HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY, 2 MARCH 2023

10.00 AM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP -

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

District and Borough Council Members
Councillors Councillor Mary Barnes, Rother District Council
Councillor Christine Brett, Lewes District Council
Councillor Richard Hallett, Wealden District Council
Councillor Mike Turner, Hastings Borough Council
Councillor Candy Vaughan, Eastbourne Borough Council

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

AGENDA

1. **Minutes of the meeting held on 15 December 2022** *(Pages 5 - 18)*

2. **Apologies for absence**

3. **Disclosures of interests**

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

4. **Urgent items**

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

5. **NHS Sussex Winter Plan 2022/23 - Update** *(Pages 19 - 34)*

6. **Proposed Changes to Children's Specialist Cancer Services - Principal Treatment Centre (PTC)** *(Pages 35 - 54)*

7. **New Elective Surgery Hub at Eastbourne District General Hospital (EDGH)** *(Pages 55 - 64)*

8. **Primary Care Networks (PCNs), Emotional Wellbeing Services and Mental Health Funding** *(Pages 65 - 90)*

9. **HOSC future work programme** *(Pages 91 - 98)*

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

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22 February 2023

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Next HOSC meeting: 10am, Thursday, 29 June 2023, County Hall, Lewes

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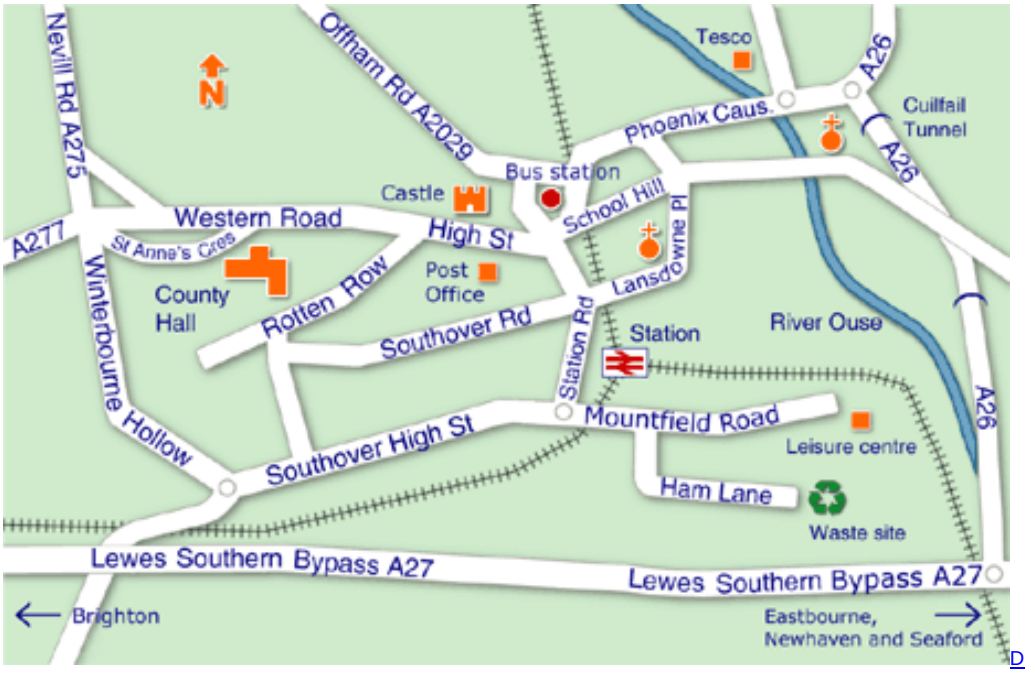

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 15 December 2022

PRESENT:

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

WITNESSES in attendance:

NHS Sussex

Adam Doyle, Chief Executive Officer

Claudia Griffith, Chief Delivery Officer

Jessica Britton, Executive Managing Director, East Sussex

Amy Galea, Chief Primary Care Officer

Charlotte Keeble, NHS Sussex

East Sussex Healthcare Trust (ESHT)

Joe Chadwick-Bell, Chief Executive

Richard Milner, Deputy Chief Executive

Mike Farrer, Head of Strategic Transformation

Professor Nik Patel, Clinical Lead for Cardiology

Mr Kashif Qureshi, ICS Speciality Clinical Lead for Ophthalmology, Sussex

Sussex Community Foundation Trust (SCFT)

Mike Jennings, Interim Chief Executive SCFT

NHS England, South East

Nick Hanmore, Dental Commissioning Manager

Public Health England

John Jeyanthi

Aditi Mondkar

Healthwatch East Sussex

John Routledge

Simon Kiley

East Sussex County Council (ESCC)

Mark Stainton Director of Adult Social Care and Health

LEAD OFFICER: Martin Jenks, Senior Scrutiny Adviser

18. MINUTES OF THE MEETING HELD ON 22 SEPTEMBER 2022

18.1 The minutes of the meeting held on 22 September 2022 were agreed as a correct record.

19. APOLOGIES FOR ABSENCE

19.1 Apologies for absence were received from Councillor Mary Barnes and Councillor Candy Vaughan.

20. DISCLOSURES OF INTERESTS

20.1 There were no disclosures of interests.

21. URGENT ITEMS

21.1 There were none.

22. NHS SUSSEX WINTER PLAN

22.1 The Committee considered a report on the NHS Sussex Winter Plan. The Winter Plan sets out how the local health and social care system plans to effectively manage the capacity and demand pressures anticipated during the Winter period. The Winter Plan is a whole system health and social care plan, recognising the interdependencies of the system to meet the needs of the local population and runs from October 2022 to April 2023.

22.2 The Committee welcomed the degree of collaboration and focus on admission avoidance in the Winter Plan and asked if there were any particular areas or specialities where there were concerns.

22.3 Adam Doyle, Chief Executive Officer NHS Sussex, outlined there were four main areas which the system is working on areas of risk. These are:

- The numbers of people having a response to an ambulance call out. Work started two months ago to reduce 60 minute handover delays to ensure patients are seen quickly and free ambulances to respond to other calls and also as part of the rapid improvement programmes looking at patients who could be seen by a different service (e.g. community nursing teams) rather than waiting for an ambulance.

- Work to monitor and reduce the number of people in Emergency Department (EDs) waiting over 12 hours for a bed. Performance against this measure is quite good in East Sussex.

- Working with the Sussex Partnership Foundation Trust (SPFT) on mental health presentations in emergency (ED) and urgent care pathways to make sure people are seen quickly.

- The risk to the workforce from staff shortages across the system and the affect on staff morale. There is a weekly leadership meeting which looks at staffing issues. This is also being addressed in longer term through the 10 year workforce plan.

22.4 The Committee asked what the position was for upper gastrointestinal (GI) surgery at the Royal Sussex Hospital after the suspension of some non-urgent surgery following the Care Quality Commission (CQC) inspection and the subsequent press release.

22.5 Adam Doyle outlined that NHS Sussex works very closely with the CQC and was aware of the inspection and suspension of some surgery. All patients who have been affected by this have been contacted to let them know what their care pathway will be. Communications were sent out by the University Hospitals Sussex Trust (UHSx) and NHS Sussex will review how communications are handled should a similar situation occur in future. Adam Doyle offered to speak to Cllr Osborne outside the meeting concerning the communications with GP practices in her area.

22.6 The Committee asked what the impact had been on bed occupancy and making sure patients are seen, as the Winter Plan had been operating since October.

22.7 Adam Doyle responded by providing an overview of the position. From October to the end of November all measures were tracking in the right direction in terms of the numbers of

people waiting over 12 hours for a bed and over 60 minutes for a handover from an ambulance. All five rapid improvement programmes were starting to have a positive effect. Then over the last two weeks across the NHS and locally there was a significant increase in demand due to paediatric presentations for Strep A infections. As a response to this new issue a number of respiratory hubs will be set up in the community for children and adults. The number of presentations for respiratory issues should reduce over the next two weeks, and then the system will need to respond to the forthcoming industrial action.

22.8 Joe Chadwick-Bell, Chief Executive of ESHT gave an update on bed occupancy. Schemes to take action on discharges are taking place over the next two weeks, after which time there is expected to be a reduction in bed occupancy. This is to mitigate an existing gap to ensure there are sufficient beds over the winter period. So, it is likely that there will not be an overall reduction in bed occupancy, but the discharge schemes will better manage the risk. The effect of the discharge schemes on bed occupancy will be measured but as of today bed occupancy is around 98% or 99%. An update can be provided at the next HOSC meeting.

22.9 The Committee asked how NHS Sussex is working with the voluntary sector on discharges and what the capacity is of the Red Cross to provide services across all areas of East Sussex.

22.10 Jessica Britton, Executive Managing Director, NHS Sussex responded that they are working with a range of voluntary partners including the Red Cross. NHS Sussex is reasonably confident there will be sufficient capacity in the voluntary sector to provide the take home and settle support across the County but acknowledged the level of volunteers is not the same in all areas. Whilst the coverage may not be the same in all areas, there is a service in place across the whole of East Sussex.

22.11 The Committee asked if it would be possible to receive the Winter Plan earlier in the year and what parts of the Plan are working well at present and what areas may need to be looked at again.

22.12 Claudia Griffith, Chief Delivery Officer NHS Sussex responded the elements of the Plan that are working well are the out of hospital urgent care and work to better co-ordinate the services to support the ambulance service. This is to ensure the ambulance service can respond to those people with the most serious conditions. This means making informed decisions when an ambulance needs to be dispatched and when another service could step in thereby releasing ambulances by utilising other services. Ambulance crews also have a dedicated number they can use to access other services so they can be released from scene.

22.13 The Committee noted that Emergency Departments are very busy and asked what impact this was having on ambulance responses times.

22.14 Joe Chadwick-Bell outlined that additional staff resources have been provided via senior clinicians, nurses, and colleagues from social care so that people can been seen quicker and admitted quicker to reduce the numbers in Emergency Departments. Some people have been moved to same day urgent care services. Work has also been taking place on discharges to reduce the length of stay and bed occupancy, thereby improving the flow of patients through the hospital. Emergency Departments have been very busy especially over the last two weeks and a lot of work has been undertaken to support ambulance handovers, thereby releasing ambulances to go to the next call.

22.15 The Committee commented that admission avoidance is very important and asked what interventions are in place for those people at risk of admission.

22.16 Mike Jennings, Interim Chief Executive SCFT outlined that there are new urgent care teams working on this who aim to respond withing two hours. The teams are staffed by experienced nurses, occupational therapists and physiotherapists who carry out assessments and can call on GPs and other resources to provide care packages for those people at risk of admission. Community nursing teams are working with GPs and Primary care Networks (PCNs) on patients with known conditions. They carry out pro-active visits, provide advice on manging conditions and can provide links to other services. It was clarified that care packages are part of short term care services for between one to ten days, which are comprised of personal assistants, occupational therapists and physiotherapists. After that time, care packages will depend on need and health and social care provision. It was acknowledged that there are some capacity issues in health and social care, but patients will not be dropped.

22.17 Mark Stainton, Director of Adult Social Care and Health added that needs will be assessed on a patient by patient basis and it was a balancing act between allocating resources to enable patients to be discharged from hospital and admission avoidance.

22.18 The Committee commented that the health and care sector depends on having fully supported staff and there are some concerns about how we value staff and recruit and retain staff. The Committee asked how we send out the message that we support staff and want to make the service sustainable.

22.19 Adam Doyle acknowledged the importance of this point and that it is important to lead with positive intent with staff and how we work together on issues. There may be more that can be done locally to get people into the health and care workforce, and maximising retention is very important. Lobbying for a long-term funding plan for the sector is also of vital importance.

22.20 Joe Chadwick-Bell commented that some staff are becoming tired and exhausted and there are pockets of low morale. Work is taking place on the recognition of staff and the provision of wellbeing and mental health support. Recruitment and retention is a key point to explore to promote careers in health and care in East Sussex. Recently the Trust held two recruitments workshops at two sites which attracted around one hundred people at each to talk about roles in the NHS. Attendees were able to have interviews on the spot for vacant roles and could be offered jobs. This demonstrates that there are people willing to work in the NHS, but a different approach to recruitment may need to be taken. There has also been a successful overseas nurses recruitment scheme. There is a recognition that if we can reduce bed occupancy this will have the most impact on the pressure the system faces. The Trust has also moved staff into new wards and has opened one hundred more beds to improve capacity.

22.21 Mike Jennings commented that this year feels more difficult that previous years, but for different reasons. There is an acknowledgement that the workforce is the system's biggest asset and there are staff who are still positive and enthusiastic about their roles. As well as international recruitment there has been a focus on local recruitment events as most staff live locally. There has also been work on how people can be supported to have careers within the system and have different roles rather than leaving the health and care system altogether. Wellbeing is also really important as well as providing space and time for staff to take a break. There is also support for staff to speak up if they have concerns.

22.22 The Committee asked if the re-instatement of the nursing bursary had affected recruitment.

22.23 Joe Chadwick-Bell confirmed that it had a positive effect on nurse recruitment.

22.24 The Committee asked how the rates of Covid and seasonal flu, as well as the uptake of vaccinations, had affected the demand for services and staffing.

22.25 Claudia Griffith outlined that modelling work for the rates seasonal flu and Covid infections had taken place over the summer with colleagues in Public Health. These were then included in the demand model in the Winter Plan together with interventions to mitigate any gaps in services. The rates of infections are being monitored and additional inventions will be taken if rates are different from those included in the plan. At present infection rates are running at levels just below what was expected, but the system is ready to take additional measures if this changes.

22.26 The Committee asked if the use of Livi had been discontinued.

22.27 Joe Chadwick-Bell outlined that access to GPs via virtual consultations is being provided in some Urgent Treatment Centres (UTCs) in order to provide more primary care access in the UTCs.

22.28 The Committee asked what measures are in place to deal with strike action over the winter period.

22.29 Adam Doyle outlined that the health system is looking at multiple waves of industrial action involving ambulance staff from South East Coast Ambulance Trust (SECAmb), nursing staff who are members of the Royal College of Nursing (RCN) and members of the Chartered Institute of Physiotherapists. For the impending industrial action by ambulance staff derogations will be negotiated with the unions to ensure essential services are still provided. NHS Sussex has worked across all elements of the service and will publish a plan to mitigate the risks.

22.30 The Committee commented that with all the communications and media coverage about the crisis in the NHS some people may be avoiding presenting for treatment. The Committee asked if NHS Sussex will be taking this into account after the winter period.

22.31 Adam Doyle responded that the learning from the pandemic showed that it can take a long time to recover if you cancel services such as routine operations. So NHS Sussex is still trying to provide all services both emergency and routine. The impact of each decision that is made over the winter period is looked at carefully to see how quickly the system can recover services and provide them normally.

22.32 Claudia Griffith added that a core part of the winter plan is the communications message that the health service is still available to everyone and direct people to the most appropriate service. The clear message is that people should still come forward for treatment. In parallel to this the data on referrals is being tracked (e.g. cancer referrals are at 140% of pre-pandemic levels and cancer treatments are at 120% of pre-pandemic levels) to see if more needs to be done to address any issues.

22.33 The Committee asked if the number of intermediate care beds in community hospitals had been expanded to provide additional capacity to support the service over the winter period.

22.34 Mike Jennings responded that work had been undertaken to expand the number of community beds across the whole of Sussex. Across Lewes, Uckfield and Crowborough hospitals there has been an increase of around six to eight beds due to the space constraints and the need to provide all the facilities and hygiene control. These units have also contributed

to additional capacity by looking a patient flow with partners to ensure people move through these units as quickly as possible.

22.35 The Committee asked about the availability of consultants out of normal operating hours (Monday – Friday) and the impact of private work on access to consultants.

22.36 Joe Chadwick-Bell outlined that consultants work equally hard but acknowledged that there may be a tendency to work a five-day working week as this is what they are contracted to do. However, there are consultants on-site at weekends and they are available through the on-call system. Changing five-day working week contracts is a longer-term issue and would have resource implications. If there are any issues with junior doctors accessing consultants out of hours this will be addressed individually. In terms of private consultant activity carried out at the unit at the Conquest Hospital within the Trust, this has benefits for training, recruitment and retention of consultants and is done within their own time. If patients seek private treatment and are referred back into the NHS (e.g. for diagnostic tests), they will come in at that part of the patient pathway and will wait the same amount of time as NHS patients and NHS patients will not disadvantaged.

22.37 The Chair thanked everyone for attending the meeting for this item.

22.38 The Committee RESOLVED to:

1) Note the report; and

2) Request a further update on the progress of the Winter Plan at the Committee meeting to be held on 2 March 2023.

23. RECONFIGURATION OF CARDIOLOGY SERVICES AT EAST SUSSEX HEALTHCARE NHS TRUST

23.1 The Committee considered a report on the proposed changes to Cardiology services in East Sussex which have been agreed by the NHS Sussex Board.

23.2 The Committee asked about the implications of SECAmb ambulance response times on the door to balloon (treatment) times for those patients affected by the proposed changes to the location of specialist cardiac procedures, especially during busy periods.

23.3 Professor Nik Patel, Clinical Lead for Cardiology (ESHT) outlined that for heart attack management patients who need urgent treatment there are around 190 patients a year which is less than 3% of the total. At present, out of hours, these patients do travel to either the Eastbourne District General Hospital (EDGH) or the Conquest Hospital in Hasting for treatment. Irrespective of site the Trust is well within the 80% door to balloon and national target times for treatment. The Trust works very closely with SECAmb who prioritises heart attack patients and the Trust has worked with them on the proposed changes to the service in all the patient pathways. There is a pre-alert system in place to make sure patients are seen quickly and by the right people when they get to hospital. Patients are also assessed by ambulance crews who have access to specialist advice before they leave for the hospital. Professor Nik Patel

confirmed that performance against door to balloon times (e.g. for primary angioplasty) during normal working hours and busy periods are within the national performance thresholds.

23.4 Some Committee members expressed concerns about the travelling times for patients experiencing a heart attack and asked if ambulance crews have a problem stabilising a patient whether they would be taken to the Conquest Hospital first and then transferred to EDGH.

23.5 Professor Patel responded that this will depend on the circumstances of the individual patient and the decision of the ambulance service at the time. In the last 12-18 months the Trust has had the opportunity to improve the pathway for patients experiencing a cardiac arrest with a pre-alert system. This enables ambulance crews to notify the hospital of a heart attack patient and have the right people in the right place to treat the patient. This has resulted in better outcomes for the patients and taking patients to the designated site first is preferred by SEACamb. This was made possible because the changes in the proposed model of care allow the right people to be in the right place to receive and treat patients when they get to hospital. It is not just about travel times but having the people with the right expertise to treat these highly complex conditions in order to achieve positive outcomes for patients.

23.6 The Committee asked how moving patient treatment from the Conquest Hospital to EDGH and patients having to travel further would help reduce health inequalities in Hastings which is one of the most deprived areas in the County.

23.7 Professor Patel outlined that the people who need urgent specialist treatment for heart attack management under the proposed model of care will be transported very quickly to the right centre to get specialist treatment. Access to investigations (diagnostics) and outpatients will still be provided at both hospitals, as will the front door model and specialist cardiac response teams. Reducing health inequality is about access to care and education about heart conditions. The cardiology team spends a great amount of time with patients to help them manage their condition and understand the risk factors. Cardiovascular disease is the number two killer after dementia in the world. Addressing hypertension through primary care and public health will have a far greater impact on health inequalities than the small number of patients treated with specialist interventional cardiac procedures.

23.8 The Committee asked if paramedics will be trained to see when a patient needs a specialist treatment such as angioplasty and be taken to EDGH, and how will they tell if this is needed.

23.9 Professor Patel outlined that main way of diagnosing a heart attack is on an ECG trace and paramedics have a degree of skill in doing that. Around 90% of patients brought into hospital use the pre-alert systems where the ECG reading can be sent to the receiving hospital before the ambulance leaves site for the hospital. The ECG can then by analysed if it is borderline or not very clear. For the majority it is usually very clear and the patient will be taken to a cath lab for treatment.

23.10 Jessica Britton commented further on the points made about travel times and health inequalities. In terms of travel times, the review of the proposed changes looked at travel times across the whole of East Sussex and mapped the ambulance travel times not just from Hastings and Eastbourne but where people live throughout the County. NHS Sussex is confident in the mapping data and the proposals enable a good delivery of specialist cardiac services. The proposals have paid close attention to health inequalities and a thorough health equality impact assessment has been undertaken. The NHS Board has looked at this carefully and recognises that there are pockets of deprivation in the County. Mitigations have been put in place as part of

the proposals and in response to HOSC's recommendations and feedback from the public consultation. Sustaining services and implementing a model of care that benefits the local population has been very important, as well taking into account the issue of health inequalities in the implementation of the proposals.

23.11 Some Committee members expressed concerns that the Conquest site would lose specialist staff and it would be less attractive for recruiting new staff.

23.12 Professor Patel responded that he understood the concerns but in fact the team was losing staff because it was not able currently to provide the required number of specialist procedures. Implementing the proposals will be important in attracting staff as it will support specialisms and new cardiology treatments. In fact, the plans for the proposed model of care have assisted in recent recruitment where people have returned to the Trust. The Trust has a high degree of specialism and specialist skills that do not exist in other Trusts. So the proposed model of care will attract junior doctors and will improve expertise going forward.

23.13 John Routledge, Healthwatch East Sussex, outlined that Healthwatch had been involved in the consultation on the proposals and had contributed to HOSC's review of the proposals. In an ideal world it would be desirable to maintain specialist cardiac services at both hospital sites. However, having looked at all the evidence, overall the case is quite compelling considering the constraints on having the right number of highly specialist staff and equipment.

23.14 The Chair commented that there is agreement with the view that in an ideal world specialist cardiac services should be maintained at both sites. However, the Committee has heard evidence that Professor Patel and his team of specialists need to be able to carry out the required number of procedures, otherwise there is a risk that East Sussex may lose these specialist cardiac services altogether and people would have to travel to Brighton or Maidstone.

23.15 The Committee RESOLVED by a majority to agree that NHS Sussex's decision as set out in paragraph 2.1 of the report in relation to the changes to the future provision of Cardiology services by the East Sussex Healthcare NHS Trust (ESHT) is in the best interest of the health service in East Sussex.

24. RECONFIGURATION OF OPHTHALMOLOGY SERVICES AT EAST SUSSEX HEALTHCARE NHS TRUST

24.1 The Committee considered a report on the proposed changes to Ophthalmology services in East Sussex which have been agreed by the NHS Sussex Board.

24.2 The Committee noted that under the proposals around nine to ten additional patients per hour will be attending the Bexhill Hospital site. It asked how many additional parking spaces, including disabled parking spaces, will be provided.

24.3 Jessica Britton outlined that additional parking at the Bexhill Hospital site has been factored into the Decision Making Business Case (DMBC) and capital money has been allocated for this to reduce the impact on local residents.

24.4 Mike Farrer, Head of Strategic Transformation, added that as a result of HOSC's recommendations there will be an increase in the amount of parking available and this is reflected in the DMBC. There will be at least ten additional parking spaces and the Trust is looking at whether it might be possible to add more.

24.5 The Committee commented that the service is very good but waiting times needed to be lowered.

24.6 Mr Kashif Qureshi, ICS Speciality Clinical Lead for Ophthalmology acknowledged that waiting times were longer that the Trust would like. Reducing waiting times is one of the reasons for the proposed changes and is addressed by the DMBC. The new service model will have more space and a multi-disciplinary team which will be able to see more patients and provide faster diagnosis. At present there is a limit on the number of patients the service can see. The DMBC will address waiting times for procedures such as cataract surgery with more staff and the one-stop clinics which will speed up the assessment process.

