

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY, 29 JUNE 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
Councillor Kathy Ballard, Eastbourne Borough Council
Councillor Mike Turner, Hastings Borough Council
Councillor Christine Brett, Lewes District Council
Councillor Simon McGurk, Rother District Council
Councillor Graham Shaw, Wealden District Council

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

AGENDA

1. **Minutes of the meeting held on 3 March 2023** *(Pages 5 - 16)*
2. **Apologies for absence**
3. **Disclosures of interests**
Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.
4. **Urgent items**
Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.
5. **NHS Sussex Winter Plan - update and evaluation** *(Pages 17 - 36)*
6. **Hospital Handovers** *(Pages 37 - 52)*
7. **South East Coast Ambulance Foundation NHS Trust (SECamb) Care Quality Commission (CQC) report** *(Pages 53 - 60)*
8. **Child and Adolescent Mental Health Services (CAMHS)** *(Pages 61 - 76)*
9. **HOSC future work programme** *(Pages 77 - 82)*

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

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
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21 June 2023

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Next HOSC meeting: 10am, Thursday, 21 September 2023, County Hall, Lewes

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 2 March 2023

PRESENT:

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

WITNESSES in attendance:

NHS Sussex

Jessica Britton, Executive Managing Director, East Sussex

Claudia Griffith, Chief Delivery Officer

Liz Davis, Director of Primary Care Operations, East Sussex.

NHS England

Dr Chris Streater, Regional Medical Director & CCIO, NHSE London

Chris Tibbs, Medical Director Commissioning, NHS England – South East

Hazel Fisher, Director of Transformation and Programmes, Specialised Services, NHSE London

Sabahat Hassan, Head of Partnerships and Engagement, NHS England - South East

East Sussex Healthcare Trust (ESHT)

Charlotte O'Brien, Director of Transformation and Improvement

Tracey Rose, Programme Director, Building for Our Future

Sussex Partnership Foundation Trust (SPFT)

John Child, Chief Delivery Officer

Claire Newman, Service Director for Primary Care and Wellbeing

East Sussex County Council (ESCC)

Mark Stainton, Director of Adult Social Care and Health

LEAD OFFICER: Martin Jenks, Senior Scrutiny Adviser

28. MINUTES OF THE MEETING HELD ON 15 DECEMBER 2022

28.1 The minutes of the meeting held on 15 December 2022 were agreed as a correct record.

29. APOLOGIES FOR ABSENCE

29.1 Apologies for absence were received from Councillor Christine Brett and Councillor Candy Vaughan.

30. DISCLOSURES OF INTERESTS

30.1 Councillor Colin Belsey declared a personal, non-prejudicial interest under item 7 the new Elective Hub at Eastbourne District General Hospital (EDGH) as he has been dealing with issues raised by constituents in his Division regarding the preparatory works on site.

31. URGENT ITEMS

31.1 There were no urgent items.

32. NHS SUSSEX WINTER PLAN 2022/23 - UPDATE

32.1 The Committee considered an update 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 and runs from October 2022 to April 2023.

32.2 The Committee asked how the virtual wards were staffed and where the patients were located.

32.3 Claudia Griffith, Chief Delivery Officer NHS Sussex responded that the virtual wards were a national model which is being piloted across Sussex. They are not located in any particular area and are supported by existing staff in community health services and by hospital clinicians. The concept is to try and keep people at home and wrap services around them for clinical conditions that can be safely managed at home.

32.4 The Committee asked if the virtual wards model was expensive and whether it could be expanded.

32.5 Claudia Griffith outlined that the model was more efficient but there is an issue with being able to increase the workforce in order to be able to expand the pilot. There are National Plan targets to increase capacity and there is a focus on how virtual wards could be used for patients with respiratory conditions and frailty patients who are at risk of admission.

32.6 The Committee noted that ambulance handover times had improved and asked how long patients were having to wait for an ambulance.

32.7 Claudia Griffith explained that there are a number of factors involved in ambulance response times for category 1, category 2, category 3 and category 4 calls. It is not just handover delays that affect response times and there have been a number of capacity issues for the South East Coast Ambulance Foundation Trust (SECAMB) which have affected response times. NHS Sussex has worked with SECAMB to support them and has used other Trusts such as the South Central Ambulance Service NHS Foundation Trust to provide additional capacity. Claudia Griffith agreed to circulate some information on ambulance response times for category 1, 2, 3 and 4 calls.

32.8 Claudia Griffith added that handover delays were very low at the current time and are in single figures for delays over one hour. Charlotte O'Brien, Director of Transformation and Improvement at ESHT commented that there had been only one handover delay over one hour this week at East Sussex Healthcare Trust (ESHT) hospitals.

32.9 The Committee observed that this winter period and particularly the time around Christmas and New Year had been challenging. It asked what the impact had been on staff and for an update on staffing issues.

32.10 Claudia Griffith acknowledged that it had been a really challenging situation and the health system does have a very tired workforce. There has been a lot of effort to support staff, but the situation remains very pressured taking into account the industrial action as well as winter pressures. There has been a significant focus on recruitment and retention and there is a workforce programme in place across Sussex. There are a number of things being done to support staff including financial assistance with cost of living pressures. Charlotte O'Brien added that the last few years had been very challenging for the workforce, and we are now seeing industrial action as a result. ESHT is committed to supporting its workforce. Claudia Griffith commented that Providers are being supported through the period of industrial action to maintain services and to allow staff to take strike action.

