rapid assessment at <b>both acute hospital sites;</b> and</li> <li>• retain outpatients, non-invasive diagnostics, cardiac monitored beds, cardiac rehabilitation and heart failure services <b>at both hospitals,</b> or in the community.</li> </ul> <p>HOSC agreed at its meeting on 2<sup>nd</sup> December 2021 that this proposal was a ‘substantial variation to services’ requiring formal consultation with the Committee under health regulations.</p> <p>The consultation will be conducted via a Review Board comprising the following members:</p> <ul style="list-style-type: none"> <li>• Cllr Colin Belsey</li> <li>• Cllr Christine Robinson</li> <li>• Cllr Mike Turner</li> <li>• Cllr Penny diCara</li> </ul>	June-September 2022

	<ul style="list-style-type: none"> <li>• Cllr Sorrell Marlow-Eastwood</li> </ul> <p>The Review Board will submit its report and recommendations for consideration by the full HOSC at a future meeting. The report will then be submitted to the CCG ahead of its final decision. The Committee will then consider whether the decision is in the best interest of health services locally.</p> <p>Timelines for the review are subject to NHS decision-making</p>	
Ophthalmology	<p>The NHS East Sussex Clinical Commissioning Group (CCG) and East Sussex Healthcare NHS Trust (ESHT) are proposing the following changes to day case and outpatient ophthalmology services provided by ESHT:</p> <p><i>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.</i></p> <p>HOSC agreed at its meeting on 2<sup>nd</sup> December 2021 that this proposal was a 'substantial variation to services' requiring formal consultation with the Committee under health regulations.</p> <p>The consultation will be conducted via a Review Board comprising the following members:</p> <ul style="list-style-type: none"> <li>• Cllr Colin Belsey</li> <li>• Cllr Christine Robinson</li> <li>• Cllr Christine Brett</li> <li>• Cllr Abul Azad</li> <li>• Geraldine Des Moulins</li> </ul> <p>The Review Board will submit its report and recommendations for consideration by the full HOSC at a future meeting. The report will then be submitted to the CCG ahead of its final decision. The Committee will then consider whether the decision is in the best interest of health services locally.</p>	June-September 2022

Initial Scoping Reviews		
Subject area for initial scoping	Detail	Proposed Dates
To be agreed.	To be scheduled once the reviews of Cardiology and Ophthalmology have been completed.	
List of Suggested Potential Future Scrutiny Review Topics		
Suggested Topic	Detail	

Scrutiny Reference Groups		
Reference Group Title	Subject Area	Meetings Dates
University Hospitals Sussex NHS Foundation Trust (UHSussex) HOSC working group	<p>A joint Sussex HOSCs working group to consider the performance of UHSussex and any upcoming issues that may be of interest to the wider East Sussex HOSC.</p> <p>Membership: Cllrs Belsey, Robinson and one vacancy</p> <p>*meetings postponed due to COVID-19.</p>	<p>Last meeting: 9 September 2020*</p> <p>Next meeting: TBC 2022</p>
Sussex Partnership NHS Foundation Trust (SPFT) HOSC working group	<p>6-monthly meetings with SPFT and other Sussex HOSCs to consider the Trust's response to CQC inspection findings and other mental health issues.</p> <p>Membership: Cllrs Belsey, Robinson, and Osborne</p>	<p>Last meeting: 21 December 2021</p> <p>Next meeting: June 2022 TBC</p>
The Sussex Health and Care Partnership (SHCP) HOSC working group	<p>Meetings of Sussex HOSC Chairs with SHCP leaders to update on progress and discuss current issues. Wider regional HOSC meetings may also take place on the same day from time to time.</p> <p>Future arrangements for the meeting being discussed due to changing governance of SHCP.</p> <p>Membership: HOSC Chair (Cllr Belsey) and Vice Chair (Cllr Robinson) and officer</p>	<p>Last meeting: 20 November 2020</p> <p>Next meeting: TBC</p>
Reports for Information		
Subject Area	Detail	Proposed Date
Future Car parking arrangements at Conquest Hospital	Confirmation from ESHT about the planned car parking arrangements at the Conquest Hospital under the Building for our Future programme	2022