24.7 The Committee asked what the timescales are for getting the Travel Liaison Officer role in place.

24.8 Michael Farrer outlined that the Travel Liaison Officer will be in place by the time the changes take place and patients are transferred from being seen at the Conquest Hospital. He added that this proposal is being taken further with the re-commissioning of the non-emergency Patient Transport Service which will have within it a single point of access for all patients when they come for their appointments. As well as having the Travel Liaison Officer for Cardiology and Ophthalmology patients the Trust is discussing with NHS Sussex having this role available for all outpatients and it looks like this might be possible as part of the re-commissioning of the non-emergency Patient Transport Service.

24.9 The Committee RESOLVED unanimously to agree that NHS Sussex's decision as set out in paragraph 2.1 of the report in relation to the changes to the future provision of Ophthalmology services by the East Sussex Healthcare NHS Trust (ESHT) is in the best interest of the health service in East Sussex.

25. PRIMARY CARE ACCESS AND NEXT STEPS IN INTEGRATING PRIMARY CARE - UPDATE REPORT

25.1 The Committee received a report which provided an update on access to Primary Care services in East Sussex, including GP appointments and surgeries, and access to NHS Dentistry.

25.2 The Committee asked what is going to change to increase access to regular NHS Dentistry appointments.

25.3 Amy Galea, Chief Primary Care Officer NHS Sussex, outlined that there two elements in the report that address this question. One is the number of units of NHS Dentistry activity commissioned across East Sussex and the other is an increase units of activity post pandemic at two dental practices, one in Hastings and the other in St. Leonards who have capacity to offer more NHS appointments. In the longer term the hope is that the reforms announced by

Government will increase access. NHS Sussex is also exploring with dental practices what flexibility there is locally across East Sussex to increase access and what NHS Sussex can do to support this. NHS Dentistry has previously been commissioned through a national contract before it was delegated to NHS Sussex and NHS Sussex is working with colleagues in NHS England to see what can be done to improve access. NHS Dentistry is facing some of the same workforce challenges and pressures that the rest of the NHS is facing.

25.4 In terms of access to GP appointments, the Committee asked if online booking and e-consult services are widely available across East Sussex.

25.5 Amy Galea responded that although GP appointment levels are at the same level or higher than before the pandemic, there is some variability across East Sussex in the offer from GP practices and the tools they use. Although online booking and e-consult can be incredibly helpful, some practices have taken the decision not to use them and 'switch them off'. All practices across East Sussex have the ability to use these facilities and NHS Sussex is trying to ensure that all GP practices are offering them to their patients by the end of January 2023. NHS Sussex is working with practices to improve the publicity of these facilities by including information on their web sites and include them within the literature and leaflets they give out within their practices. The other way of accessing GP services is through the NHS App and around 60% of people in East Sussex are using the app, which allows you to book an appointment at your GP practice.

25.6 The Committee asked if booking GP appointments by telephone will be restricted to particular times (e.g. 8.00am to 9.00am as some practices do) or will can people ring anytime.

25.7 Amy Galea outlined that NHS Sussex is aware that some practices only make e-consult available at some times of the day and are trying to make sure this additional functionality is available at all times of the day. The reason for this is that practices need time to think through how they are going to manage the different forms of access and communication channels with the resources they have available. Practices may need time to change their operating model and ensure all the systems are talking to one another so they do not exceed their capacity to respond to all the requests. In terms of telephone bookings all practices will have access to the cloud telephone service described in the report by the end of January 2023. This has the facility to tell people where they are in the call queue and allows them to request someone calls them back rather than waiting in the queue. The system also provides information on the number of abandoned calls so practices can monitor this.

25.8 The Committee welcomed the allocation of additional funding to support GP practices over winter period and asked how many bids had been approved and if NHS Sussex could give some examples of the types of bids.

25.9 Amy Galea outlined that the funding to increase GP capacity had been ring-fenced from existing funding and conversations about its use are taking place. At present around one third of the additional funding has been allocated in Sussex, and panel meetings to allocate funds are being held daily rather then weekly to speed up the process. There have been around 80 bids so far and the type of bids that have been received have been to increase staffing capacity and to extend opening hours during the evening and at weekends.

25.10 The Committee asked if GPs could refer patients to different provider Trusts.

25.11 Amy Galea responded that GPs have autonomy to refer to different NHS services and other organisations, but sometimes there are issues with certain pathways. NHS Sussex is discussing these pathways and reviewing muscular skeletal services in East Sussex.

25.12 Joe Chadwick-Bell added that all referrals for assessment services are usually to the local Trust. Once investigations have been done patients can be referred to different secondary care providers. GPs can also refer to emergency pathways (e.g. for spinal compression). It was clarified that patient choice comes in when patients are referred into secondary care and where there is a choice of service provider.

25.13 The Committee asked if it was possible to make GP practices take up the phone service and highlighted the estates pressure on buildings where larger practices may be needed in areas where the population is growing (e.g. Seaford).

25.14 Amy Galea acknowledged the estates constraints in Seaford and NHS Sussex is taking short term measures to provide additional space for administration functions in a former pub building. NHS Sussex is pursuing new developments with GP practices and partners in health and local government. NHS Sussex does have the ability to encourage practices to take up the new telephone facilities and is working with practices to help them with their thinking around the new channels of communication and how this can improve workflow for them. Practices have seen a spike in call volumes over the last three weeks due to Strep A infections and 1,000 calls a day is not uncommon. Amy Galea agreed to follow up engagement with Lewes District Council after the meeting, who may be able to offer a site to help address estates constraints in Seaford.

25.15 The Committee asked how GP referrals to community Pharmacist consultation services would work given the pressures with large telephone call volumes.

25.16 Amy Galea outlined that there are several referral routes for community Pharmacists services including through NHS111 and direct self-referral.

Healthwatch East Sussex

25.17 John Routledge, Healthwatch East Sussex, gave an overview of the work Healthwatch has undertaken over the last two years on access to GPs and NHS Dentistry. Access to GPs and dentistry are the top two enquiries that Healthwatch receives and in public feedback. For dentistry, once people are able to get through and are registered with a dentist, they are generally happy with the service. However, there does not appear to be a plan for how to address dentist shortages locally.

25.18 For GP services it is about getting through to GP practices to book an appointment. In regard to new telephone services and digital access, it would appear that GP practices do not share learning about implementing new telephone systems and some practices have closed e-consult services. Many people are happy to have telephone or video consultations, but there are some situations where a face to face appointment is needed. With the digital divide becoming wider it is important to ensure people can still access services. As appointments become shorter it may be leading to more appointments being made overall as issues are not resolved first time. People will also access A&E services because they are open and easy to access.

25.19 Simon Kiley, Healthwatch East Sussex outlined the issues relating to NHS Dentistry. Access to NHS Dentistry was problematic pre-pandemic but the pandemic has shone a light on the issue. The shortages in the supply of a skilled workforce coupled with an increase in demand post pandemic has caused particular problems for access. The top question

Healthwatch gets asked locally, regionally, and nationally is “how do I get an NHS dentist?”. This is not an issue specific to East Sussex and there may be some learning nationally that can be gained to solve the problem.

25.20 People are not only concerned about getting access to urgent and emergency care, but also routine and preventative care. There seems to be particular issues for children and young people and children in care accessing dental care, orthodontic work and denture maintenance services. Where people are unable to get an appointment with an NHS dentist there are examples of people accessing other services to get dental care such as going to Emergency Departments or having to use private services. The cost of living crisis has also affected people’s ability to pay for dental care. The recent change in commissioning responsibilities provides an opportunity to positively look at these issues.

25.21 The Committee asked if there are any dental practices in Eastbourne taking on NHS patients and can NHS Sussex expand the number of hours like in Hastings and St. Leonards.

25.22 Charlotte Keeble, NHS Sussex outlined that the offer of additional hours has be extended to all dental practices where they have the capacity to safely expand services. So far the uptake has been limited to an additional 14 hours in Hastings and 7 hours in St. Leonards. Some dental outreach services are being provided via Dent Aid to people in the homeless and other communities. There are some procurements in progress, but these are mainly in West Sussex. The main constraint on increasing capacity is the limited workforce.

25.23 Nick Hanmore, NHS England explained that the planned improvements in services may help people not just where they live, but by increasing capacity overall (e.g. this may reduce people travelling to other areas in order to get treatment). The dental system reforms that are already taking place will also have some impact. For example, being able to reduce the frequency of routine check-up appointments in line with patient needs may increase capacity, as well as looking at the staff mix in dental practices. There are also a number of other initiatives on the horizon.

25.24 Amy Galea added that changes need to be made to make NHS Dentistry an attractive proposition for dentists and NHS Sussex is having conversations with dentists locally to see what more can be done.

25.25 The Committee noted that the report outlines the challenges for NHS Dentistry and asked if there is enough capacity to meet demand (NHS and private) or is it an issue about meeting demand for NHS Dentistry.

25.26 Amy Galea outlined that an understanding of need comes from the Public Health work on the oral health needs of the population and further work is planned over the next twelve months. This will explore the public/private dentistry mix and capacity as well as issues such as deprivation.

25.27 The Committee asked if it is just an issue of lack of capacity and appointments, and whether there is a way the NHS could directly provide GP and Dentistry services in order to have more control over them.

25.28 Amy Galea responded that the fact that GP and dental practices are independent businesses means they have a clear stake in being engaged and efficient in providing services. There are things that commissioners can do to make practices work in way to meet patient needs through commissioning. There are models and pilots to bring GP services into direct NHS

control. In Scotland there is an initiative to convert GP practices to directly provided services by buying them out.

25.29 The Committee commented that the suggested solutions did not appear to be solving the problems and that something major may need to be done.

25.30 Amy Galea outlined that workforce supply is a key issue and this is being tackled nationally. The media coverage is not helping staff morale or the recruitment and retention of GPs, and there has been an increased turnover of practice managers locally.

25.31 The Chair commented that the Committee may need to look at dentistry in more detail to examine the issues and there may be a transfer of private to NHS patients if NHS Dentistry capacity increases.

25.32 The Committee RESOLVED to:

1) Note the report outlining the updated position regarding access to Primary Care in East Sussex, including access to GPs and NHS Dentistry; and

2) Agree to add a report on access to NHS Dentistry to the Committee's work programme in 2023 and receive further update report an access to GP services in 2023.

26. HOSC FUTURE WORK PROGRAMME

26.1 The Committee discussed the future work programme and noted that reports will be added in line with paragraph 22.37 to have an update report on the NHS Winter Plan at the 2 March 2023 meeting and paragraph 25.32 above.

26.2 The Committee also agreed to add a report on Patient Transport Services to the work programme. The Senior Scrutiny Adviser will liaise with Claudia Griffith to agree a timescale for the report.

27. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

27.1 There were none.

The meeting ended at 1.01 pm.

Councillor Colin Belsey

Chair

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**2 March 2023**
By:	**Assistant Chief Executive**
Title:	**NHS Sussex Winter Plan 2022/23 - Update**
Purpose:	**To provide an update on the NHS Sussex Winter Plan 2022/23.**

RECOMMENDATIONS

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

1. Background & supporting information

1.1. Winter planning is an annual requirement of the NHS to ensure that the local health and social care system has sufficient plans in place to effectively manage the capacity and demand pressures anticipated during the Winter period. The Sussex Winter Plan is a whole system health and social care plan, recognising the interdependencies of the system to meet the needs of the local population. The Plan period runs this year from October 2022 to April 2023.

1.2. At the Committee's last meeting held on 15 December 2022 it considered the Winter Plan and requested a further update on its progress to be brought to this meeting. This report provides a summary review of the impact of the Sussex Winter Plan on urgent and emergency care services, together with planned care. The report highlights the impacts of the Sussex wide and East Sussex specific elements of the plan as set out in the paper presented to the HOSC in December 2022 and covers the period to January 2023.

1.3. Although the Sussex Winter Plan was informed by detailed capacity and demand modelling with evidence-based assumptions, this Winter has been impacted by additional factors that have materially impacted on the local health and social care system. This included an earlier than modelled Covid-19 wave, a greater than modelled increase in flu cases which impacted on acute hospital admissions, a significant surge in paediatric demand driven by an increase in Group A Streptococcus prevalence, and industrial action impacting on ambulance services and NHS providers. The above additional demand factors coalesced at the same time to significantly impact on our health and social care system and urgent and emergency care services with the peak consolidated impact observed during the Christmas and New Year holiday period.

1.4. As a result of these additional risk factors the Sussex health and care system declared a system Business Continuity Incident (BCI) on 16 December, which was then further escalated to a system wide Critical Incident on the 30 December running until 6 January when the system was able to de-escalate back to BCI. The system was then subsequently able to de-escalate on 23 January following review of the system position and significant improvement observed in relation to ambulance handover delays and long waits in A&E.

1.5. A summary review providing an update of the NHS Sussex Winter Plan 2022/23 is attached as **Appendix 1** for consideration by the HOSC and covers the following topics:

- *NHS Sussex Winter Plan – Additional Demand Impacts*
- *Our delivery plan: progress*
    - *Discharge, including rapid improvement workstream actions*
    - *Out of hospital urgent care rapid improvement programme*
    - *Improvements in ambulance performance*
    - *Improvements in 111 performance*
    - *Acute Hospital Urgent Care Services*
    - *Out of hospital pathways*
    - *Increasing primary care capacity and improving care for people who are high risk of hospital admissions*
    - *Mental Health*
    - *Infection Prevention and Control*
    - *Seasonal vaccination programme*
    - *Workforce*
    - *Planned Care Recovery Programme*
    - *Public Health – East Sussex*

2. Conclusion and reasons for recommendations

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

PHILIP BAKER
Assistant Chief Executive

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NHS Sussex

NHS Sussex Winter Review

Report for Health Overview and Scrutiny Committee

2 March 2023

Better health and care for all

1 CONTENTS

NHS Sussex Winter Plan: update

1.0 Introduction

This report provides a summary review of the impact of the Sussex Winter Plan on urgent and emergency care services, together with planned care. The report highlights the impacts of the Sussex wide and East Sussex specific elements of the plan as set out in the paper presented to the Health and Overview Committee in December 2022 and covers the period to January 2023.

Delivery of the Sussex Winter Plan has been overseen by a weekly Winter Board, chaired by the NHS Sussex Chief Executive and attended by NHS Provider Chief Executive Officers, System Executives and Local Authority colleagues, ensuring that strategic leadership decisions required in response to any emerging issues or risks, have been taken in a joined-up way. This has ensured that we have taken into consideration the needs of our entire population and the needs of staff working across both health and care.

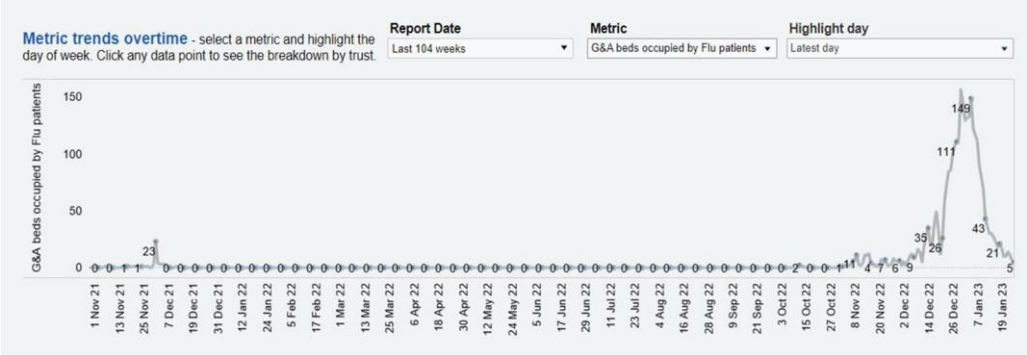
2.0 NHS Sussex Winter Plan – Additional Demand Impacts

The Sussex Winter Plan was informed by detailed capacity and demand modelling with evidence-based assumptions related to seasonal urgent and emergency demand trends, the forecast impact of further Covid-19 waves, and seasonal flu related demand. However, this Winter has been impacted by additional factors that have materially impacted on the local health and social care system as follows:

- Whilst a further Covid-19 wave over winter was modelled within the system winter plan, a further wave impacted slightly earlier than modelled and a peak of 288 acute hospital beds occupied by Covid-19 positive patients was observed on 26 December, compared with a peak of the previous wave of 308 on 12 October.

- Whilst it was anticipated that the flu season this winter would be worse than pre-pandemic levels, actual prevalence and subsequent impact on acute hospital admissions was greater than modelled with a sharp increase in cases and a peak observed on 29 December when there were 157 acute hospital beds across Sussex occupied by patients with flu, compared with a peak of 23 in early December of the previous year, 2021 – see figure 1.

Figure 1: Sussex Acute Hospital Flu General and Acute bed occupancy



- Nationally there was significant surge in paediatric demand in December 2022, which was driven by an increase in Group A Streptococcus prevalence and high-profile national media coverage. This surge in activity impacted services across all primary, urgent and emergency care services. There was a 46% increase in Paediatric A&E attendances in December across Sussex and 58% increase at ESHT. Across Sussex we ensured increased capacity in our Paediatric Emergency Departments and Urgent Treatment Centres, and rapidly mobilised Paediatric Acute Respiratory Infection Hubs across the county.

- In addition to the above factors the system had to respond to industrial action with a GMB strike impacting on ambulance services on the 21 December and 11 January, and an RCN strike impacting NHS providers on the 17 and 18 January with further industrial action planned over the course of the remainder of the winter period. System and provider agreed plans were effective in managing the additional risks identified.

The above additional demand factors coalesced at the same time to significantly impact on our health and social care system and urgent and emergency care services with the peak consolidated impact observed during the Christmas and New Year holiday period.

As a result of these additional risk factors the Sussex health and care system declared a system Business Continuity Incident (BCI) on 16 December, which was then further escalated to a system wide Critical Incident on the 30 December running until 6 January when the system was able to de-escalate back to BCI. The system was then subsequently able to de-escalate on 23 January following review of the system position and significant improvement observed in relation to ambulance handover delays and long waits in A&E.

3.0 Our delivery plan: progress

3.1. Discharge, including rapid improvement workstream actions

Most patients in East Sussex continue to be discharged home without the need of further support. However, for the small proportion of patients who might need social care, rehabilitation services or longer term residential or nursing care to support their discharge, the health and care system has collaborated to develop and implement full plans to support people over the winter period. This has included additional health, social care and voluntary sector capacity[1] to support people to be discharged to their own home; additional bedded capacity for people who are ready for discharge and need further assessment for their longer-term care needs; a range of measures aimed at improving the workforce capacity in the care market; and additional support for carers. Enhanced work with our district and borough councils is also supporting discharge pathways for more vulnerable and complex patients who are homeless or have housing difficulties.

Our priority in East Sussex continues to be to discharge people home wherever safe and practical to do so, this is our Home First pathway. The plans outlined above that we have implemented have included additional clinical and domiciliary care capacity to support this preferred discharge pathway.

Within the context of the wide range of additional capacity and support in East Sussex, there has been a sustained reduction in the numbers of patients who are assessed as medically ready for discharge and are waiting to be discharged. This additional capacity includes an additional 86 Discharge to Assess beds in Care Homes, an additional 910 hours of home care per week and additional capacity from the voluntary sector to support patient discharge, alongside additional workforce to support patient discharge across the health and care sector. The sustained reduction in patients waiting to be discharged is as follows. In East Sussex, the mean number of patients who are medically ready for discharge has reduced from 229 (over the 7 day period ending 14 October 2022) to 162 (for the 7 day period ending 17 February 2023). Within East Sussex Healthcare NHS Trust, there was a mean of 145 waiting during the same October 2022 period, reducing to 87 during the same February 2023 period.

[1] Home from Hospital and Assisted Discharge services

3.2 Out of hospital urgent care rapid improvement programme

The focus of the out of hospital urgent care workstream has been to improve ambulance response times by improving join up and input from alternative services to best support our patients.

A key development has been the Admissions Avoidance Single Point of Access (AASPA). This went live on the 14 December. It provides a single 24/7 telephone number for South East Coast Ambulance Service (SECAmb) for professionals. It is a clinically led service where SECAmb crews are able to discuss a patient's condition, determine the right service for the patient and once clinically referred, have the confidence to leave the patient safely at home where clinically appropriate to do so, allowing the crew to get back on the road. It connects crews into alternative services such as Urgent Community Response services and reduces the number of patients being conveyed to hospital.

The ambition is to expand this service to become the single access point for all admissions avoidance contacts from health care professionals, including GPs, across Sussex. This means that for some people for whom other services can best meet their needs, do not need to be taken to hospital for assessment or admission.

We have been developing a range of expanded out of hospital services that can respond quickly to support people in the community and are working to integrate this work with our Virtual Wards and other clinical decision-making functions so we can optimise access to clinical advice across pathways.

The Admissions Avoidance Single Point of Access is already starting to have a positive impact with ambulance and community teams working closely to optimise use of these alternative pathways which will have a positive impact on our system as a whole. It reduces demand on the ambulance service and potentially lost hours waiting to transfer patients into acute hospitals; it reduces the number of people, and length of time for people, waiting to be seen in our Emergency Departments; and most importantly our patients who are better able to receive the right care, in the right place at the right time. This service has also helped ensure as many ambulance crews as possible remain on the road during periods of industrial action.

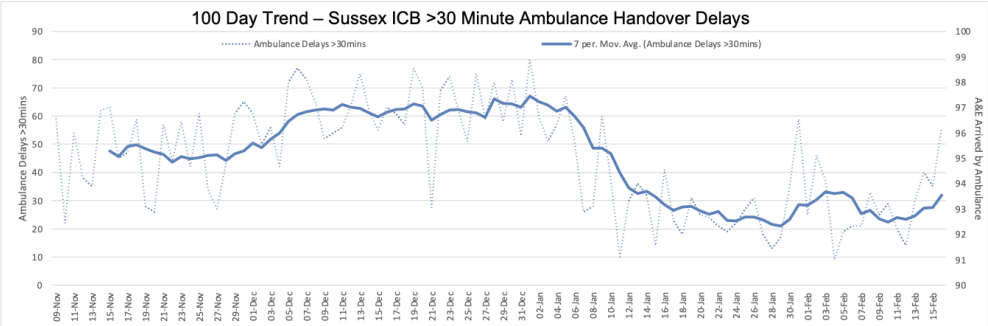
3.3 Improvements in ambulance performance

Overall, there has been continued high demand and the ambulance service has not consistently been able to meet its national response time targets. In January SECAmb Cat 1 mean response time was 9 mins 55 secs compared to an England mean of 11 mins and 0 secs and was ranked 5th out of 11 providers. Cat 2 mean response times were 23 mins and 53 seconds compared to an England mean of 32 mins and 6 secs and was ranked 2nd out of 11 providers. Developments such as the rollout of the Admissions Avoidance Single Point of Access are a positive development, and we expect to see performance improvements. We are also working with Surrey Heartlands ICB who is the lead commissioner of the service, to oversee the implementation of CQC actions which will have a positive impact.

Ambulance handover delays continue to be an area of key focus across our system and the acute hospital sites have worked closely with SECAmb on improvement plans to ensure no delays. Since September 2022 all our sites have shown common cause variation impacted by national

ambulance strikes and there remains a sustained trajectory of improvement as illustrated figure 2 below:

Figure 2: Sussex 100 Day Trend >30 min Ambulance Handover Delays



3.4 Improvements in 111 performance

Following significant pressure and increases in call volumes experienced nationally, which saw call abandonment rates approach 50% in December, activity has now reduced to closer to seasonal norms and the abandonment rate has been reduced to between 9% and 15%. Clinical contact rates within the Clinical Assessment Service have been maintained in the region of 50% ensuring that patients can talk to a clinician when they need to. Where call handlers reach an initial disposition of either Emergency Department (ED) or for ambulance dispatch, clinicians continue to validate these calls to ensure either an Emergency Department or ambulance are appropriate with over 50% of people able to be directed to a more appropriate service for them.

Recruitment and training are ongoing to achieve the target establishment for call handlers and deliver the required improvements to move towards achieving 95% of calls being answered in 60 seconds and to reduce call abandonment rate to <5%. Trajectories for attainment are being agreed through contract management mechanisms. In the interim, additional capacity has been secured from VOCARE, a national provider of urgent and out of hours services commissioned by NHS England, as a temporary arrangement which has been in place from December and will remain until March 2023 at least, whilst recruitment is ongoing and to meet the immediate need.

We continue to ensure improvement actions and targets are robustly overseen through agreed contractual and governance mechanisms.

3.5 Acute Hospital Urgent Care Services

Following a challenging period over Christmas and New Year due to increased demand in particular relating to increased numbers of patients requiring support in hospital for Flu and Covid, the Emergency Departments at East Sussex Healthcare NHS Trust and University Hospitals Sussex NHS Foundation Trust have seen an improvement in performance during January and February 2023.

Our plans to improve flow to our co-located and stand-alone Urgent Treatment Centres have included increased face to face GP appointments in Eastbourne accessible through the Eastbourne Urgent Treatment Centre and additional clinical workforce at Lewes Urgent Treatment

Centre. These measures further improve the capacity of these services available to local people, therefore freeing up more time for the emergency medics to treat the seriously unwell.

At University Hospitals Sussex there has been a particular focus on reducing the number of patients who are medically ready for discharge (MRDs) to improve flow in the A&E departments through maximising the use of existing and additional community and adult social care capacity and the number of MRD patients at Princess Royal Hospital and Royal Sussex County Hospital have reduced over the Winter period.

Our local hospitals have continued to operate flexibly to support flow through their organisations by responding to varying levels of demand through opening additional escalation areas to increase the amount of bedded capacity available, ensuring access and support is available for the population of East Sussex.

3.6 Out of hospital pathways

Community based falls response

In line with national guidance, Sussex has delivered a community-based falls response services for people who have fallen at home, including in care homes. Implementing a community-based falls service aims to free up emergency ambulance capacity to respond to higher acuity incidents.

Development and enhancements within falls response services through the winter workstream include:

- Integration of community-based falls response services within Sussex Urgent Community Response (UCR), which operates 7 days a week
- Community First Responders – deployed to both level one falls and concern for welfare referrals; ensuring dedicated clinical oversight from ambulance service and Urgent Community Response.
- Equipment provision **–** provision of Raizer2™ chairs to support falls response across organisations and enable Urgent Community immediate response for non-injured fallers, reducing ambulance call outs and conveyances
- Adopting the Association of Ambulance Chief Executives' (AACE) Falls Governance Framework as a minimum national standard as part of pathways

In addition to this we have undertaken targeted actions to support avoidance of conveyance from care homes where people can be better supported in the community and remain in their own environment. A range of interventions have supported this work, including collaborative work with care homes to support those with the highest 20% rates of unplanned ambulance conveyances; enhancements to access advanced clinical decision-making support for care homes; optimisation of Enhanced Health in Care Homes, Infection Prevention Control, and quality support provision to care homes. We have also undertaken promotional sessions across Sussex led by ambulance crew 'champions' for promoting use and access of Urgent Community Response services and ensured training resources and information in place and easily accessible for care homes.

Virtual Wards

A key part of the system Winter Plan was the roll out of the nationally recognised virtual ward model across the Sussex system. Virtual wards allow some patients, who would otherwise be in hospital, to receive the acute care, monitoring and treatment they need at the place they call home (including care homes) safely and conveniently. The model was successfully launched in Sussex, as planned, in December 2022 and there are now 98 virtual wards beds open across the system, with 23 of these open to East Sussex residents. Up to 26 January, 260 patients have benefited from the new service. There are plans in place to significantly increase the use of virtual wards across Sussex during the course of 2023 and ahead of next Winter. There has been very positive patient feedback on this service as shown in the patients quotes below:

"I thought the virtual ward was marvellous. It saved a bed and allowed me to stay at home with my wife which is my main priority. I thought it was fantastic."

"I felt I was involved with the whole process all along including why the treatment was going to be stopped."

"A fantastic service! I can't sing their praises enough – from the paramedic who referred me in, to the nurse who comes to see me, and everyone involved in virtual wards. Benefit number one: The relief of being able to stay in my own home; benefit two: I haven't taken up a hospital bed for someone in a worse condition than me; benefit three: I can see it saving the NHS millions!"

Examples of other pathways

In addition, our Urgent Treatment Centres and Minor Injury Units continue to support patients where their condition is best suited to these settings. Our remote GP service, LIVI, has enabled patients to be reviewed and treated remotely where appropriate, therefore freeing up capacity for those with more urgent of complex needs to be seen by our Emergency Departments. Our Same Day Emergency Care services have also been enhanced through improved pathways between SECAmb and clinical services, removing the need to go via the Emergency Department; these services have also increased their medical workforce capacity to support demand for their services over the winter period.

Our work with our district and borough councils and local voluntary and community sector continues to enable support to people who are homeless or have housing difficulties and those who may need help with more complex needs and people who need help with welfare benefits advice. Our Safe Spaces in Eastbourne and Hastings town centres continue to operate on Saturday nights to support and advise vulnerable people as part of the night-time economy who may otherwise require support from an Emergency Department.

3.7 Increasing primary care capacity and improving care for people who are high risk of hospital admissions

Additional winter funds were made available, weighted for areas of high deprivation, to increase capacity during the winter months. In total, about £800k was made available initially to bring in additional clinicians, offer specialist clinics, and generally increase access to GP services. This has resulted in approximately 39,000 additional appointments.

This winter, in addition to the expected general increased in demand, our services experienced a significant increase in Group A Streptococcus and other respiratory presentations throughout December and into January. To meet this increase in demand respiratory assessment hubs were stood up across Sussex in December and have continued into the new year. In East Sussex these were at Hampden Park in Eastbourne; Beaconsfield Road Surgery in Hastings; and St Leonards Medical Centre, all of which offered a combination of virtual and physical appointments. As of 2 February 2023, 1,266 additional face to face appointments had been attended out of 1,831 offered (67%).

Patients were able to book into these appointments via their GP or through the Urgent Treatment Centres, who provided additional support out of hours for patients experiencing respiratory problems. Initially these appointments were open only to paediatric cases, but as the impact spread into the adult population the hubs were opened up to all ages.

Some of the additional winter funds have been used by two Primary Care Networks in East Sussex – Bexhill and Victoria– who are testing new models of care for people who are at high risk of hospital admission. These are focussed on proactive care plans for people who are frail and have multiple long-term conditions, with the aim of better supporting these individuals to stay well. This is an approach which has been trialled successfully in other systems and in other parts of the country. Should these pilots prove successful further roll out of the approach will be considered.

3.8 Mental Health

Our plans over winter have ensured a particular focus on supporting people with mental health needs in the right place for them; reducing the number of patients having to receive inpatient support outside of the county; and reducing delays in supporting patients to be discharged from inpatient services. There has been a significant amount of work undertaken with Sussex Partnership NHS Foundation Trust to support this, as well as across the wider system. Key actions have included an increased use of Havens (dedicated, mental health crisis assessment facilities that provide support and assessment for adults 24 hours a day), enhancing community support to reduce the number of people attending Emergency Departments with a mental health issue and reducing the number of Sussex residents cared for inappropriately in out-of-county inpatient beds has been reduced to zero.

As part of our system discharge plans we have also invested in initiatives over winter to reduce the length of time patients are waiting to be discharged from mental health inpatient settings and to support children and young people who attend our Emergency Departments with a mental health need.

3.9 Infection Prevention and Control

This winter has seen an increase across viral outbreaks and secondary bacterial infections such as COVID 19, Influenza, Norovirus and Group A Streptococcus (GAS). The Sussex Integrated Care System have a dedicated Infection Prevention Team that supports all NHS and social care providers with maintaining high standards of infection prevention to maintain high quality and safe services.

The Sussex Infection Prevention Team have implemented the following measures:

- System infection prevention cell meeting weekly to ensure local adoption of national guidance which is applied in a standardised approach across all providers
- Specialist infection prevention support across Sussex to provide outbreak management across health and social care providers.
- Established infection prevention governance monitoring and reporting.
- Daily Covid-19 monitoring.
- Development of an updated Sussex ICS Seasonal Infection Prevention Surge Plan.
- NHS support to social care providers via local authority Public Health teams.
- Development of Sussex Clinical and operational GAS cell to support the provision of additional services and clinical management of an increase in suspected infections
- Provision of additional specialist training for new infection risks identified.
- Mutual aid support across Infection Prevention Control teams such as personal protective equipment (PPE).

3.10 Seasonal vaccination programme

The autumn/winter Covid-19 and flu campaigns started in September 2022 and in Sussex these were delivered across a network of 64 GP-led vaccination sites, Community Pharmacies and Vaccination Centres; 21 of these being in East Sussex. The focus for this campaign was to offer the vaccine to residents in a care home for older adults and staff working in those homes, frontline health and social care workers, adults 50 years and over, persons aged 5-49 in an identified clinical risk group, persons aged 5-49 who are household contacts of people with immunosuppression and persons aged 16-49 who are carers.

Further to a statement issued by the Joint Committee for Vaccination and Immunisation (JCVI), the Covid-19 vaccination campaigns ceased on 12 February, with the influenza campaign also ending on 31 March. However, the evergreen offer for Covid-19 vaccination (vaccines for individuals aged 5 years and over and yet to complete their primary course) continues predominantly through mobile vaccination units. In East Sussex this activity will focus on providing vaccinations to care homes, care settings, housebound patients and their carers, homeless and insecurely housed persons. There will be opportunistic vaccinations in GP practices, signposting and engagement work with targeted groups, children's vaccinations in schools and mobile vaccination units to target our population focus areas. These include, but are not limited to, immunosuppressed patients and their household contacts, patients with learning disabilities and mental health needs, pregnant persons, BAME groups, Gypsy, Roma and Traveller Communities, young men aged 16+, LGBTQIA and TNB people and Refugees and people seeking asylum. An after-action review process is on-going, and this will shape plans for the next campaigns. For Covid-19 this is likely to be in the spring and will focus on those who are most vulnerable to Covid-19.

Tables 1 and 2 highlight uptake across both vaccination campaigns as of 15 February 2023.

Please note the following:

- *some cohorts are not comparable as the cohort definitions changed from Autumn 2021 campaign to Autumn 2022*
- *the total number eligible in each cohort changed between campaigns*

Table 1: Covid-19 Vaccination uptake East Sussex Autumn 2022

Cohort	Uptake
1. Care Home Residents & Residential Care Workers	3,194 (85.6%)
2. Healthcare Workers	17,428 (51.8%)
3. Social Care Workers	4,739 (48.3%)
4. Aged 80+	31,956 (88.3%)
5. Aged 75-79	27,441 (88%)
6. Aged 70-74	27,232 (86.9%)
7. Aged 65-69	25,330 (82.1%)
8. At Risk	31,667 (50.8%)
9. 12-15 At Risk	53 (31%)
10. 12-17 Household contacts of immunosuppressed	66 (5.5%)
11. 5-11 At Risk	171 (29.4%)
12. Aged 60-64	13,035 (69.8%)
13. Aged 55-59	12,709 (59.2%)
14. Aged 50-54	10,072 (49.4%)

Table 2: Influenza Vaccination uptake East Sussex Autumn 2022

Cohort	Uptake (%)
Aged 65 and over	79.9
Aged 50-64	46.3
Aged 6 months to 50 years in risk groups	36.8
Pregnant women	39.4
Aged 2-3	46.4
Aged 4-10	41.7

3.11 Workforce

Workforce capacity over winter is an identified risk within our system plan and this has been further exacerbated by the current industrial action affecting our providers and ambulance services.

The following measures are in place to ensure that the workforce issues arising from industrial action are addressed:

- The sharing of risks and issues at the weekly System Chief People Officer meetings across all our organisations
- Shared intelligence about local derogations and liaison arrangements with strike committees
- Sharing of real-time information about staff numbers participating in industrial action and services affected and regular communication with the Regional Operations Centre to support the smooth management of services across strike days.

At the same time, measures put in place earlier in the winter continue to be implemented and further developed. These include:

- Robust safe staffing escalation processes in place within each provider.
- System wide mutual aid systems and processes to enable the sharing of workforce across providers to maintain safe staffing levels and service provision. An enhanced staff sharing

Memorandum of Understanding to support planned and unplanned staff sharing across system partners is in an advanced stage of development.

- A programme steering group has established to oversee implementation of a collaborative Sussex Health and Care system international recruitment approach and a shared staff bank pilot for Healthcare Assistants. This will include a harmonisation exercise to review bandings and other terms and conditions, as well as the development, pastoral and accommodation support offers available for international recruits.
- A Sussex Health and Care system Retention Lead has been in place since January 2023 to develop an ICS retention plan, building on existing retention activities being undertaken by system partners. A Retention Community of Practice is being established to be launched in February 2023.
- Assessment of staffing levels daily, and implementation of local response actions to meet shortfalls in capacity.
- New roles and ways of working are being implemented, for example the virtual ward programme.
- As a system we are a vanguard nationally in a violence reduction and prevention programme to keep colleagues safe in the workplace. Level 3 and Level 4 Violence Prevention training modules are to be piloted in Sussex later this year with 45 fully funded places offered to partners across the Sussex health and care sector.
- Our workforce vaccination programme commenced in September to support protection of colleagues from contracting flu and covid infection in support of our sickness absence position.

3.13 Planned Care Recovery Programme

The Sussex Planned Care Recovery plan has focussed on improving access to services for patients and reducing waiting time by maximising existing capacity across the system and transforming how care is provided. While winter pressures and industrial action have led to some cancellations of planned care, every effort is made to rebook those patients who are affected at the earliest opportunity.

Across the five Community Diagnostic Centres (CDC) in Sussex, an additional 77,157 diagnostic tests have been delivered since April 2022, with 19,464 of those undertaken at the Bexhill CDC (which is delivering 143% above plan). This additional diagnostic capacity provides patients faster access to tests, supporting decision making for treatment plans. This also gives the acute hospital providers more internal capacity to diagnose emergency inpatients, to support their treatment plans and aid earlier discharging.

The Sussex health and care system remains on track to eliminate waits of 78 weeks or longer for planned care treatment by April 2023. This is being delivered by partners across the healthcare system offering alternative sites and choice to patients, including in the independent sector where insufficient NHS capacity is available. East Sussex Healthcare NHS Trust has remained one of the top performing Trusts nationally consistently reporting very low numbers of patients waiting over 78 weeks for treatment.

Sussex health and care partners continue to focus on improving productivity in order to maximise delivery of planned care, delivering theatre utilisation of 79% (third highest ICB in England) and day case rates at 82.7% (highest ranked ICB in England). The Sussex Orthopaedic Treatment Centre (SOTC) is also one of eight centres nationally selected for 'centre of excellence' accreditation by NHS England, which will benefit the Sussex population who require elective orthopaedic treatment.

3.14 Public Health – East Sussex

Joint work with Public Health in East Sussex continues as part of winter plan implementation. This includes maximising uptake of Covid-19 and Flu vaccinations across the whole population and reducing health inequalities and transmission of Flu and Covid-19, with outreach engagement for groups with the lowest uptake and in the areas of highest deprivation. The East Sussex Energy Partnership (ESEP) has continued to deliver its fuel poverty reduction programme actions, including the 'Keep Warm and Well in East Sussex' communications campaign, aiming to ensure a consistent and co-ordinated approach to the delivery of interventions to tackle health and wellbeing issues related to cold homes, particularly for vulnerable groups. Alongside this, we have continued to offer the East Sussex Warm Home Check service, offering advice, home visit assessments, provision of small preventative measures and coordination/ installation of major heating and insulation measures (subject to sourcing of external funding) for eligible low-income households. An emergency temporary heating scheme and advance cold weather community messaging system (coldAlert) continues to be delivered.

The Public Health protection team and the ICB infection control teams have continued to work closely together providing support to the East Sussex care provider market with infection prevention control support.

4.0 Summary

There has been robust working across the health and care system as we implemented our winter plans and responded to the additional demand and specific circumstances including industrial action over this winter period and the surges in demand such as Group A Streptococcus. Sussex health and care partners continue to work together to ensure that patients continue to receive the best possible care.

Whilst there has been high demand across all services the system continues to oversee plans to ensure these are collectively addressed and local people have access to safe service provision in a way that best meets their needs.

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

Date of meeting: **2 March 2023**

By: **Assistant Chief Executive**

Title: **Proposed Changes to Children's Specialised Cancer Services – Principal Treatment Centre**

Purpose: **To provide the HOSC with details of proposed changes by NHS England (NHSE) to Children's Specialised Cancer Services – Principal Treatment Centre and consider whether the proposals constitute a 'substantial variation' to health service provision for East Sussex residents requiring statutory consultation with HOSC under health scrutiny legislation.**

RECOMMENDATIONS: The Committee is recommended to:

1) consider whether the service change proposals set out in Appendix 1 constitute a 'substantial variation' to health service provision for East Sussex residents requiring statutory consultation with the East Sussex HOSC; and

2) agree any further scrutiny work the Committee will undertake on the proposed changes to Children's Specialist Cancer Services as outlined in paragraphs 2.8 to 2.10 of the report.

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1 Background

1.1 NHS England (NHSE), London and NHSE South East commission Children's Specialised Cancer Services Principal Treatment Centres (PTCs) which serve South London and the South East Region. They have contacted HOSC regarding some proposed changes to Children's Specialised Cancer Services PTC, currently provided jointly by The Royal Marsden NHS Foundation Trust (Sutton site) and St George's University Hospital NHS Foundation Trust in south London.

1.2 This report provides the opportunity for the HOSC to consider whether the proposals constitute a substantial variation to services for East Sussex residents requiring formal consultation with the Committee alongside and separately to the planned public consultation.

2 Supporting information

2.1 The presentation from NHSE attached as Appendix 1 sets out their proposals for changes to the Children's Specialised Cancer Services – PTC which provides cancer treatment for children and young people in East Sussex and the wider region (Sussex, Kent, Medway and South London). NHSE, as the commissioner, is the responsible organisation for service reconfigurations and changes for this service. The presentation includes:

- An explanation of the background to the programme and why changes to the current service provision are required i.e. the case for change.
- An explanation of how children's cancer services are currently organised and which services are in scope for this service change.
- A description of the implications for people from East Sussex.
- A description of the work of the programme to date and how NHSE has already been engaging to support their thinking.
- An outline of the broad timeline NHSE is working to and a discussion of the next steps and how best engage with the East Sussex HOSC.

2.2 Following a number of reviews of services nationally, NHSE has developed a new set of service specifications which set out how PTC services should be organised in the future. The new service specification includes a requirement for PTCs to be delivered on a site with a Paediatric Intensive Care Unit (PICU), alongside paediatric surgery, radiology, haematology and paediatric anaesthetics. These new requirements mean that when the services are recommissioned there will be a change in service provider as The Royal Marsden Hospital has indicated that it would not be economic for them to establish a Paediatric Intensive Care Unit. NHSE is currently conducting a commissioning process where St. George's Hospital and the Evelina Children's Hospital at Guy's and St. Thomas' NHS Foundation Trust are bidding to provide the service.

2.3 In 2019/20, 28 children and young people aged 15 and under from East Sussex accessed inpatient care at the existing PTC out of a total of 411. East Sussex patients visited on a total of 302 occasions for predominately day case activity (284), plus a smaller number of visits for elective (17) and non-elective (1) procedures. Although the number of children, young people, families and carers using these services is small, what is provided is regarded as vital and specialist care. Therefore, the NHSE Programme Board consider that any changes to these services would be significant for service users overall and are planning for a formal consultation.

2.4 The anticipated benefits of the proposed changes include:

- **A service ready for the future** - With paediatric intensive care available on the same site as the principal treatment centre for children's cancer, the service will be ready to deliver new types of care, such as immunotherapies to very sick children.
- **More care delivered on a single site** – The changes will not address all of the service fragmentation in London, but NHSE do want to maximise the number of other specialist children's services delivered on the same site as the PTC, meaning that children will be able to receive care from clinicians skilled in a wider range of specialist care for children. This will not just mean that treatment transfers are reduced, but coordinated holistic care is also increased.
- **Good treatment of staff** – NHSE aim to match and ideally improve on the current training and support offer to staff.
- **Compliance with the national service specification** - The service specification includes standards which are in place to ensure all children receive the best possible care. Compliance in itself should be seen as a very positive step.
- **Fewer treatment transfers** - Streamlining access to critical care will happen immediately once the PTC is on the same site as a PICU. This will remove the need for emergency transfers. Availability of a wider range of clinical specialties on the same site as the PTC should also reduce the limited number of other transfers that also occur currently. Care models that reduce transfers further will be one of the evaluation criteria.

2.5 NHSE indicate that the proposed changes to the service are unlikely to be implemented until 2026 at the earliest following consultation on the proposals. NHSE have stated that one of the impacts of the proposed changes for East Sussex patients, families and carers will be increased travel times by car for the two options under consideration, but journey times by public transport are likely to be improved. Travel is only one of a number of considerations in making the proposed changes to the service. The equality impact assessment for this service change will look at mitigations for the impact of poorer car travel times.

HOSC role

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

2.7 There is no national definition of what constitutes a 'substantial' change. Factors such as the number or proportion of patients affected; whether the service provides planned care (outpatient appointments or day case surgery) where patients and carers make arrangements for travel beforehand, or un-planned care (emergency and urgent care) where patients may be

admitted via ambulance or travel to an Emergency Department; the level of improvement offered by the new service; and the availability of alternative services nearby are often taken into account in coming to an agreement between a HOSC and the NHS on whether formal consultation with the HOSC is required. NHS England also recommends that responsible organisations, in this case NHSE London and NHSE South East, conduct a public consultation for proposals that a HOSC considers to be a substantial variation to services.

2.8 Where the HOSC does not consider a proposal to be a substantial variation to services for the residents of its area there are alternative options for further informal scrutiny involvement including submitting a written response to the public consultation; writing to any HOSC or Joint HOSC which is being formally consulted asking them to consider issues that may be of concern or affect East Sussex patients when they scrutinise NHSE's proposals; and/or holding informal HOSC board meetings with other affected HOSCs to feed into the formal scrutiny process,.

2.9 If East Sussex HOSC considers that the proposals do constitute a substantial change for the county's residents the Committee, under the scrutiny legislation, will need to form a joint HOSC with any other HOSCs which also consider the proposal to be a substantial variation. The joint HOSC would formally consider the plans in detail in order to respond to NHSE with a report and recommendations. The formation of a joint HOSC would involve agreeing a terms of reference and appointing a representative(s) to attend the meetings of the joint HOSC which would be held in person in line with current legislation. The joint HOSC would then submit recommendations on behalf of the all the constituent HOSCs to NHSE on the proposals.

2.10 NHSE has indicated that the likely timescale for undertaking the public consultation is June to September 2023. It is therefore likely any joint HOSC arrangements for scrutinising the proposals will need to be in place before then. If HOSC decides that the proposals are a substantial variation for East Sussex it may need to delegate authority to the Chair and Vice Chair, in consultation with the Committee, to provisionally agree the terms of reference of any joint HOSC and East Sussex HOSC's representation in any joint scrutiny arrangements, in advance of formal agreement at the Committee's next meeting in June.

3. Conclusion and reasons for recommendations

3.1 This report presents HOSC with proposals for changes to Children's Specialised Cancer Services, Principal Treatment Centres, which provide cancer treatment for children and young people from East Sussex and other areas of London and the south east region.

3.2 The Committee is recommended to consider whether the service change proposals set out in **Appendix 1** constitute a 'substantial variation' to health service provision for East Sussex residents requiring statutory consultation with the East Sussex HOSC.

3.3 The Committee is also recommended to agree what further scrutiny the Committee will undertake, either by submitting its views on the proposals informally through the scrutiny work undertaken by other affected HOSCs and/or via the public consultation, or, should the changes be considered a substantial variation, by forming a joint HOSC to formally consider the proposals.