Development of the new Inpatient Mental Health facility	A future update via email on the progress of the development of the new facility in North East Bexhill.	2022
<b>Training and Development</b>		
<b>Title of Training/Briefing</b>	<b>Detail</b>	<b>Proposed Date</b>
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 once COVID-19 restrictions permit.	TBC
Visit to the new Inpatient Mental Health facility at Bexhill	A visit to the new Inpatient Mental Health facility due to be built at a site in North East Bexhill to replace the Department of Psychiatry at Eastbourne District General Hospital (EDGH).	TBC but likely 2024

<b>Future Committee Agenda Items</b>		<b>Witnesses</b>
<b>30<sup>th</sup> June 2022</b>		
Cardiology	<p>Committee to agree a report and recommendations to submit to the CCG ahead of its decision in relation to the proposals to reconfigure inpatient acute cardiology services run by East Sussex Healthcare NHS Trust (ESHT).</p> <p><i>Please note: dates are dependent on the NHS own decision making process.</i></p>	Representatives of CCG and ESHT

Ophthalmology	Committee to agree a report and recommendations to submit to the CCG ahead of its decision in relation to the proposals to reconfigure day case and outpatient ophthalmology services run by East Sussex Healthcare NHS Trust (ESHT).  <i>Please note: dates are dependent on the NHS own decision making process.</i>	Representatives of CCG and ESHT
Adult Burns Service	A report outlining proposals for the future of Adult Burns Service provided by Queen Victoria Hospital (QVH) in East Grinstead  <i>Note: provisional dependent on NHS England's plans</i>	NHS England and QVH
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
<b>22<sup>nd</sup> September 2022</b>		
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Policy and Scrutiny Officer
<b>15<sup>th</sup> December 2022</b>		
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Policy and Scrutiny Officer
<b>2<sup>nd</sup> March 2023</b>		

Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Policy and Scrutiny Officer
<b>Items to be scheduled – dates TBC</b>		
Cardiology	Future reports on the findings of the HOSC Review Board set up to review the proposals to reconfigure inpatient acute cardiology services run by East Sussex Healthcare NHS Trust (ESHT).	Representatives of CCG and ESHT
Ophthalmology	Future reports on the findings of the HOSC Review Board set up to review the proposals to reconfigure day case and outpatient ophthalmology services run by East Sussex Healthcare NHS Trust (ESHT).	Representatives of CCG and ESHT
Transition Services	A report on the work of East Sussex Healthcare NHS Trust (ESHT) Transition Group for patients transitioning from Children's to Adult's services	Representatives of ESHT
Patient Transport Service	To consider proposals to recommission the Patient Transport Service (PTS) and to consider the outcome of the Healthwatch PTS survey.  <i>Note: provisional dependent on CCG's plans</i>	Representatives of lead CCG and Healthwatch
Implementation of Kent and Medway Stroke review	To consider the implementation of the Hyper Acute Stroke Units (HASUs) in Kent and Medway and progress of rehabilitation services in the High Weald area.  <i>Note: Timing is dependent on NHS implementation process</i>	Representatives of East Sussex CCG/Kent and Medway CCG
Primary Care Networks (PCNs), Emotional Wellbeing Services and mental health funding	A report on the performance of PCNs and the future plans for primary care in East Sussex.  Report to also include: <ul style="list-style-type: none"> <li>• an update on the roll out of Emotional Wellbeing Services, which will be co-ordinated across PCN footprints; and</li> <li>• the future of mental health investment.</li> </ul>	Representatives of ESHT/SPFT/PCNs

Implications of the Health and Care Bill	A report to the Committee on the impact of the Health and Care Bill including the replacement of CCGs with Integrated Care Systems (ICS) and the effect of the proposal to allow the Secretary of State to intervene in local service reconfigurations on HOSC's powers to consider whether substantial variation to services are in the best interests of health services locally.	Representatives of the ICS and Policy and Scrutiny Officer.
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