PHILIP BAKER
Assistant Chief Executive

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NHS England London

Changes to Children's Specialised Cancer Services Principle Treatment Centre Programme – South London & South East England

East Sussex HOSC

2 March 2023

Purpose of the discussion

- Explain the background to the programme and why changes to the current service provision is required i.e. the case for change
- Explain how Children's Cancer services are currently organised and which services are in scope for this service change
- Describe the implications for people from East Sussex
- Describe the work of the programme to date
- Demonstrate how we have already been engaging to support our thinking
- Outline the broad timeline we are working to
- Discuss next steps – understanding how we best engage with you

A new national service specification for PTCs

- Children in the UK currently receive some of the best cancer care in the world, utilising cutting-edge treatments and technology. Following a number of reviews of services nationally, NHS England has worked with professionals and patients and consulted the public on a new set of service specifications which set out how services should be organised in the future. These have been published and are available here. In particular they wanted to:
  - **Improve integration** between different children's cancer services;
  - **Improve experience of care**
  - **Improve participation** in **clinical trials**
  - Tackle variation, ensuring that patients got the **same high quality care, regardless of where they were treated**

- Standards for Principal Treatment Centres were developed by clinicians, patients, families and providers to ensure that wherever children and young people receive specialist cancer services, it would be the same excellent care across the country from diagnosis to management and follow-up of cancer

- The outcomes of the 2019 consultation on the standards was reflected in a new service specification for PTCs (published here in November 2021) which includes ***a requirement*** **for Principal Treatment Centres to be delivered on site with Paediatric Intensive Care Units**, alongside paediatric surgery, radiology, haematology and paediatric anaesthetics, with ideally a range of other specialist children's services too**.**

- These specifications set out how services should be provided in future and meet the highest safety considerations, as well as ensuring that services are able to meet the needs of new technologies and treatments.

Changes are needed to meet the new service specification

- London has internationally renowned paediatric cancer services – **the new specification helps strengthen them even further** by creating future facing services able to excel in new treatments modalities making the need for an on-site PICU is even more necessary

- The **Royal Marsden NHS Foundation Trust currently provide high quality and safe specialist children's cancer services on behalf of London and the south east. The research undertaken by the RMH is outstanding.**

- The current PTC is provided across The Royal Marsden (Sutton site) and St George's University Hospital NHS Foundation Trust, **but there is no PICU at The Royal Marsden (Sutton site**) meaning the PTC does not comply with the new specification

- Professor Nicholas van As, Medical Director for The Royal Marsden NHS Foundation Trust, has said recently: "it is not economic to provide PICU services with a highly specialised workforce at a greater number of locations including The Royal Marsden, Sutton. Given this decision, The Royal Marsden will not be bidding to remain a PTC but will work in partnership for the benefit of children with either St George's Hospital, our existing partner, or Evelina London Children's Hospital."

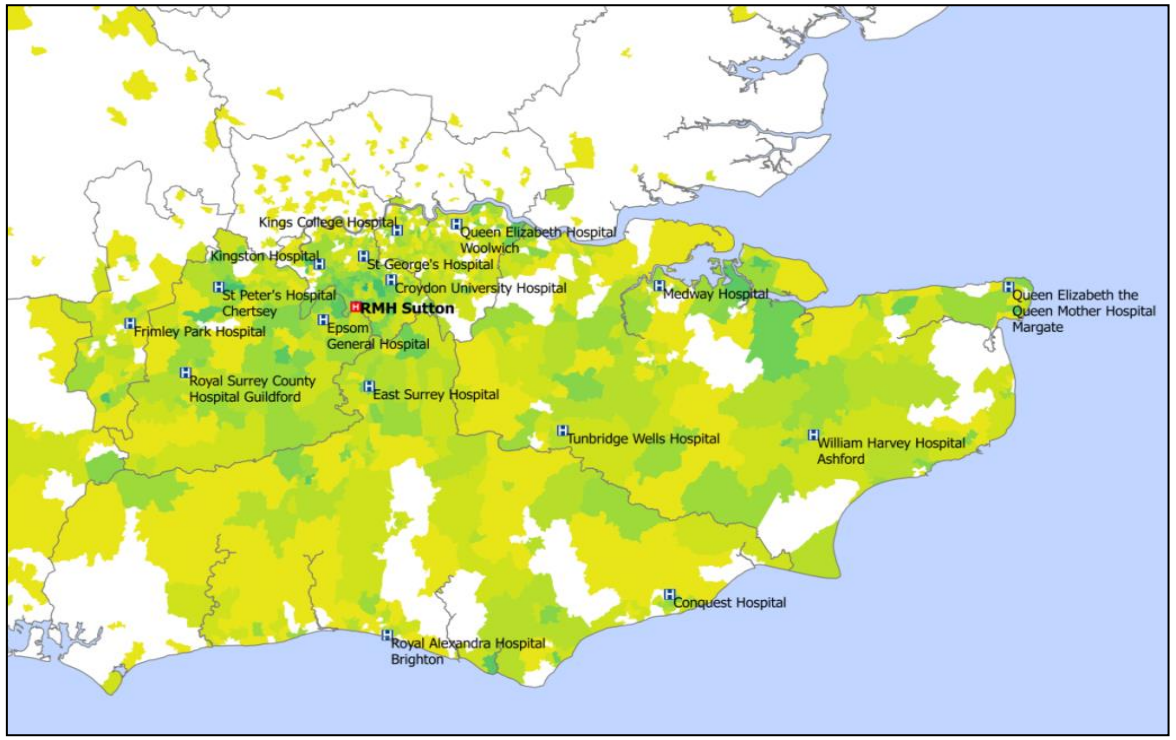
- The programme is in the process of undertaking an **options appraisal process** on a shortlist of options, in order that services can be **relocated to comply with the new specification.**

Though the number of children, young people, families and carers using these services is very small, what is provided is vital and specialist care. Therefore, our Programme Board feels that any changes to these services would be significant and we are planning for a formal consultation.

About the programme – the current service

- NHS England is **responsible** for commissioning specialist services, including **children's cancer services for those aged 1-15 years.**
- In England on average **1,400 children (under 15 years) are diagnosed with cancer every year** – meaning **very small numbers** of children need to access these services.
- The age-specific incidence rates for childhood cancer across the South Thames geography are similar to England as a whole, at around 15 cases per 100,000 population per year.
- **All children and young people** in the UK who are diagnosed with cancer are treated in **one of 19 Principal Treatment Centres (PTCs)** which are responsible for coordinating and delivering care.
- Currently, the joint PTC in this area (**The Royal Marsden NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust**) covers; **Kent and Medway, Surrey, Sussex, south east and south west London.**
- **Paediatric Oncology Shared Care services (POSCUs)** allow children and young people with cancer to be treated closer to home so that families do not need to travel long distances to the nearest PTC for some procedures. The map shows the POSCU's associated with the joint PTC in London

In 2019/20 **28 children** aged 15 and under from East Sussex accessed inpatient care at the joint PTC.



Paediatric Oncology Shared Care services associated with the joint PTC run by The Royal Marsden NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust in London.

The current principal treatment service in south London

South Thames Joint PTC (Children aged 1-15 years): **c400 referrals per annum**
Active caseload of c1500 patients

The Royal Marsden (RM) - primarily oncology, chemotherapy radiotherapy & bone marrow transplant

INPATIENT
- Inpatients (18 beds of which 75% used by -16s, c470 admissions pa).
- Palliative care (c100 palliative and symptom patients per year)

AMBULATORY
- Outpatients (c5,800 attendances pa)
- Chemotherapy (c3,600 attendances pa)
- Radiotherapy (c800 treatments pa)
- Imaging & nuclear medicine (3,700 images pa)
- Day case treatment/procedures (1,800 procedures pa)

Children move between services for care

- Almost all specialist ambulatory cancer care is provided at RM
- Other providers, in particular KCH (for neurosurgery and liver) and GOSH/UCLH (for under 1s) play significant role

St George's Hospital (SGUH) - primarily surgery & critical care

INPATIENT
- PICU (c65 admissions pa, average 1.5 beds)
- Inpatients (4 beds, c135 admissions pa).

PROCEDURES
- Biopsies (c45 pa)
- Line insertion / removal (c190 pa)
- Surgery incl. neuro-surgery and tumour resections (c20 pa)

OTHER
- Neuro-rehab
- Specialist paeds including gastroenterology, neurology, dental, bronchoscopy/respiratory, infectious diseases, gynae, urology, Max Fax, plastics

Other specialist centres providing/supporting cancer care for South patients.

↔ **Kings College Hospital (KCH)**
- Provides ⅔ of all neuro-surgery
- All liver surgery
- Endocrine & ophthalmology OPD

↔ **GOSH/UCLH PTC**
- All children aged under 1
- CAR-T therapy
- Some surgical procedures

↔ **Evelina London (GSTT)**
- Cardiology service, including echo cardiograms as part of cancer care, and renal.

↔ **RNOH** – bone sarcoma
Barts - retinoblastoma

Other key providers:

↔ Epsom & St Helier
- Ophthalmology OPD (c40 referrals pa)
- Endocrine OPD
- Audiology OPD (c70 patients pa)

↔ Oxford/Hammersmith
- Fertility services

What are the expected benefits of any change?

A service ready for the future

With paediatric intensive care available on the same site as the principal treatment centre for children's cancer, the service will be ready to deliver new types of care, such as immunotherapies to very sick children.

More care delivered on a single site

We wont address all of the service fragmentation in London, but we do want to maximise the number of other specialist children's services delivered on the same site as the PTC, meaning that children will be able to receive care from clinicians skilled in a wider range of specialist care for children. This will not just mean that treatment transfers are reduced, but coordinated holistic care is also increased.

Good treatment for staff

We aim to match and ideally improve on the current training and support offer to staff.

Compliance with the national service specification

The service specification includes standards which are in place to ensure all children receive the best possible care. Compliance in itself should be seen as a very positive step.

Fewer treatment transfers

Streamlining access to critical care will happen immediately once the PTC is on the same site as a PICU. This will remove the need for emergency transfers. Availability of a wider range of clinical specialties on the same site as the PTC should also reduce the limited number of other transfers that also occur currently. Care models that reduce transfers further will be one of the evaluation criteria.

Although The Royal Marsden/St Georges service is safe and offers excellent care, all treatment transfers carry risk, and the aim should be to minimise these where possible.

Managing Risks during the transition

We are assessing the two short-listed options against four key criteria:

- Clinical
- Research
- Patient and Carer Experience
- Enabling support (workforce, capacity, resilience

We aim, by taking this approach, to protect what is excellent in the current service, including research, and build on this for the future. We will work with all parties to ensure the benefits of this change are realised.

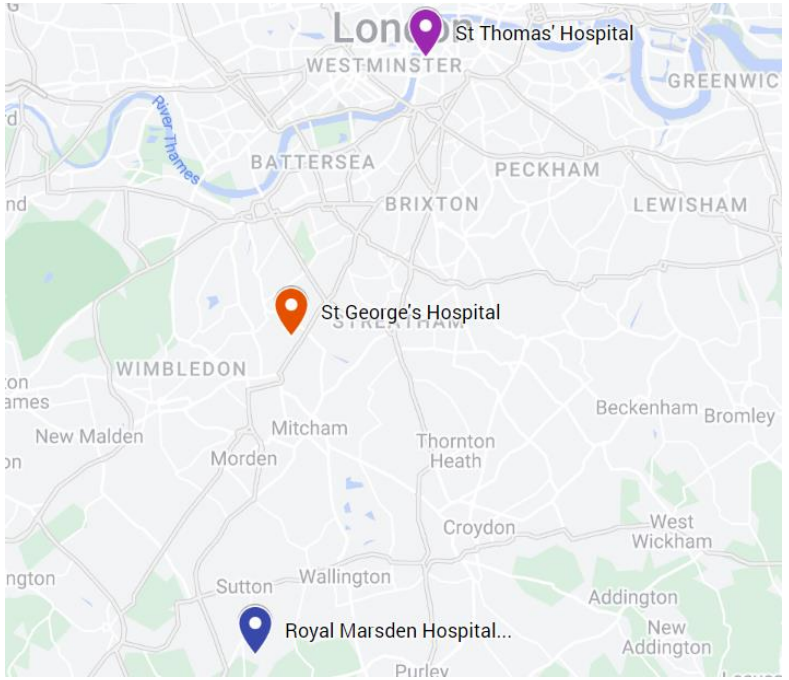
The picture in East Sussex

Potential impacts

- In 2019/20 **28 children aged 15 and under from East Sussex accessed inpatient care at the PTC out of a total of 411 children aged 15 and under who used RMH PTC in 2019/20**.
- Any changes proposed are unlikely to be implemented until 2026 at the earliest, following consultation.
- Both options being considered will require travel into London when services for those aged 15 and under cease at the Royal Marsden Hospital in Sutton.
- Travel time has been looked at by deprivation and geography. For both SGUH and GSTT public travel times improve over public transport access to RMH for the majority of patients. However, car transport travel times are longer by at least 15 minutes for 50% of patients when travelling to SGUH and 70% when travelling to GSTT. Travel time impacts have not yet been looked at on a borough basis.
- Travel is only one of a number of considerations in making this change. The equality impact assessment for this service change will look at mitigations for the impact of poorer car travel times.

Involvement in the programme

- Involvement from ICBs, Trusts and the Children and young people's cancer network in our governance.
- Heard from parents and young people through our early engagement.
- As we begin planning for consultation, we are working to ensure we are connected with charities and local groups working with children and young people with cancer across geographies.



Map depicting where services may be provided in future (St. Georges Hospital or Evelina London) and where they are currently provided (St. Georges Hospital and the Royal Marsden)

Children who use this PTC come from a broad geography and therefore **we will want to engage all OSCs likely to be affected** as we plan for consultation. We want to discuss with you **the most time and resource efficient way** to do this.

The picture across the entire affected geography – slide 1

(Children aged 1-15 accessing inpatient paediatric cancer care at the Royal Marsden in 19/20 – Local Authorities)

NHS England London

CCG and Local Authority	Day Case		Elective		Non-Elective		Total	
	Patients	Activity	Patients	Activity	Patients	Activity	Patients	Activity
NHS Kent and Medway CCG	**88**	**842**	**28**	**78**	**12**	**14**	**94**	**934**
Maidstone	12	81	3	11	1	1	13	93
Tonbridge and Malling	12	130	5	15	3	3	12	148
Swale	10	73	2	3			10	76
Thanet	10	77	2	5	2	2	10	84
Medway	7	47	3	4	1	2	9	53
Sevenoaks	8	134	3	14	2	2	8	150
Canterbury	6	93	2	6	1	1	6	100
Tunbridge Wells	4	31	2	6			5	37
Gravesham	4	32	1	2			5	34
Dover	5	33	1	1			5	34
Folkestone and Hythe	4	16	2	8	1	1	5	25
Dartford	4	79	2	3	1	2	4	84
Ashford	2	16					2	16
NHS South West London CCG	**80**	**958**	**23**	**53**	**10**	**11**	**84**	**1,022**
Croydon	26	379	9	28	5	5	28	412
Wandsworth	18	187	3	3	3	4	18	194
Sutton	13	156	4	6	1	1	15	163
Merton	15	140	5	13	1	1	15	154
Kingston upon Thames	6	57	1	2			6	59
Richmond upon Thames	2	39	1	1			2	40
NHS South East London	**80**	**666**	**26**	**89**	**10**	**12**	**83**	**767**
Bromley	17	171	8	18	3	4	19	193
Lambeth	15	96	5	13	3	3	16	112
Bexley	14	110	3	19	2	2	14	131
Southwark	13	134	5	18	1	2	13	154
Greenwich	12	80	3	6	1	1	12	87
Lewisham	9	75	2	15			9	90

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Note: patients may appear in more than one admissions category – the total number patients column represents the total number of individual patients accessing inpatient paediatric cancer care at the Royal Marsden in 19/20

The picture across the entire affected geography slide 2

(Children aged 1-15 accessing inpatient paediatric cancer care at the Royal Marsden in 19/20 – Local Authorities)

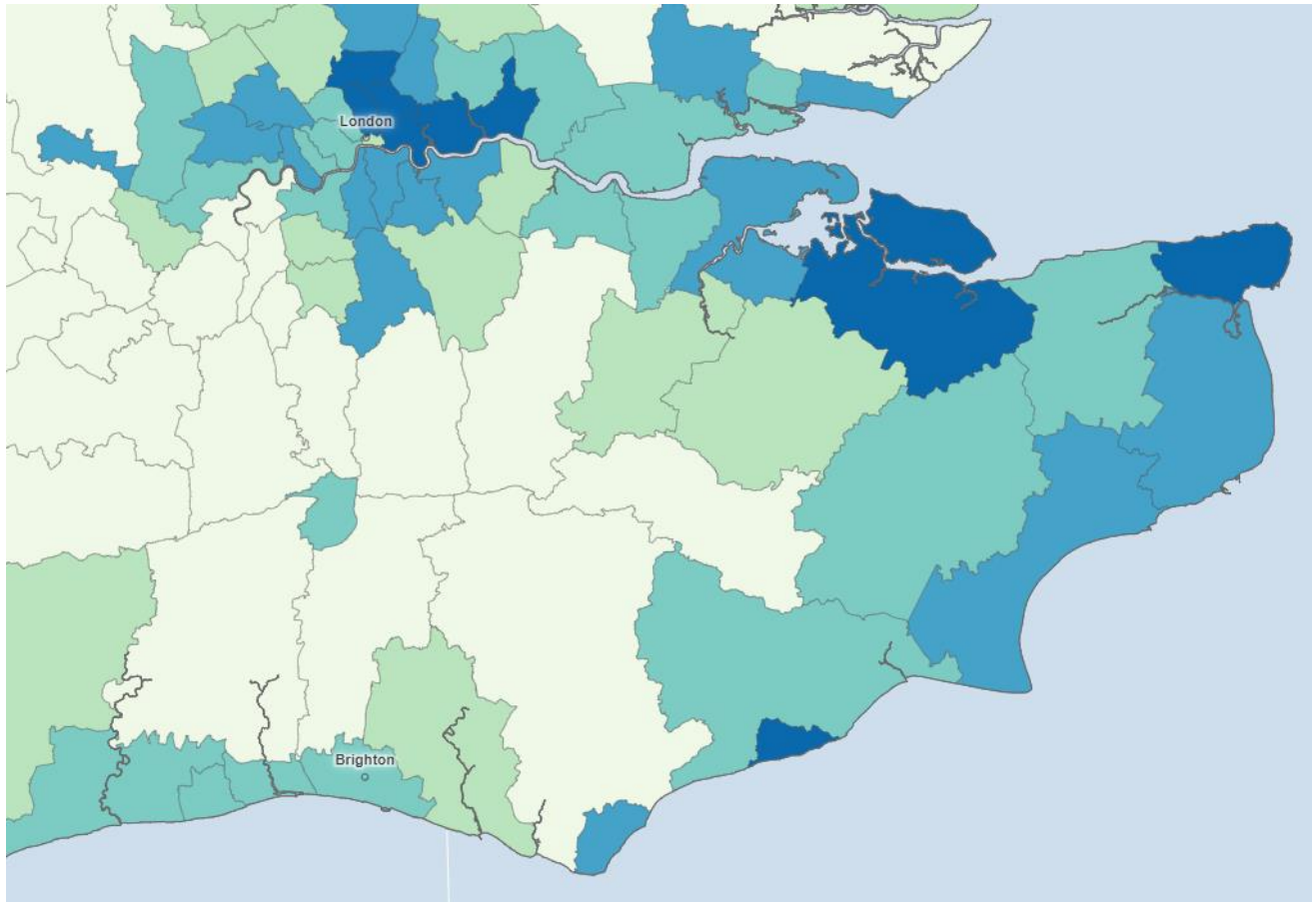
NHS England London

CCG and Local Authority	Day Case		Elective		Non-Elective		Total	
	Patients	Activity	Patients	Activity	Patients	Activity	Patients	Activity
NHS Surrey Heartlands CCG	**81**	**667**	**25**	**74**	**5**	**5**	**83**	**746**
Elmbridge	15	139	3	8	2	2	16	149
Reigate and Banstead	13	114	1	4			13	118
Tandridge	9	104	4	5			9	109
Waverley	5	60	3	19	2	2	5	81
Woking	6	52	3	7			6	59
Runnymede	8	47	4	11			8	58
Guildford	6	48	2	5			6	53
Mole Valley	7	38	1	9			7	47
Epsom and Ewell	6	38	4	6	1	1	7	45
Spelthorne	5	26					5	26
Surrey Heath	1	1					1	1
NHS West Sussex CCG	**24**	**300**	**12**	**27**	**1**	**1**	**26**	**328**
Crawley	11	131	4	10	1	1	12	142
Horsham	4	121	2	5			4	126
Adur	2	19	1	3			2	22
Chichester	2	14	3	4			3	18
Mid Sussex	3	11	1	4			3	15
Worthing	2	4	1	1			2	5
NHS East Sussex	**28**	**284**	**9**	**17**	**1**	**1**	**28**	**302**
Hastings	11	130	2	3			11	133
Eastbourne	6	96	2	3			6	99
Wealden	7	43	2	5	1	1	7	49
Rother	3	14	2	5			3	19
Lewes	1	1	1	1			1	2
NHS Brighton and Hove CCG	**10**	**69**	**5**	**10**	**1**	**1**	**13**	**80**
Brighton and Hove	10	69	5	10	1	1	13	80
Grand Total	**389**	**3,786**	**126**	**348**	**40**	**45**	**411**	**4,179**

Note: patients may appear in more than one admissions category – the total number patients column represents the total number of individual patients accessing inpatient paediatric cancer care at the Royal Marsden in 19/20

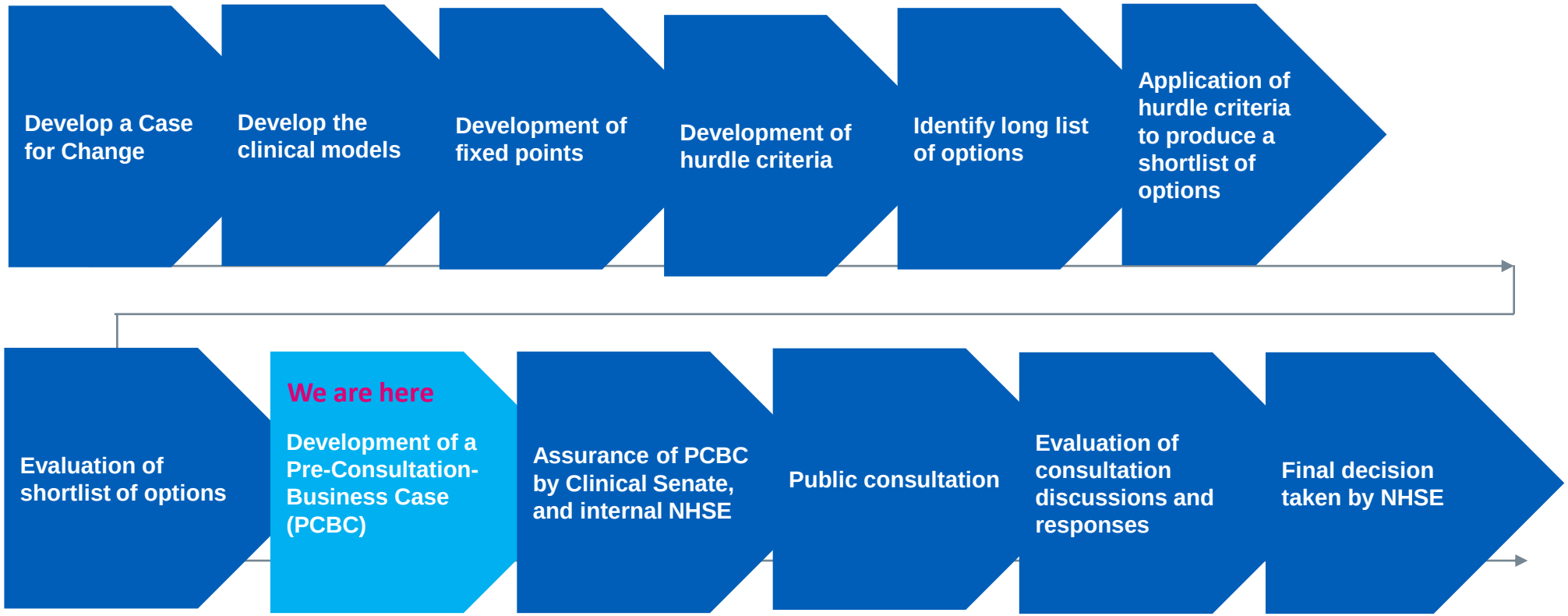
Deprivation across London and the South East

Index of Multiple Deprivation (IMD) 2019 score by lower tier local authority (LTLA)



The darker colours relate to areas classified as being the most deprived (according to the IMD 2019).

Where we are in the formal reconfiguration process



Programme timeline/ expected milestones

January - June

- Options appraisal concluded
- Planning for consultation
- Development of Pre Consultation Business Case
- Development of Equalities Impact Assessment
- Meeting with Clinical Senate
- **Meeting with OSCs/JOSCs**
- Commissioning of expert organisation(s) to support engagement
- Preparing consultation materials and questions

June - September

- **Expect to launch and conduct consultation**
- Equalities Impact Assessment updated
- Conduct mid-point review

September - December

- Consultation feedback analysed and outcome report prepared
- Programme Board considers feedback ahead of decision making
- Decision Making Business Case Prepared
- Decision confirmed and communicated – consultation respondents notified
- Begin planning to implement decision

Engagement to date with Overview and Scrutiny Committees

In November, we started a cycle of early conversations with OSC Chairs from all areas affected by the programme, to brief them and discuss how we best work together. Since then, we have met, informally, with all democratic services officers and most OSC Chairs as well as attending several committees, formally. We are attending further, formal committee briefings in February and March.

We are engaging, at this point, to understand if you believe the changes are substantial for your residents. If more than one committee agrees the changes are substantial, then there will need to be a Joint HOSC. The services involved cover a large geographic area and each population will have unique concerns and views which we will want to take into account as we plan further engagement work. Those affected areas include: Kent, Medway, Surrey, Sussex and South East and South West London).

Formal committee meetings attended – to date		
Date	**Committee**	**Feedback/ decision on whether the change is substantial**
25.01.23	SWL and Surrey JOSC	Further information required in order for a decision to be made.
31.01.23	Kent OSC	Change not felt to be substantial.

Discussion and next steps

- Do you, as a committee, view this change as **substantial**?
- If you do not think it is substantial, how would you like us to engage with you moving forward?
- If you think it is substantial, what further information would be helpful at this time?

We are working with SWL & Surrey JOSC on how other JOSCs could join them (possibly via a sub-committee) to form a single JOSC to consider this change.

Next steps:

- Agreeing arrangements for engagement and working together moving forward
- Meetings with other OSCs involved to understand their views
- Background work with democratic services teams to take forward feedback from today's session

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

Date of meeting: **2 March 2023**

By: **Assistant Chief Executive**

Title: **New Elective Surgery Hub at Eastbourne District General Hospital (EDGH)**

Purpose: **To provide HOSC with information on the proposals for the development of a new Elective Surgery Hub at Eastbourne District General Hospital (EDGH) and to consider whether the proposals constitute a substantial variation to health services requiring formal consultation with the HOSC.**

RECOMMENDATIONS: The Committee is recommended to

1) agree that the service change proposals set out in Appendix 1 do not constitute a 'substantial variation' to health service provision in East Sussex requiring statutory consultation with HOSC; and

2) consider any further scrutiny work it would like to undertake on the proposals.

---

1 Background

1.1 Elective hubs are part of national policy aimed at reducing the number of people waiting for surgery, and the length of time they have to wait. Hubs will focus on high-volume routine surgery so more patients can get seen more quickly, making efficient use of resources, and creating extra capacity.

1.2 As part of this programme, East Sussex Healthcare NHS Trust (ESHT) was successful in bidding for national Targeted Investment Funding to build an Elective hub at the Eastbourne District General Hospital (EDGH) site. This is supported by NHS Sussex and would create additional surgical capacity for the local population and will supplement existing day surgery and inpatient procedures for patients at both Eastbourne and Hastings sites as well as ophthalmology at Bexhill Hospital.

1.3 This report provides the opportunity for the HOSC to be informed of the proposals and consider whether the proposals are minor in nature, or constitute a substantial variation to services requiring formal consultation with the Committee. The NHS locally does not anticipate this to be substantial service variation as this creates additional capacity for the local area with a small differential impact on current service provision.

2 Supporting information

Proposals for the new Elective Hub

2.1 The report from NHS Sussex, which is the responsible organisation for service changes, is attached as **Appendix 1** and sets out the proposals for a new Elective Surgery Hub at EDGH.

2.2 East Sussex Healthcare NHS Trust's plan is to create a dedicated day surgery unit at the EDGH site to go live in 2024/25. This will have four theatres and associated support facilities and the increased capacity would mean:

- A reduction in the length of time patients wait for their day surgery procedure. This in turn will also reduce the waiting times for patients who require overnight or longer stays in hospital after their procedure

- A reduced risk to patients from acquiring an infection while in hospital, as patients will go home on the same day and the dedicated unit will be attached to, but accessed separately from the main hospital
- A reduction in procedures being cancelled due to a lack of hospital beds during any periods of high demand as the Elective Hub will be a dedicated standalone unit
- Improved patient experience as the Elective Hub would provide modern up to date and co-located facilities and be staffed by a dedicated team focussed on supporting patients through their journey starting from pre-assessment through to their discharge following surgery.

2.3 Day surgery and elective activity will continue across the Trust's sites as it is now, with the exception of some activity at the Uckfield Community Hospital. The type of procedures that the hub will focus on relate to a range of specialties including: general surgery, urology, breast surgery, vascular, maxillofacial, ear nose and throat, gynaecology, orthopaedic and community dental.

2.4 As part of developing this proposal ESHT has reviewed the day surgery activity currently undertaken at Uckfield Hospital to make the best use of resources and maximise improvements in waiting times. Consequently, under the new proposal approximately 29% of this activity would in the future be undertaken at the new Elective Hub in Eastbourne once it is established. This represents approximately 179 day surgery procedures each year that would in the future be undertaken at the hub. The type of surgery this relates to is vascular procedures for minor treatment of varicose veins; circumcisions; and maxillofacial (nose and ear) procedures.

2.5 The majority of patients currently having minor day surgery procedures at Uckfield Hospital originate from across East Sussex. For most patients it will result in slightly shorter journey times to travel to Eastbourne than to Uckfield based on the current catchment area.

2.6 The data for the six month period from 1 April 2022 – 30 September 2022 shows that around 47% (42/89) of patients having minor day surgery procedures at Uckfield Hospital are coming from the Eastbourne catchment (including Eastbourne, Pevensey, Polegate and Seaford), and a further 34% (30/89) from the 'eastern' end of the ESHT catchment (Bexhill, Hastings, St Leonards, Robertsbridge, Battle, Rye, and Winchelsea). In this period, there were 7 patients from Uckfield and Heathfield that had procedures identified as suitable to be undertaken in the Elective Hub who would have to travel further for their procedure.

HOSC's role

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

2.8 There is no national definition of what constitutes a 'substantial' change. Factors such as the number or proportion of patients affected; whether the service provides planned care (outpatient appointments or day case surgery) where patients and carers make arrangements for travel beforehand, or un-planned care (emergency and urgent care) where patients may be admitted via ambulance or travel to an Emergency Department; the level of improvement offered by the new service; and the availability of alternative services nearby are often taken into account in coming to an agreement between the HOSC and the NHS on whether formal consultation is required.

2.9. Where the HOSC does not consider a proposal to be a substantial variation to services there are alternative options for further scrutiny work including submitting a written response to a consultation if one is undertaken, informal HOSC board meetings to scrutinise the proposals in more detail, and further reports to the Committee as the proposals are agreed and implemented.

2.10. If HOSC agrees that the proposals do constitute a substantial change, the Committee will need to consider the plans in detail in order to respond to NHS Sussex with a report and recommendations. The Committee may wish to consider how it would undertake this task, which

could be through establishing a Review Board to conduct a review on behalf of the full HOSC, with the Committee agreeing any recommendations before they are submitted to the NHS.

3. Conclusion and reasons for recommendations

3.1 This report presents HOSC with proposals for the development of a new Elective Surgery Hub at EDGH which will provide additional capacity for routine day case surgery procedures for residents in East Sussex. This will be an addition to services currently provided across ESHT's hospital sites.

3.2 The Committee is recommended to agree that the service change proposals set out in **Appendix 1** do not constitute a 'substantial variation' to health service provision in East Sussex requiring statutory consultation with HOSC. The Committee is also recommended to consider any further scrutiny work it would like to undertake on these proposals, such as receiving an update report at a future HOSC meeting.

PHILIP BAKER
Assistant Chief Executive

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Report for: East Sussex Heath Overview and Scrutiny Committee
From: NHS Sussex and East Sussex Healthcare NHS Trust

Eastbourne District General Hospital: Elective Hub Proposal

1.Context

1.1 Elective hubs are part of national policy aimed at reducing the number of people waiting for surgery, and the length of time they have to wait. Hubs will focus on high-volume routine surgery so more patients can get seen more quickly, making efficient use of taxpayer resources, and creating extra capacity so emergency cases do not disrupt operations and cause cancellations or delays.[1]

1.2 This is in line with NHS England's 'Delivery plan for tackling the Covid-19 backlog of elective care' (February 2022) which outlines the requirement to deliver significantly more elective care to reduce waiting times for patients requiring elective surgery, through the expansion and separation of elective and non-elective services which will allow elective activity to be ring-fenced to protect surgical activity during further pandemic outbreaks or winter pressures.

2.Background

2.1 East Sussex Healthcare NHS Trust (ESHT) was successful in bidding for national Targeted Investment Funding to build an Elective Hub at the Eastbourne District General Hospital site. This is supported by NHS Sussex. Eastbourne has the capacity to support this development and the initiative aligns with ESHT's clinical strategy and ambition to create the facilities to provide best-in-class day case operations for the local population.

2.2 The facility would create additional surgical capacity for our local populations and will supplement existing day surgery and inpatient procedures for patients at both Eastbourne and Hastings sites as well as ophthalmology at Bexhill Hospital.

2.3 The proposal is currently at business case stage and would go live by November 2024 if this progresses as planned and the necessary approvals are received. The purpose of this paper is to brief the East Sussex Health Overview and Scrutiny Committee (HOSC) on the proposal and its significant benefits and to outline any changes this may mean for local people. The NHS locally does not anticipate this to be substantial service variation as this creates additional capacity for the local area with a small differential impact on current service provision. However, HOSC will want to consider these changes and the improvements this would bring at this early stage of the proposal. There will be a

[1] www.england.nhs.uk

programme of communication and engagement as this develops further and the local NHS would like to work with the HOSC as this rolls out to ensure a consistent and helpful approach that ensures all stakeholders have the information they need.

3. Benefits to patients

3.1 The development of an Elective Hub and resultant increase in surgical activity would mean:

- A reduction in the length of time patients wait for their day surgery procedure. This in turn will also reduce the waiting times for patients who require overnight or longer stays in hospital after their procedure
- A reduced risk to patients from acquiring an infection while in hospital, as patients will go home on the same day and the dedicated unit will be attached to, but accessed separately from the main hospital
- A reduction in procedures being cancelled due to a lack of hospital beds any during periods of high demand as the Elective Hub will be a dedicated standalone unit
- Improved patient experience as the Elective Hub would provide modern up to date and co-located facilities and be staffed by a dedicated team focussed on supporting patients through their journey starting from pre-assessment through to their discharge following surgery.

4. What would this mean for East Sussex?

4.1 The Trust's plan is to build a new dedicated day surgery unit at the Eastbourne DGH site which would be connected to the main hospital building via a series of link corridors. The new facility is planned to go live in 2024/25 and would comprise four new operating theatres and associated support facilities. As a result of the Elective Hub, there would be more capacity to deliver day surgery and inpatient surgery for the benefit of the local population, together with increased capacity and flexibility of case mix on planned operating lists. This, in turn, leads to higher theatre utilisation and increased productivity. It will also provide the opportunity for patients across Sussex to be offered the choice of this facility should they wish to access it.

5. Proposed Elective Hub Activity

5.1 The procedures the hub would focus on relate to a range of specialties including: general surgery; urology; breast; vascular; maxillofacial; gynaecology; ear nose and throat; orthopaedic and community dental surgery. This will be extra capacity and will reduce the time people wait for a procedure. The modelling, based on ESHT's 2022/23 activity plan, indicates the proposed Elective Hub would deliver a total of 8,453 day surgery cases per annum; this represents 17% of the Trust's total day surgery activity. Planned day surgery

and inpatient operations will continue across the Trust's sites as it does now, with the exception of some activity at the Uckfield Community Hospital.

5.2 As part of developing this proposal the Trust has reviewed the day surgery activity currently undertaken at Uckfield Hospital. To make best use of resources and maximise improvements to waiting times, under the new proposal approximately 29% of this activity would be undertaken at the Elective Hub in Eastbourne once established. This equates to approximately 179 day surgery procedures each year relating to vascular procedures for minor treatment of varicose veins, circumcisions, and maxillofacial (nose and ear) procedures.

6. Changes for our local population

6.1 All of the procedures undertaken at Uckfield identified as being suitable to be undertaken in the Elective Hub are also currently undertaken at either EDGH or Conquest Hospital and this would continue. Patients are booked for their procedures based on clinical requirements, and only those undergoing a procedure under local anaesthetic are offered Uckfield as a suitable option.

6.2 The activity that would change with the introduction of the Elective Hub has been reviewed and affects relatively small numbers of potential patients. We would want to ensure good communication and engagement as the proposal progresses but would not consider this to be a substantial variation to existing services. This is supported by the information regarding current use as follows.

6.3 The activity currently undertaken at Uckfield that in the future would be undertaken at the Elective Hub originates from a wide catchment area across East Sussex and beyond. For most patients this would result in slight shorter journey times based on the current catchment; please see appendix 1 for information on current flow. The data for the first six months of this year shows that around 47% (42/89) of patients reside in Eastbourne catchment (including Eastbourne, Pevensey, Polegate and Seaford), and a further 34% (30/89) from the 'eastern' end of the Trust catchment (Bexhill, Hastings, St Leonards, Robertsbridge, Battle, Rye, and Winchelsea). In the 6-month period this data covers, there were 7 patients from Uckfield and Heathfield that had procedures identified as suitable to be undertaken in the Elective Hub. In addition, it should be noted that these types of procedures will still take place at the Conquest in Hastings and in line with current practice, choice would be offered to patients. In line with all activity, patients will be provided with information and support about travel and transport where needed.

6.4 This will free up a small amount of capacity at Uckfield and we will be reviewing all opportunities to ensure we maximise use of this capacity for the best benefit of local people.

7. What happens next?

This proposal represents an excellent opportunity to increase the capacity available for day surgery that would benefit local people through the ability to support more than 8,000 additional procedures each year with minimal impact on current choices available. We will continue to ensure HOSC is briefed on this development that brings improvements for the local population. We will also ensure communication and engagement with patients, the public and wider stakeholders as the proposal develops.

Appendix 1

Uckfield Hospital Activity by Patient Postcode – 1st April 2022 to 30th September 2022 (inclusive)

Postcode	Post town	Procedures identified as unsuitable to be undertaken in the Elective Hub	Procedures identified as suitable to be undertaken in the Elective Hub	Grand Total
BN20	Eastbourne	20	7	27
BN21	Eastbourne	20	5	25
BN22	Eastbourne	18	6	24
BN23	Eastbourne	23	6	29
BN24	Pevensey	14	2	16
BN25	Polegate	15	11	26
BN26	Seaford	18	5	23
BN27	Hailsham	21	4	25
TN21	Heathfield	6	5	11
TN22	Uckfield	7	2	9
TN31	Rye	3	4	7
TN32	Robertsbridge	1	1	2
TN33	Battle	7	2	9
TN34	Hastings	11	5	16
TN35	Hastings	1	4	5
TN36	Winchelsea	1	1	2
TN37	St Leonards-on-sea	4	2	6
TN38	St Leonards-on-sea	2	6	8
TN39	Bexhill-on-sea	12	3	15
TN40	Bexhill-on-sea	5	4	9
BN1	Brighton		1	1
BN7	Lewes	1	1	2
BN9	Newhaven	1		1
RH10	Crawley		1	1
RH16	Haywards Heath	1		1
TN19	Etchingham		1	1
TN5	Wadhurst	1		1
Grand Total		**213**	**89**	**302**

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**2 March 2023**
By:	**Assistant Chief Executive**
Title:	**Primary Care Networks (PCNs), Emotional Wellbeing Services and mental health funding**
Purpose:	**To provide an overview of Primary Care Networks in East Sussex.**

RECOMMENDATIONS

The Committee is recommended to note the report and consider whether to include any further work on this topic in the Committee's future work programme.

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1. Background

1.1. The Health Overview Scrutiny Committee (HOSC) has received a number of reports at its previous meetings which explored primary care services, covering areas including access to GP appointments and surgeries, access to NHS Dentistry and an update on the eHubs pilot and other work to improve access to primary care in East Sussex.

1.2. The report in **appendix 1** provides an overview of Primary Care Networks (PCNs), including information on Emotional Wellbeing Services that are being established within PCNs.

2. Supporting information

2.1. PCNs are groupings of local general practices that are a mechanism for sharing staff and collaborating while maintaining the independence of individual practices. These groupings started from 1 July 2019 and there are 12 PCNs in East Sussex, covering everyone in the county. The geographical footprint of each PCN and details of the GP practices included within them are included in annex b and c of **appendix 1**.

2.2. The main nationally set ambitions for PCNs are to:

- take collective action – with system partners – to address the wider determinants of health,
- provide increased levels of joined up and coordinated care,
- become more proactive; using predictive tools to better support people to stay healthy,
- provide a differentiated support offer to individuals, thus reducing inequalities and supporting them to take charge of their own health and wellbeing, and
- attract and retain a multidisciplinary workforce.

2.3. PCNs should draw on the expertise of staff already employed by their constituent practices and receive funding to employ additional staff under an Additional Roles Reimbursement Scheme (ARRS). The ARRS scheme provides funding for additional roles across the PCN to create multi-disciplinary teams. The drive to broaden the professionals who can work in primary care teams is intended to take pressure off GPs and practice nurses but also develop the services that are offered.

2.4. The report includes examples of new clinical models and approaches PCNs across East Sussex are developing. This includes Bexhill PCN having established a hub to Support Adolescent and Young Persons Health (SAYPH), a safe space for young people aged 11-16 years to come together, socialise, relax, and link in with healthcare professionals who are actively supporting young people and referring them on to other services as appropriate and can support any young

person who is waiting for contact from the Child & Adolescent Mental Health Service (CAMHS). The report also highlights Emotional Wellbeing Services models of population based mental health care being developed across PCN footprints which bring clinical Mental Health Practitioners alongside non-clinical Mental Health Support Coordinators within every PCN, with the aim to provide easy and timely access to mental health support at a neighbourhood level.

2.5. The report also outlines how PCNs are tackling health inequalities and personalising care in their areas, as well as actions being taken by NHS Sussex to support PCNs across East Sussex to deliver the national contracts and continue to innovate to respond to local need.

3. Conclusion and reasons for recommendations

3.1. The HOSC is recommended to note the report and consider whether to include any further work on PCNs or Emotional Wellbeing Services in the Committee's future work programme.

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Assistant Chief Executive

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NHS Sussex

NHS Sussex

Primary Care Networks

An overview for East Sussex Health Overview and Scrutiny Committee

March 2023

Better health and care for all

Primary Care Networks

An overview for East Sussex Health Overview and Scrutiny Committee

What is a Primary Care Network?

Overview

Primary Care Networks (PCNs) are groupings of local general practices that are a mechanism for sharing staff and collaborating while maintaining the independence of individual practices. NHS England has stipulated that networks should 'typically' cover a population of between 30,000 and 50,000 people (the average practice size is just over 8,000). There are 38 PCNs across Sussex (12 of which are in East Sussex) and around 1264 across England. Networks are geographically contiguous and coterminous with Integrated Care System footprints.

These groupings started from 1 July 2019 and everyone in Sussex is covered by a PCN. PCNs are not new legal bodies, but their formation requires existing providers of general practice to work together and to share funds on a scale not previously seen in UK general practice.

The main nationally set ambitions for PCNs are to:

- take collective action – with system partners – to address the wider determinants of health,
- provide increased levels of joined up and coordinated care,
- become more proactive; using predictive tools to better support people to stay healthy,
- provide a differentiated support offer to individuals, thus reducing inequalities and supporting them to take charge of their own health and wellbeing, and
- attract and retain a multidisciplinary workforce.

These networks have responsibility for delivering nine national service specifications set out in a national contract (annex a).

The PCN picture across East Sussex

The largest PCN in East Sussex is Hastings & St Leonards PCN. This is made up of 9 GP practices and has 101,055 people on its registered list. The smallest PCN is Foundry Healthcare in Lewes. This consists of 1 GP practice with 28,293 people on its registered list. There are 2 PCNs in areas of significant deprivation across East Sussex, namely ALPs and Hastings & Leonards PCNs.

Details of each PCN, and their member practices, are shown at annex b.

PCN maps are shown at annex c.

How are PCNs progressing with developing their teams?

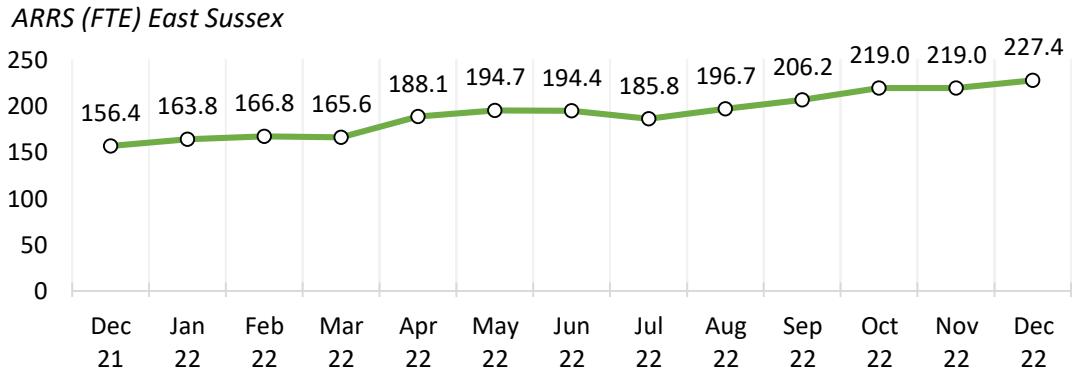
Overview

PCNs should draw on the expertise of staff already employed by their constituent practices and receive funding to employ additional staff under an Additional Roles Reimbursement Scheme (ARRS).

The work of the networks is coordinated by a clinical director. ARRS is the most significant financial investment within the Network Contract DES and is designed to provide reimbursement for networks to build the workforce required to deliver the national service specifications. The ARRS scheme provides funding for additional roles across the PCN to create multi-disciplinary teams. Some of the ARRs roles that PCNs can recruit as part of this scheme are:

- Clinical pharmacists
- Pharmacy technicians
- First contact physiotherapists
- Physician's associates
- Dietitians
- Podiatrists
- Occupational therapists
- Community paramedics
- Nursing associates and trainee nursing associates
- Social prescribing link workers
- Care coordinators
- Health and wellbeing coaches
- GP Assistants
- Digital Transformation Leads

As of December 2022, ARRS roles employed by PCNs in Sussex saw an increase of 71.0 FTE[1] (45.4%) compared to staffing levels in December 2021. The clinical ARRS workforce equates to 224.2 FTE, with non-clinical ARRS roles equating to 3.2 FTE.



For East Sussex this means that there are 156 more full time equivalents working in primary care since the start of this scheme. The majority of these are in care co-ordinator and pharmacy support roles.

Service development opportunities linked to a different team skill mix

The drive to broaden the professionals who can work in primary care teams is intended to take pressure off GPs and practice nurses but also develop the services that are offered.

[1] FTE – Full Time Equivalent

Some examples of new clinical models / approaches are:

- Foundry PCN has developed a ***risk stratification model***. Patients are streamed to the most appropriate healthcare professional using systematic triage and clinical judgement. Combined with creating a dedicated 'green' site for those needing on-the-day access (and 'amber' overflow). Capacity across the multi-site practice is now easier to plan and manage, drawing on teams made up of ARRs staff, enabling people requiring support to see the right health professional at the right time.
- Bexhill PCN has established a hub to ***Support Adolescent and Young Persons Health*** (SAYPH). This is a safe space for young people aged 11-16 years to come together, socialise, relax, and link in with healthcare professionals. The hub is run by the PCN's ARRS staff including the Children and Young Persons Care Coordinators and Social Prescribing team. These staff are actively supporting young people and referring them on to other services as appropriate. The team can also support any young person who is waiting for contact from the Child & Adolescent Mental Health Service (CAMHS).
- ***Emotional Wellbeing Services*** across PCN footprints – we are developing new models of population based mental health care built around PCNs. They bring clinical Mental Health Practitioners alongside non-clinical Mental Health Support Coordinators within every PCN. They aim to establish individual Emotional Wellbeing Services that work at a neighbourhood level to provide easy and timely access to mental health support for a wide range of individuals. In East Sussex, each PCN, depending on its population served, will have 0.5 – 1.0 whole time Mental Health Practitioners alongside 1.0 - 2.0 whole time Mental Health Support Coordinators. Currently these professionals are working in the PCNs in Lewes, Greater Wealden, Bexhill and Hastings. By April 2023 this service will have rolled out further to cover much of Eastbourne.
- PCN ***vaccination clinics*** were developed in Hastings, Eastbourne East, Greater Wealden, Foundry and Victoria PCNs. These models are providing long term opportunities to develop strong, sustainable relationships within other providers across Sussex and are increasing vaccine uptake amongst vulnerable communities in East Sussex.
- From 1 October 2022, all East Sussex PCNs are offering ***Enhanced Access Hours***. PCNs are expected to provide appointments between the hours of 6.30pm to 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. The services are currently in infancy and are being closely monitored to ensure that that there are no gaps in provision and that our population can easily access these services.

Further work to support retention, develop and increase this workforce will form part of our Sussex Health and Care Shared Delivery Plan which will be published in the summer.

How are PCNs tackling health inequalities and personalising care in their areas?

PCNs in East Sussex are focussing on initiatives and projects that align with the NHS England Core20Plus5 model.

Each PCN is focusing on tackling a broad range of health inequalities ranging from supporting patients with high BMI, serious mental illness, hypertension, cardiovascular disease, proactive care and support for people who are housebound and health checks for people living in deprived areas. To fully understand the impact of this work evaluations will be taking place to identify 'what works' and what doesn't. This activity will be completed by end March and will inform our plans for the next financial year.

Each PCN in East Sussex is also supporting people to have personalised care plans. Personalised care means people have choice and control over the way their care is planned and delivered. It is based on 'what matters' to them and their individual strengths and needs. 10 out of 12 PCNs are currently finalising their personalised care strategy, key areas of focus for the majority of PCNs include:

- Proactively supporting older/elderly adults
- Long Term Condition and Mental Health Social prescribing
- Tackling loneliness

What are the next steps to develop PCNs further?

PCNs were established just as the health service had to shift its focus on effort on responding to a global pandemic. In some cases, this helped accelerate the development of these practice groupings; but this wasn't universal.

To support PCNs across East Sussex to deliver the national contracts and continue to innovate to respond to local need, we are undertaking several activities:

- **PCN Clinical Model and Estates Toolkit –** commenced in November 2022 and aims to bring together PCN leaders and managers to develop clinical models that best respond to local population need. Subsequently an estates plan will be able to reflect the future clinical needs of the PCN. This will include infrastructure requirements, such as digital and estates. Ten of the twelve PCNs in East Sussex are currently doing this work[2].

- **PCN Leadership Development Programme** – running from Jan 2023 to September 2023, this programme supports PCNs to: (a) understand the importance of purpose and network working; (b) develop critical thinking and methods to design / implement strategy; (c) build skills to create and lead true multi-disciplinary teams; (d) refine skills to use population health management and other innovative data driven approaches to implement new models of care; and (e) refine core skills and understanding in the management disciplines of Estates, Finance, HR and Information Management. Six PCNs[3] in East Sussex are involved in this targeted work.

- **Targeted Action Learning** – we will offer PCNs who are in their infancy and some who are 'high performing' more focussed support from independent coaches. This focused work will allow those who are struggling to come together to find a common purpose. From those who are 'high performing' we will be looking to identify principles that others could adopt / adapt to their own local populations.

[2] The ten PCNs are: Alps, Bexhill, Eastbourne East, Hastings and St Leonards, The Havens, Seaford, Victoria Eastbourne, Foundry, Hailsham and Rural Rother.

[3] The six PCNs are: Eastbourne East, Greater Wealden, Bexhill, Rural Rother, Victoria and Seaford.

Conclusion and next steps

The development of PCNs is critical to improve the care and support people across Sussex receive. NHS Sussex will continue to focus on the following key areas to support the on-going development by providing:

- time and support for implementation, including organisational development and leadership support, and
- meaningful monitoring, and a support offer for struggling networks.

Underpinning all of this will be the continued focus to recruit more GPs and fund activities across these footprints. If PCNs meet national expectations, patients stand to benefit from access to a wider range of services through a stabilised general practice. Better use of medications, less reliance on hospital care and improved links with other services in the community.

Amy Galea

Chief Primary Care Officer, NHS Sussex

Key reading:

Microsoft Word - FINAL 003 250522 - Fuller report[46].docx (england.nhs.uk) (accessed February 2023)

NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities (accessed February 2023)

Primary Care Networks

An overview for East Sussex

Health Overview and Scrutiny Committee

Annex a - National service specifications set out in national contract

Scheme / Reference	Summary of Requirements
Medication Review and Medicines Optimisation	Identify and prioritise PCN patients who would benefit from a SMR. Offer and deliver as above. Work with ICB to optimise the quality of local Prescribing of: • Antimicrobial Meds • Meds that cause dependency • Lower carbon inhalers • Meds of low priority.
Enhanced Health in Care Homes (EHCH)	Deliver the EHCH specification. The ICB Specification covers all the PCN DES specification requirements with additional local requirements. The PCN DES payments are integrated into the ICB scheme.
Early Cancer Diagnosis	Review referral practices for suspected cancers. Work with partners to improve NHS Cancer screening uptake. Adopt and embed FIT tests and use tele dermatology. Develop and implement a plan for prostate cancer assessment Review use of non specific symptoms pathways.
Social Prescribing	PCN patients must have access to a Social Prescribing Service

Annex a - National service specifications set out in national contract

Scheme / Reference	Summary of Requirements
CVD Prevention and Diagnosis	Improve diagnosis (NICE guidance). Improve blood pressure checks. Improve AF identification. Improve CVD prevention. Review CVD intelligence tools. Support system pathway development. Improve levels of diagnostic capacity for ABC testing. Ensure information sharing with Pharmacies are in place. Identify patients at high risk of FH. Ensure Statin NICE guidance is followed. Support early identification of heart failure.
Tackling Neighbourhood Health Inequalities	Deliver the LD Medicals requirements. Deliver SMI Medicals requirements. Record ethnicity of all patients. Appoint a Health Inequalities lead. Identify and deliver a Health Inequalities priority (lots of detail on what and how).
Anticipatory Care	PCNs must support ICS' to develop plans and then be part of the delivery.
Personalised Care	PCNs must work with partners to develop and implement a plan to improve social prescribing access.

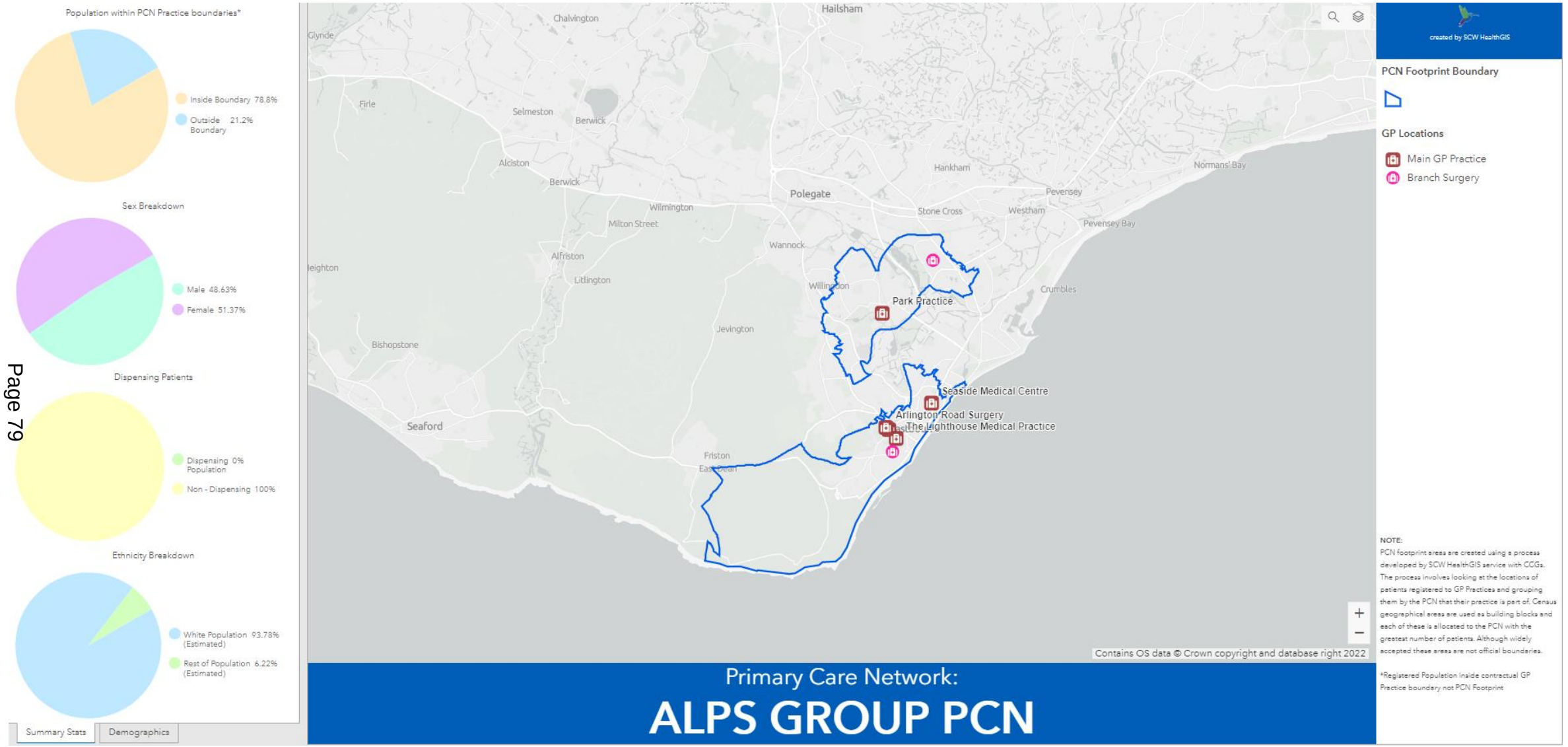
Annex b - Details of East Sussex PCNs and member practices

PCN	Practice Name	PCN list size 1 Jan 2023	Practice List Size 1 Jan 2023
ALPS	Grove Road Surgery	58284	5899
	Park Practice		12265
	Seaside Medical Centre		11703
	The Arlington Road Medical Practice		11444
	The Lighthouse Medical Practice		16973
Bexhill	Collington Surgery	49077	17271
	Little Common & Old Town Surgery		17595
	Sidley Medical Practice (not signed up to PCN DES)		14211
Eastbourne East	Harbour Medical Practice	36222	7215
	Sovereign Practice		14588
	Stone Cross Surgery		14419
Foundry	Foundry Healthcare Lewes	28293	28293
Greater Wealden	Bird-In-Eye Surgery	60261	7794
	Buxted Medical Centre		15763
	Heathfield Surgery		12202
	Herstmonceux Health Centre		5780
	Mid Downs Medical Practice		9989
	The Meads Surgery		8733
Hailsham	Bridgeside Surgery	29642	6557
	Hailsham Medical Group		11407
	The Quintin Medical Centre		11678
Hastings	Beaconsfield Road Surgery	101055	10223
	Carisbrooke Surgery		8563
	Harold Road Surgery		11589
	Hastings Old Town Surgery		24853
	High Glades Medical Centre		18276
	Priory Road Surgery		3341
	Sedlescombe House		2900
	South Saxon House Surgery		3534
	The Station Practice		17776

Annex b - Details of East Sussex PCNs and member practices

PCN	Practice Name	PCN list size 1 Jan 2023	Practice List Size 1 Jan 2023
High Weald	Ashdown Forest Health Centre	55687	9927
	Beacon Surgery		11013
	Belmont Surgery		8852
	Groombridge And Hartfield Medical Group		5373
	Rotherfield Surgery		7369
	Saxonbury House Surgery		9511
	Woodhill Surgery		3642
Rural Rother	Fairfield Surgery	43087	4199
	Ferry Road Health Centre		3939
	Martins Oak Surgery		8479
	Northiam Surgery		6823
	Oldwood Surgery		6216
	Rye Medical Centre		7104
	Sedlescombe & Westfield Surgeries		6327
Seaford	Old School Surgery	27513	9613
	Seaford Medical Practice		17900
The Havens	Chapel Street Surgery	35647	6253
	HavensHealth		18864
	Quayside Medical Practice		10530
Victoria	Downlands Medical Centre	46365	10789
	Manor Park Medical Centre		6731
	Victoria Medical Centre		28845

Annex c – PCN maps


Population within PCN Practice boundaries*
Inside Boundary 78.8%
Outside Boundary 21.2%
Sex Breakdown
Male 48.63%
Female 51.37%
Dispensing Patients
Dispensing 0% Population
Non - Dispensing 100%
Ethnicity Breakdown
White Population 93.78% (Estimated)
Rest of Population 6.22% (Estimated)
Summary Stats
Demographics
Chalvington
Hailsham
Glynde
Firle
Selmeston
Berwick
Alciston
Polegate
Hankham
Normans' Bay
Pevensey
Stone Cross
Westham
Pevensey Bay
Wilmington
Milton Street
Wannock
Alfriston
Litlington
Crumbles
Park Practice
Jevington
Bishopstone
Seaside Medical Centre
Arlington Road Surgery
The Lighthouse Medical Practice
Seaford
Friston
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created by SCW HealthGIS
PCN Footprint Boundary
GP Locations
Main GP Practice
Branch Surgery
NOTE:
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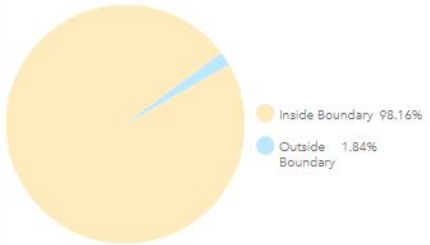
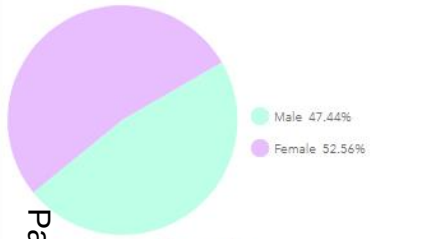
*Registered Population inside contractual GP Practice boundary not PCN Footprint
Primary Care Network:
ALPS GROUP PCN

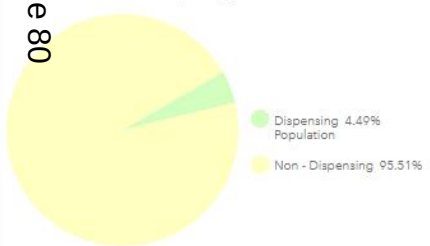
Population within PCN Practice boundaries*



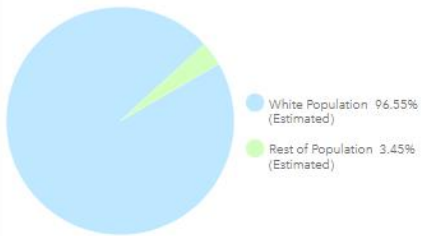
Sex Breakdown



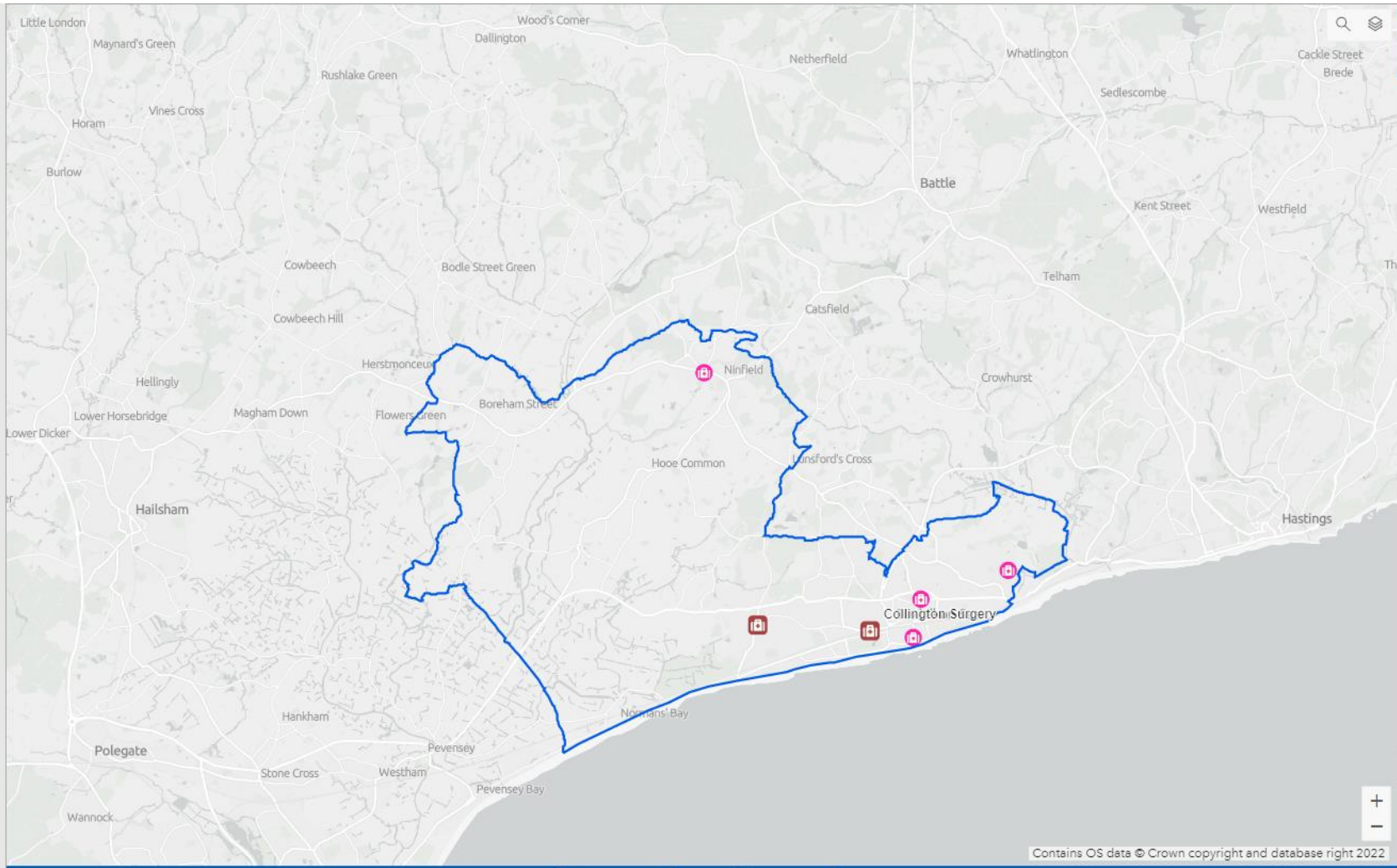
Dispensing Patients



Ethnicity Breakdown



Summary Stats | Demographics



created by SCW HealthGIS

PCN Footprint Boundary

GP Locations

Main GP Practice

Branch Surgery

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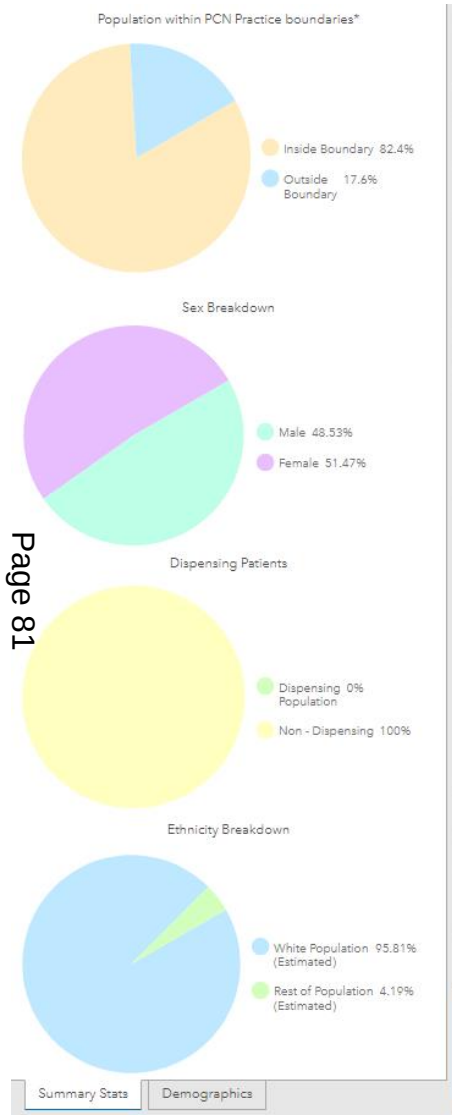
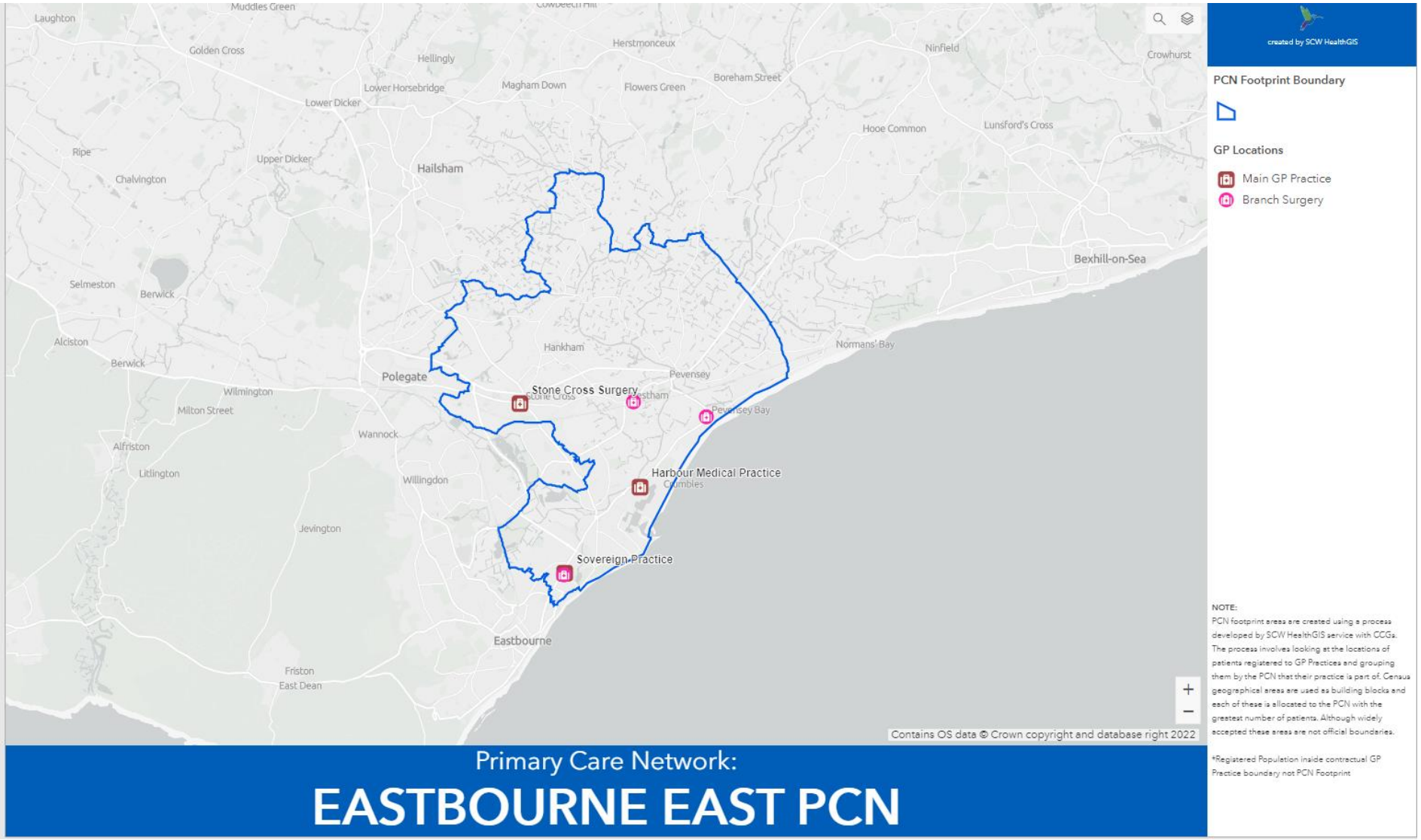
*Registered Population inside contractual GP Practice boundary not PCN Footprint

Primary Care Network:

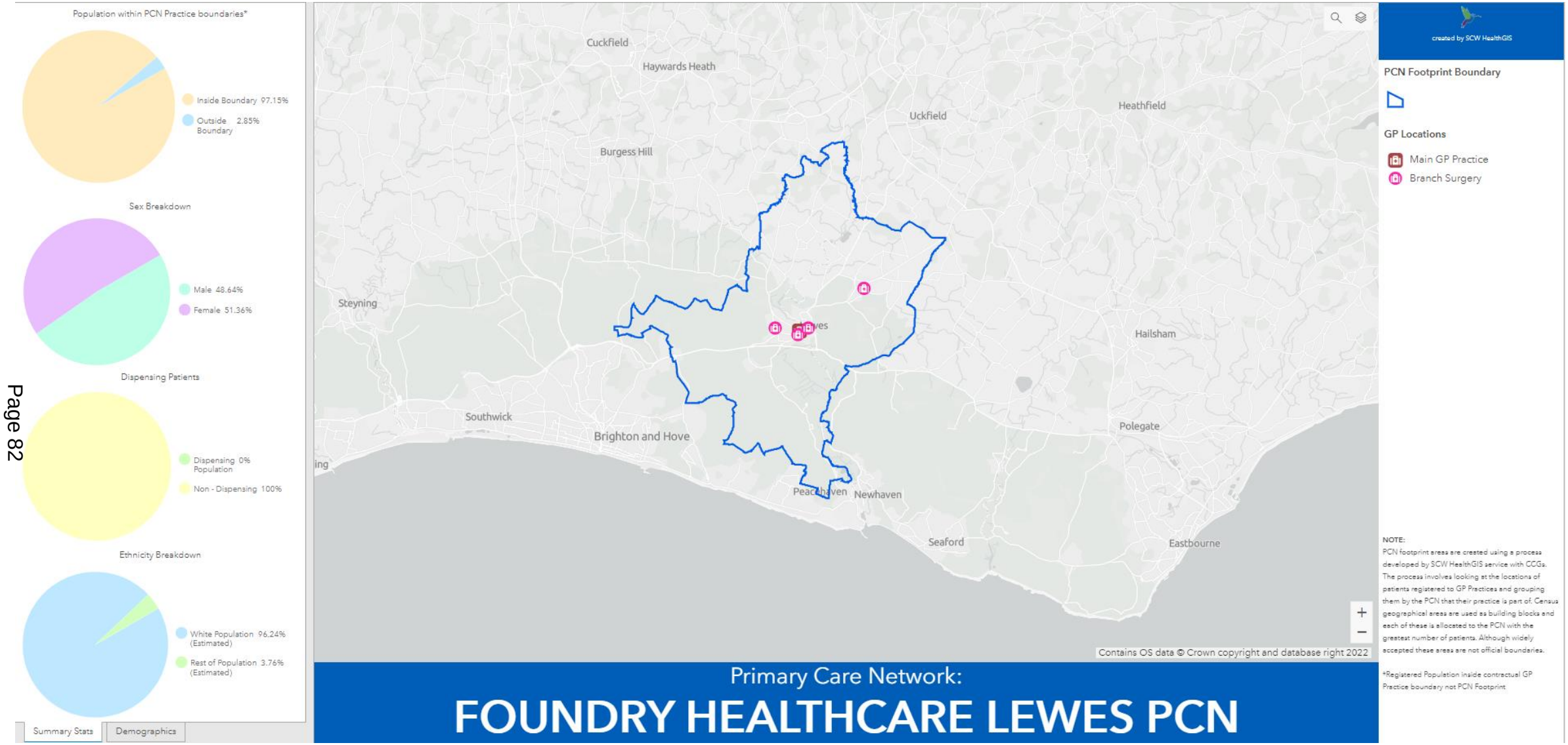
BEXHILL PCN





Primary Care Network:

EASTBOURNE EAST PCN


Population within PCN Practice boundaries*
Inside Boundary 97.15%
Outside Boundary 2.85%
Sex Breakdown
Male 48.64%
Female 51.36%
Dispensing Patients
Dispensing 0% Population
Non - Dispensing 100%
Ethnicity Breakdown
White Population 96.24% (Estimated)
Rest of Population 3.76% (Estimated)
Summary Stats
Demographics
Cuckfield
Haywards Heath
Uckfield
Heathfield
Burgess Hill
Steyning
Hailsham
Southwick
Brighton and Hove
Polegate
Newhaven
Seaford
Eastbourne
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created by SCW HealthGIS
PCN Footprint Boundary
GP Locations
Main GP Practice
Branch Surgery
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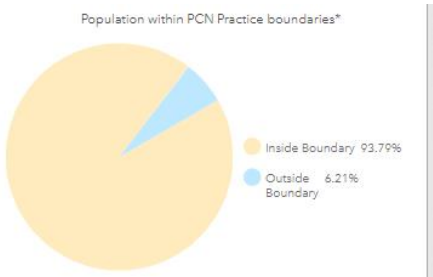
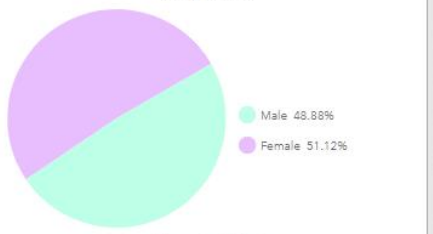
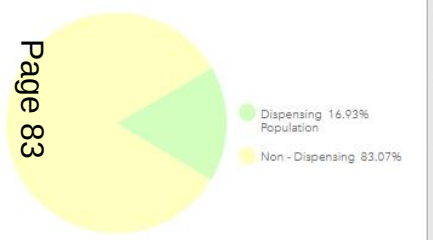
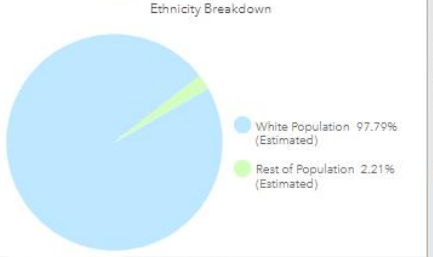
*Registered Population inside contractual GP Practice boundary not PCN Footprint
Primary Care Network:
FOUNDRY HEALTHCARE LEWES PCN

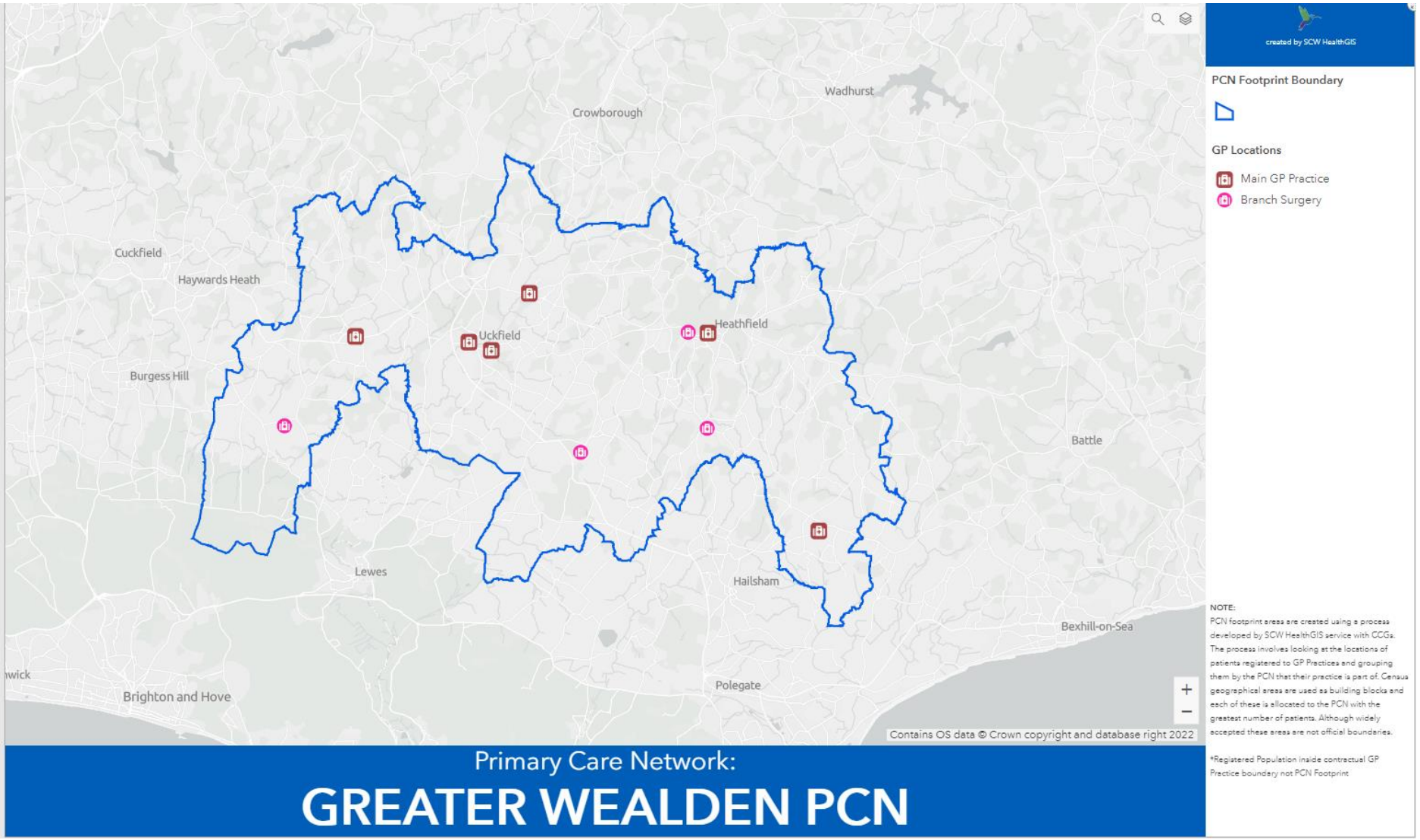








Summary Stats | Demographics



created by SCW HealthGIS

PCN Footprint Boundary

GP Locations

Main GP Practice

Branch Surgery

NOTE:
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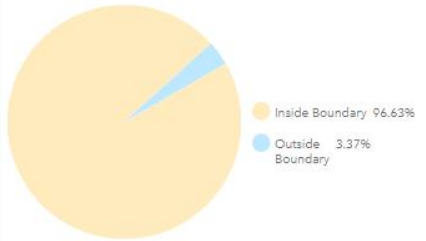
*Registered Population inside contractual GP Practice boundary not PCN Footprint

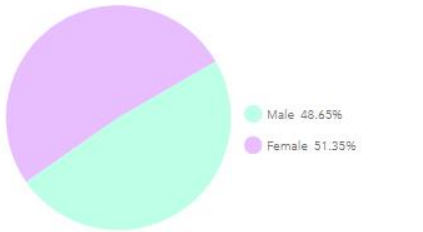
Primary Care Network:

GREATER WEALDEN PCN

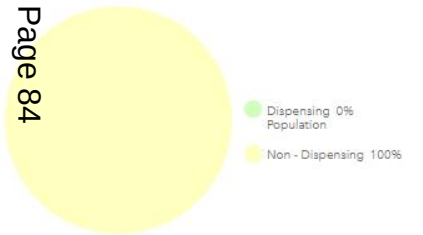
Population within PCN Practice boundaries*



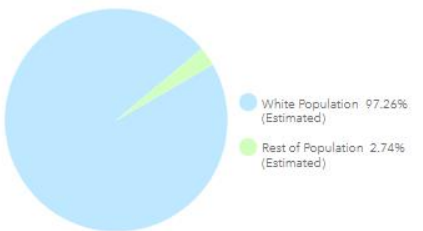
Sex Breakdown



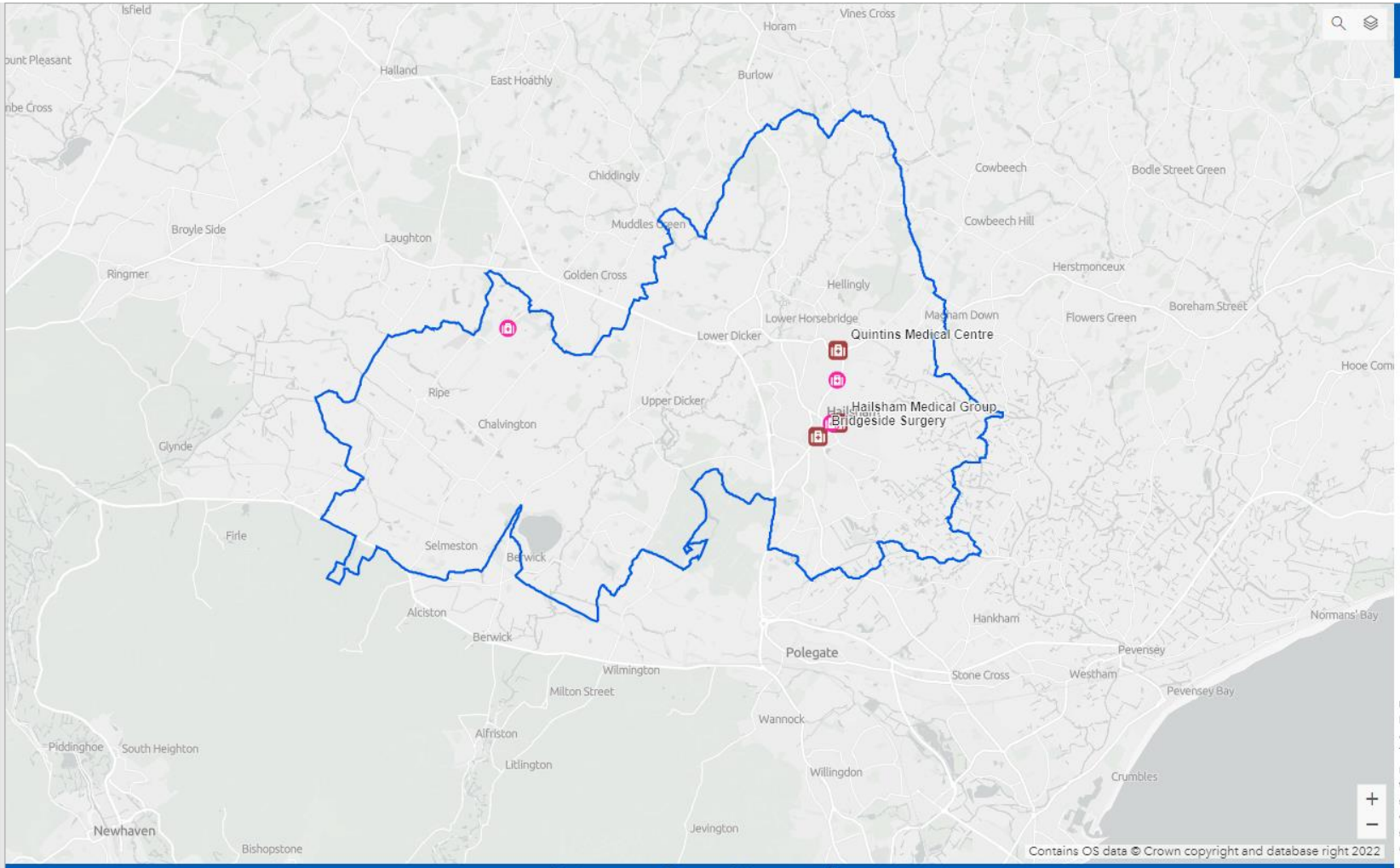
Dispensing Patients



Ethnicity Breakdown



Summary Stats | Demographics



created by SCW HealthGIS

PCN Footprint Boundary

GP Locations

Main GP Practice

Branch Surgery

NOTE:
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†Registered Population inside contractual GP Practice boundary not PCN Footprint

Primary Care Network:

HAILSHAM PCN


Population within PCN Practice boundaries*
Inside Boundary
83,687 (83.16%)
Inside Boundary 83.16%
Outside Boundary 16.84%
Sex Breakdown
Male 49.82%
Female 50.18%
Dispensing Patients
Dispensing Population 1.89%
Non - Dispensing 98.11%
Ethnicity Breakdown
White Population 93.95% (Estimated)
Rest of Population 6.05% (Estimated)
Summary Stats
Demographics
Rye
Mountfield
Broad Oak
Netherfield
Whatlington
Cackle Street
Brede
Udimore
Camber
Sedlescombe
Winchelsea
Winchelsea Beach
Battle
Icklesham
Kent Street
Westfield
Three Oaks
Telham
Guestling Green
Pett
Catsfield
Friar's Hill
Ninfield
Crowhurst
Bachelor's Bump
Fairlight
High Glades Medical Centre
South Saxon House Surgery
Beaconsfield Road Surgery
Lunsford's Cross
Priory Road Surgery
Hastings Old Town Surgery
Carisbrooke Surgery
Bexhill-on-Sea
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PCN Footprint Boundary
GP Locations
Main GP Practice
Branch Surgery
NOTE:
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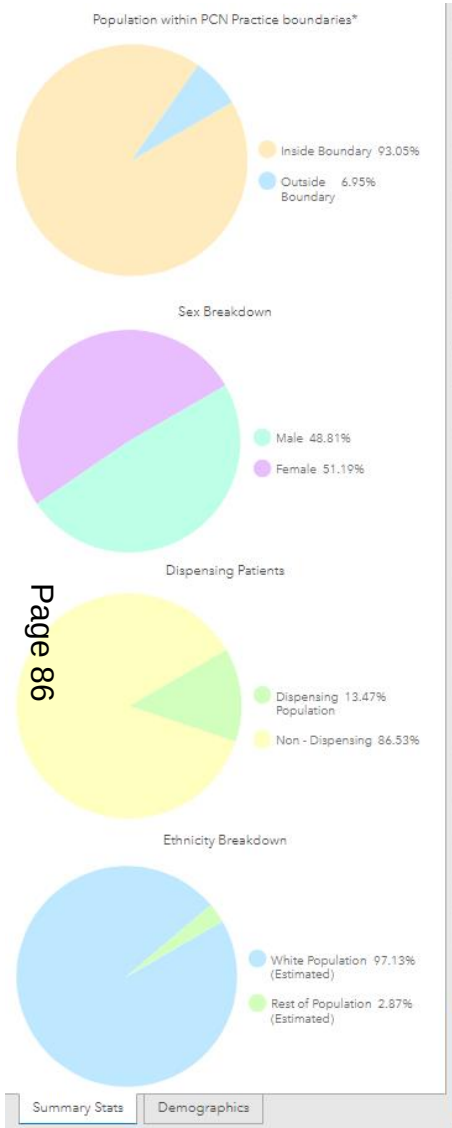
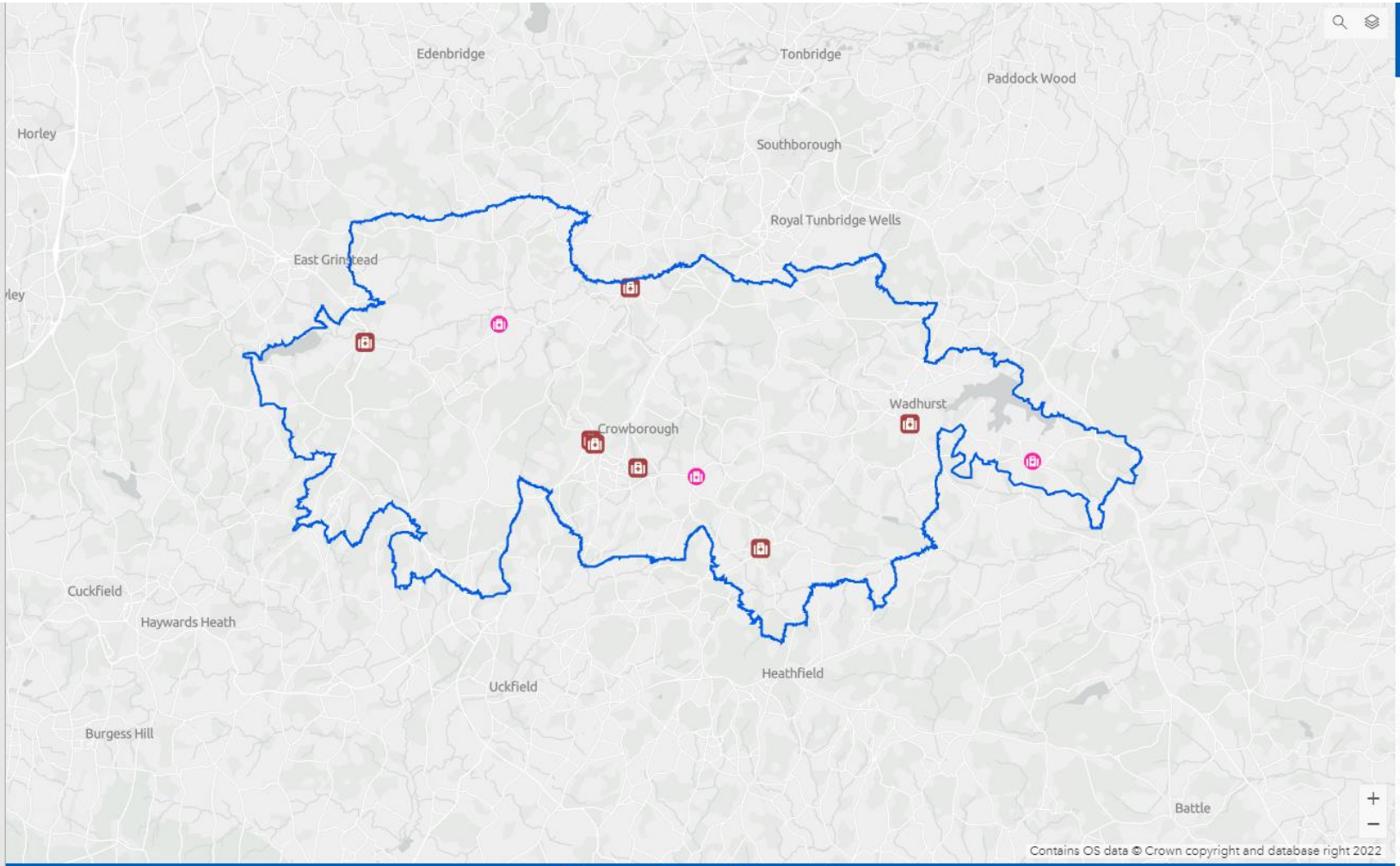
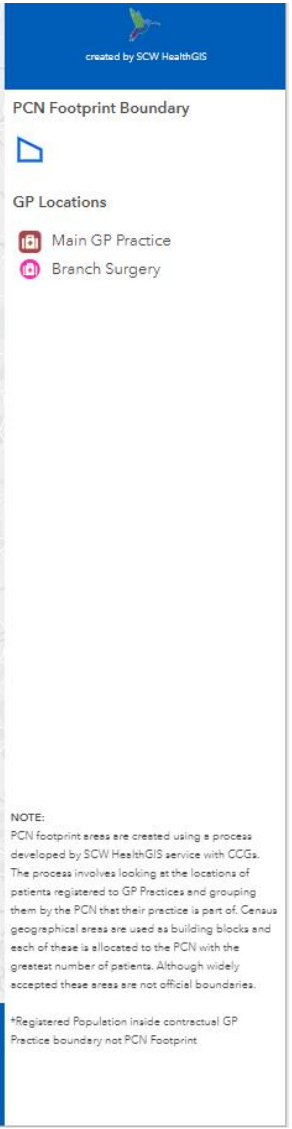
*Registered Population inside contractual GP Practice boundary not PCN Footprint
Primary Care Network:
HASTINGS & ST LEONARDS PCN

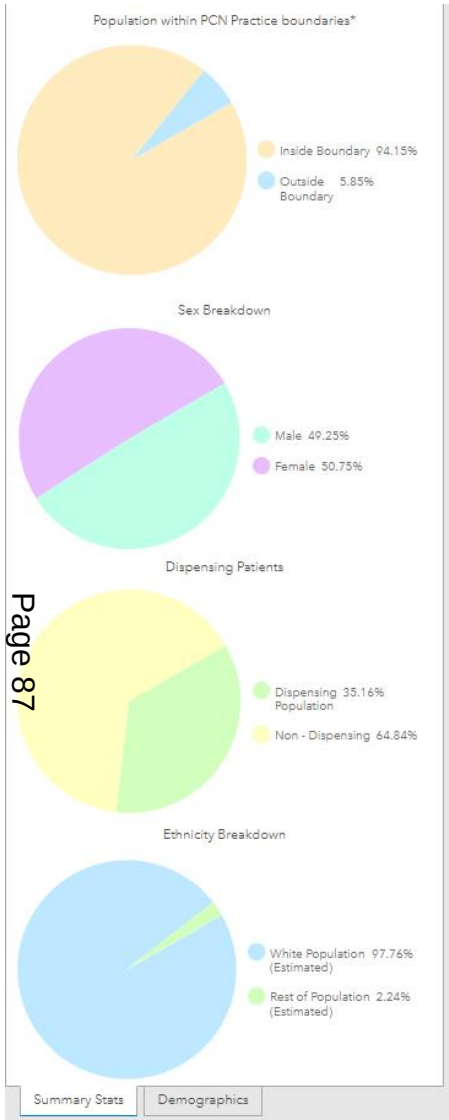


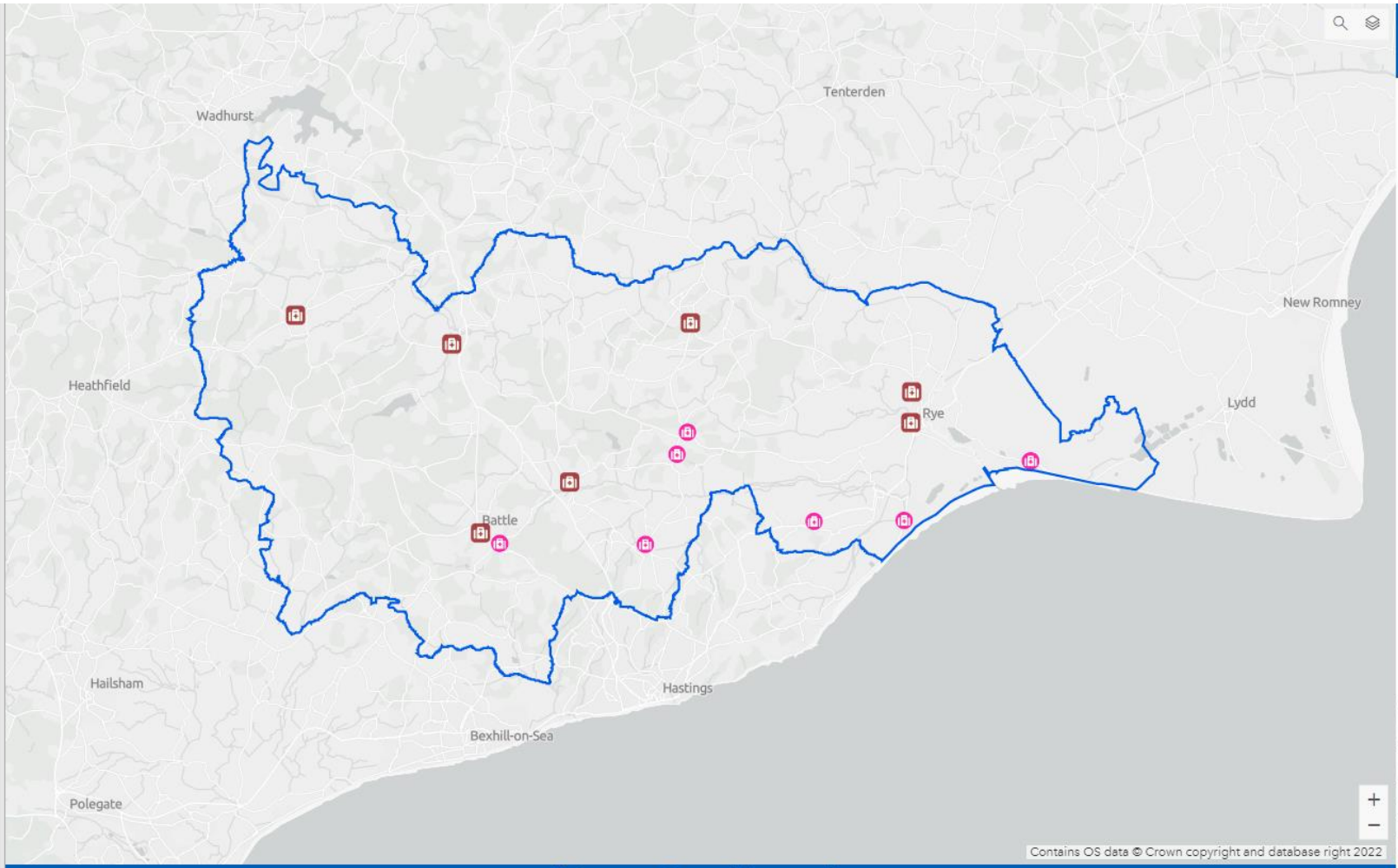




Primary Care Network:

HIGH WEALD PCN





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PCN Footprint Boundary

GP Locations

Main GP Practice

Branch Surgery

NOTE:
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*Registered Population inside contractual GP Practice boundary not PCN Footprint

Primary Care Network:

RURAL ROTHER PCN


Population within PCN Practice boundaries*
Inside Boundary 93.12%
Outside Boundary 6.88%
Sex Breakdown
Male 48.09%
Female 51.91%
Dispensing Patients
Dispensing 5.82% Population
Non - Dispensing 94.18%
Ethnicity Breakdown
White Population 97.13% (Estimated)
Rest of Population 2.87% (Estimated)
Summary Stats
Demographics
Lewes
Ripe
Upper Dicker
Hailsham
Chalvington
Glynde
Firle
Selmeston
Berwick
Alciston
Rodmell
Polegate
Hankham
Pevensey
Stone Cross
Westham
Pevensey Bay
Wilmington
Milton Street
Wannock
Alfriston
Piddinghoe
South Heighton
Litlington
Willingdon
Crumbles
Peacehaven
Newhaven
Bishopstone
Jevington
Old School Surgery
Seaford
Eastbourne
Friston
East Dean
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PCN Footprint Boundary
GP Locations
Main GP Practice
Branch Surgery
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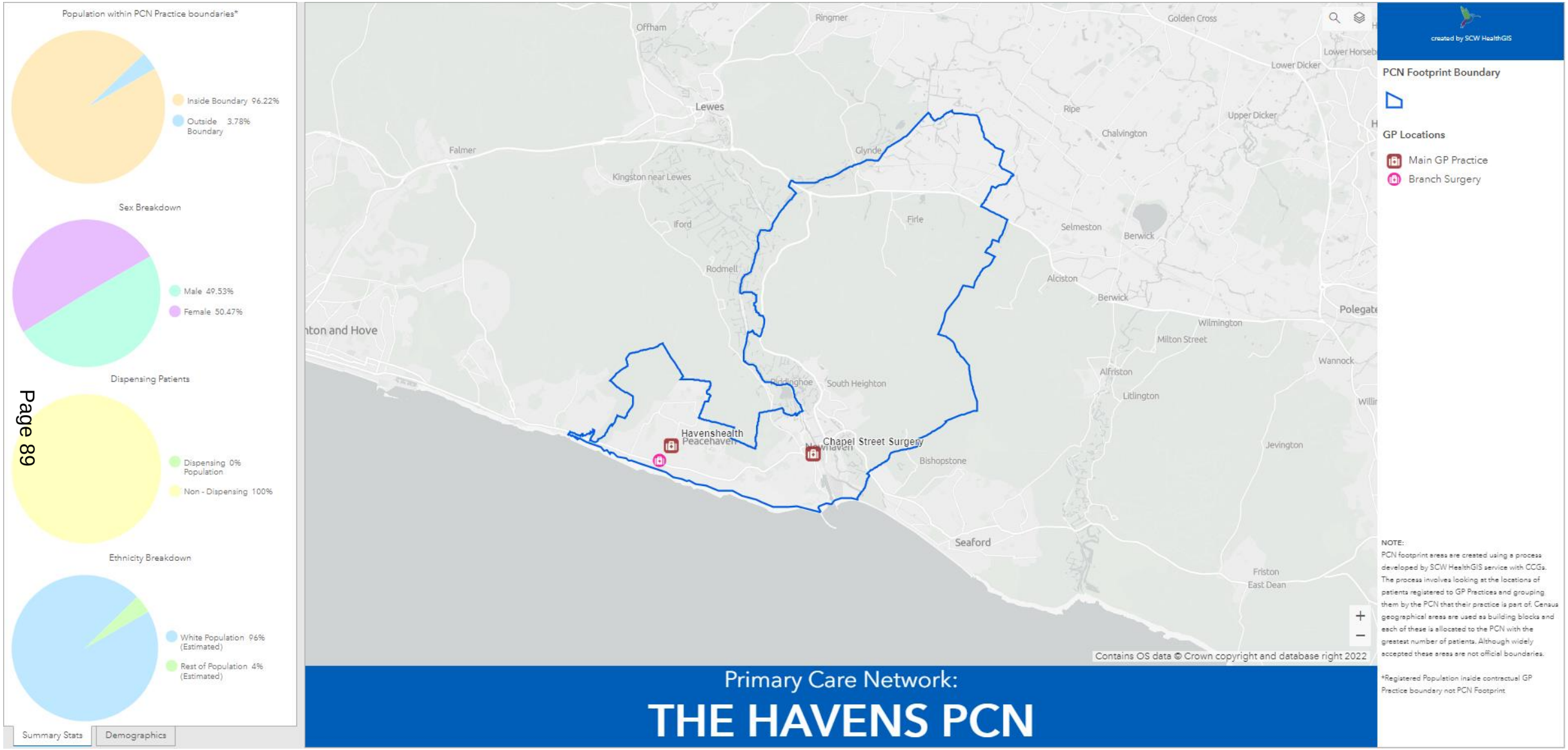
*Registered Population inside contractual GP Practice boundary not PCN Footprint
Primary Care Network:
SEAFORD PCN


Population within PCN Practice boundaries*
Inside Boundary 96.22%
Outside Boundary 3.78%
Sex Breakdown
Male 49.53%
Female 50.47%
Dispensing Patients
Dispensing 0% Population
Non - Dispensing 100%
Ethnicity Breakdown
White Population 96% (Estimated)
Rest of Population 4% (Estimated)
Summary Stats
Demographics
Offham
Ringmer
Golden Cross
Lower Horsebridge
Lower Dicker
Lewes
Ripe
Upper Dicker
Chalvington
Falmer
Glynde
Kingston near Lewes
Firle
Selmeston
Berwick
Rodmell
Alciston
Berwick
Polegate
Wilmington
Milton Street
Wannock
Alfriston
Litlington
South Heighton
Havenshealth Peacehaven
Chapel Street Surgery
Bishopstone
Jevington
Seaford
Friston
East Dean
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PCN Footprint Boundary
GP Locations
Main GP Practice
Branch Surgery
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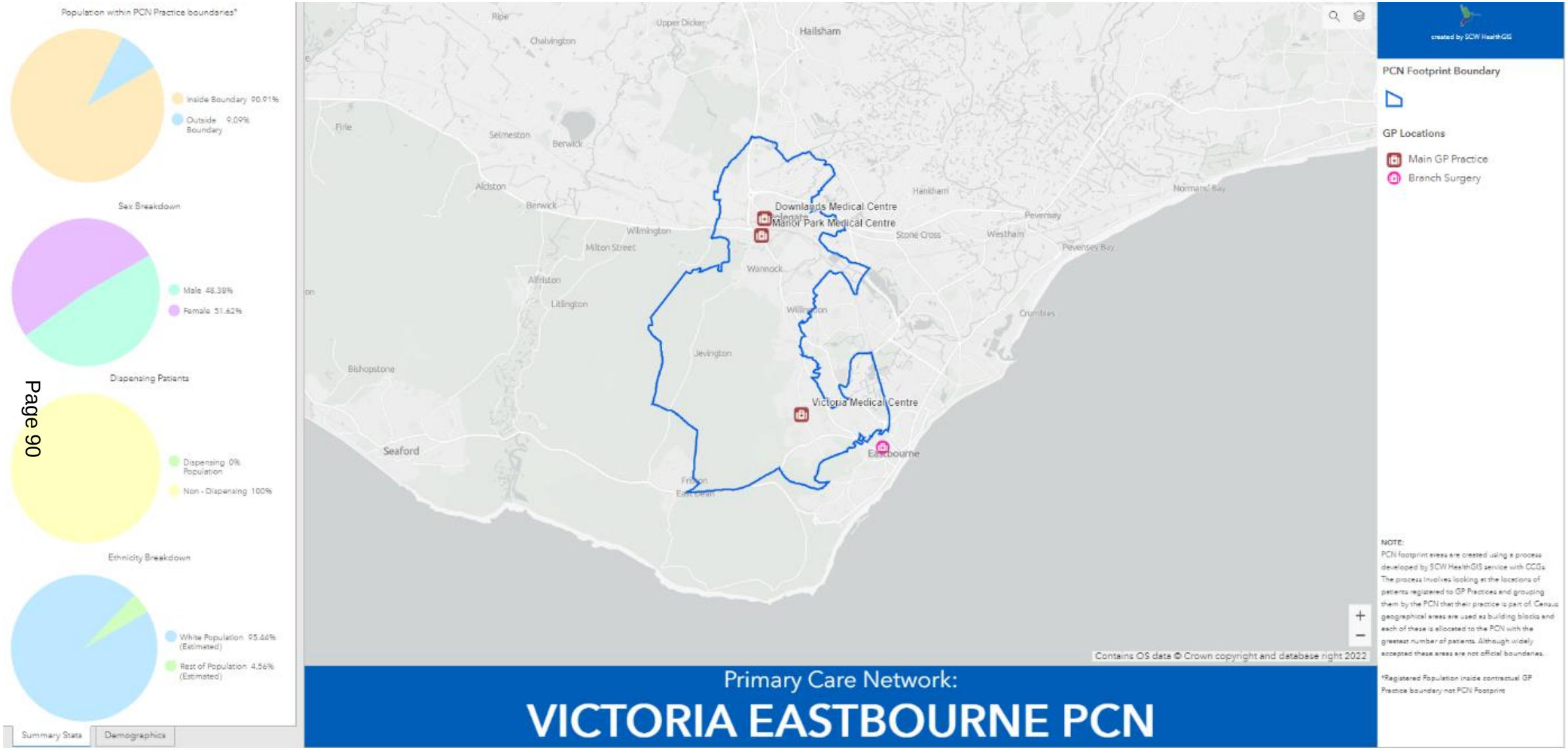
*Registered Population inside contractual GP Practice boundary not PCN Footprint
Primary Care Network:
THE HAVENS PCN


Population within PCN Practice boundaries*
Inside Boundary 90.91%
Outside Boundary 9.09%
Sex Breakdown
Male 48.38%
Female 51.62%
Dispensing Patients
Dispensing 0% Population
Non - Dispensing 100%
Ethnicity Breakdown
White Population 95.44% (Estimated)
Rest of Population 4.56% (Estimated)
Summary Stats
Demographics
Ripe
Upper Dicker
Hailsham
Chalvington
Firle
Selmeston
Berwick
Alciston
Berwick
Wilmington
Milton Street
Alfriston
Litlington
Wannock
Hankham
Pevensey
Stone Cross
Westham
Pevensey Bay
Normans Bay
Downlands Medical Centre
Manor Park Medical Centre
Bishopstone
Jevington
Willingdon
Crumbles
Victoria Medical Centre
Eastbourne
Seaford
Friston
East Dean
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PCN Footprint Boundary
GP Locations
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*Registered Population inside contractual GP Practice boundary not PCN Footprint
Primary Care Network:
VICTORIA EASTBOURNE PCN

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**2 March 2023**
By:	**Assistant Chief Executive**
Title:	**Work Programme**
Purpose:	**To agree the Committee's work programme**

RECOMMENDATIONS

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

1 Background

1.1 The work programme contains the proposed agenda items for future HOSC meetings and is included on the agenda for review at 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.

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. 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 in the municipal year.

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
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Health Overview and Scrutiny Committee (HOSC) – Work Programme

Current Scrutiny Reviews		
Title of Review	**Detail**	**Proposed Completion Date**
To be agreed.		

Initial Scoping Reviews		
Subject area for initial scoping	**Detail**	**Proposed Dates**
To be agreed.	To be scheduled.	

List of Suggested Potential Future Scrutiny Review Topics	
Suggested Topic	**Detail**
To be agreed.	

Scrutiny Reference Groups		
Reference Group Title	**Subject Area**	**Meetings Dates**
University Hospitals Sussex NHS Foundation Trust (UHSussex) HOSC working group	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. Membership: Cllrs Belsey, Robinson and one vacancy *meetings postponed due to COVID-19.	Last meeting: 9 September 2020* Next meeting: TBC 2023
Sussex Partnership NHS Foundation Trust (SPFT) HOSC working group	6-monthly meetings with SPFT and other Sussex HOSCs to consider the Trust's response to CQC inspection findings and other mental health issues. Membership: Cllrs Belsey, Robinson, and Osborne	Last meeting: 31 October 2022 Next meeting: TBC in 6 and 12 months time
The Sussex Health and Care Partnership (SHCP) HOSC working group	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. Future arrangements for the meeting being discussed due to changing governance of SHCP. Membership: HOSC Chair (Cllr Belsey) and Vice Chair (Cllr Robinson) and officer	Last meeting: 20 November 2020 Next meeting: TBC

Reports for Information		
Subject Area	**Detail**	**Proposed Date**
Future Car parking arrangements at Conquest Hospital	Confirmation from ESHT about the planned car parking arrangements at the Conquest Hospital under the Building for our Future programme	2023

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.	2023
Integrated Care Board (ICB) and implementation of the Health and Care Act 2022	A report or away day session on the new Sussex Integrated Care Board (ICB) structure and priorities, and any other impacts of the Health and Care Act 2022	Spring/Summer 2023

Training and Development

Title of Training/Briefing	Detail	Proposed Date
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 and new Operations Centre – East.	A visit to the new Medway Make Ready station and new Operations Centre for 999 and 111 services once the new centre is operational.	Spring/Summer 2023
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

Future Committee Agenda Items		Witnesses
29 June 2023		
Hospital Handovers	An update report on the hospital handover times performance, including evidence of how trusts have worked together to make a difference, following the end of the winter period.	Representatives of ICS, SECAmb and hospital trusts ESHT/MTW/UHSussex

SECAmb CQC report	A report on the progress of South East Coast Ambulance NHS Foundation Trust (SECAmb) exiting the Recovery Support Programme (RSP).	SECAmb
Child and Adolescent Mental Health Service (CAMHS)	An update report on CAMHS with particular emphasis on the progress of the waiting times for CAMHS, including progress on the development of the neurodevelopmental pathway, figures for the numbers of young people waiting more than 52 weeks, and how long young people wait between assessment and the beginning of treatment.	Representatives of NHS Sussex and SPFT
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.	Senior Scrutiny Adviser
21 September 2023		
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.	Senior Scrutiny Adviser
14 December 2023		
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.	Senior Scrutiny Adviser
7 March 2024		
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.	Senior Scrutiny Adviser
Items to be scheduled – dates TBC		

Access to NHS Dentistry Services	An update report on the progress being made to improve access to NHS Dentistry services in East Sussex following the delegation of commissioning responsibilities from NHS England to NHS Sussex.	Representatives of NHS Sussex / NHS England SE. Healthwatch East Sussex.
Access to Primary Care Services - GPs	An update report on the working being undertaken to improve access to GP services and appointments in East Sussex.	Representatives of NHS Sussex.
Transition Services	A report on the work of East Sussex Healthcare NHS Trust (ESHT) Transition Group for patients transitioning from Children's to Adult's services	Representatives of ESHT
Patient Transport Service	To consider proposals to recommission the Patient Transport Service (PTS) and to consider the outcome of the Healthwatch PTS survey. *Note: provisional dependent on NHS Sussex's plans*	Representatives of NHS Sussex and Healthwatch
Implementation of Kent and Medway Stroke review	To consider the implementation of the Hyper Acute Stroke Units (HASUs) in Kent and Medway and progress of rehabilitation services in the High Weald area. *Note: Timing is dependent on NHS implementation process*	Representatives of NHS Sussex/Kent and Medway ICS
Adult Burns Service	A report outlining proposals for the future of Adult Burns Service provided by Queen Victoria Hospital (QVH) in East Grinsted. *Note: provisional dependent on NHS England's plans*	NHS England and QVH
Sexual Assault Referral Centre (SARC)	A report on proposals for re-procurement of Sussex SARCs *Note: provisional dependent on NHS England's plans*	NHS England
Implications of the Health and Care Act 2022	A report or away day to consider the implications for the Committee of the Health and Care Act including the replacement of CCGs with Integrated Care Boards (ICB) and the effect of the regulations that allow the Secretary of State to intervene in local service reconfigurations on HOSC's powers to refer decisions to the Secretary of State that are not in the best interests of local health services.	Representatives of NHS Sussex and Senior Scrutiny Adviser / Scrutiny and Policy Support Officer.

	Note: date subject to release of the regulations setting out the powers of the Secretary of State to intervene on local health service reconfigurations.	