32.11 The Committee asked what percentage of staff were on long term sick leave.

32.12 Claudia Griffith outlined that there had been an increase in staff on long term sick leave due to stress and anxiety but would have to come back to the Committee with precise figures. Work is being undertaken to increase the mental health and emotional wellbeing support for staff and there is also the existing Staff in Mind service. Feedback on these support services is being looked at in order to further improve support for staff.

32.13 The Committee asked about the waiting times in Emergency Departments and reports that some patients have been waiting in corridors.

32.14 Claudia Griffith responded that Emergency Departments remain very pressured coupled with the need to handover patients from ambulances into Emergency Departments. Work programmes are in place to manage the flow of patients through hospitals and discharge those who are medically fit to free up beds for admissions. Re-admission rates are also being monitored to ensure patients are not being discharged too early. Congestion in Emergency Departments is being addressed through the national Emergency Care Recovery Plan, which aims to increase the number of beds and ambulances, improve patient flows, and same day emergency care services. This will focus on areas to work on in the next twelve months.

32.15 For people with complex respiratory problems, the Committee asked if there is a better way of managing their condition e.g. with a bespoke health plan and access to antibiotics.

32.16 Claudia Griffith responded that the Virtual Wards programme aims to target patients with complex respiratory conditions to provide them with support and early intervention in the community to keep them well in their home.

32.17 The Committee asked for details of where in East Sussex the additional 39,000 GP appointments had been provided and how many people were waiting over 52 weeks for elective care treatment.

32.18 Claudia Griffith outlined that the industrial action will have an impact on waiting times and the national target will be amended to 65 weeks at the end of next year. A breakdown of those waiting over 52 weeks can be provided, but generally ESHT's performance is good. The position is more challenging at University Hospitals Sussex (UHSx) and they are working with Queen Victoria Hospital (QVH) to provide additional capacity to reduce waiting lists. A breakdown of where the additional GP appointments have been provided can be provided after the meeting.

32.19 The Committee asked about the call abandonment rate for the 111 Service, the use of VOCARE, and the level of vacancies in the call centre.

32.20 Claudia Griffith outlined that the 111 Service faces a challenge in terms of recruitment and retention of staff. This is a demanding and stressful role and NHS Sussex is working with SECamb on recruitment and retention and is trying to make the roles more attractive. VOCARE were brought in to provide more capacity and support in response to the 50% call abandonment rate.

32.21 The Committee asked if future reports could also provide information on the UHSx and Maidstone and Tunbridge Wells NHS Trust (MTW) hospital performance that East Sussex residents use (e.g. Royal Sussex Hospital and Pembury Hospital) in addition to ESHT hospitals.

32.22 Claudia Griffith outlined that NHS Sussex can provide equivalent figures for Pembury Hospital operated by MTW and the Royal Sussex. Performance at Pembury is good, but the Royal Sussex is one of the most challenged sites. Work has been carried out to improve hospital handovers at the Royal Sussex, but people are waiting for long periods in the Emergency Department (ED) and in corridors. There are plans to enlarge the ED at the Royal Sussex now that the new building is complete which should address some of the Estates constraints faced by the current ED.

32.23 The Committee asked how many more ambulances would be provided from the Government funding for the national Emergency Care Recovery Plan and what the Havens mental health provision involved.

32.24 Claudia Griffith outlined that 800 more ambulances would be provided under the Emergency Care Recovery Plan which would be split across the eleven Ambulance Trusts. Further information on how many have been allocated to SECamb can be provided once this is known. Charlotte O'Brien explained that the Havens are provided in each of the locations that SPFT provide inpatient facilities and the service provides dedicated mental health crisis assessment facilities where people with mental health issues can be seen and assessed, avoiding the need for them to present to an Emergency Department.

32.25 The Committee thanked NHS Sussex for the Covid vaccination programme update and asked if the uptake figures were as high as had been expected.

32.26 Claudia Griffith responded that NHS Sussex had hoped for higher uptake figures. The uptake in the older age group cohorts has been good, but the uptake of vaccinations in the younger age groups has been lower. This may be due to a level of normalising of Covid infections and that the risks are perceived as being lower for younger age groups, which is having an impact on public behaviour.

32.27 The Committee asked the Director of Adult Social Care and Health if he had any comments on the report.

32.28 Mark Stainton, Director of Adult Social Care and Health observed that it had been one of the most challenging winter periods that the system had experienced. There had been good partnership working and planning to deal with the challenges faced during the winter period. Although the Adult Social Care delayed discharged funding had been received relatively late, it has been used to reduce discharge delays and the length of time before discharge.

32.29 The Committee asked if the hospital handover data for SECamb could be broken down by hospital for future reports.

32.30 The Chair suggested that the updates requested on the figures contained in the report, including information on MTW and UHSx hospitals could be provided in an update report at the June HOSC meeting. SECamb are also presenting a report at the June meeting and could be asked to provide updated information on 111 performance and 999 response times for all call categories and a breakdown of hospital handover data by hospital.

32.31 The Committee RESOLVED to:

- 1) Note the report; and
- 2) Request further update report on the Winter Plan at the June HOSC meeting.

33. PROPOSED CHANGES TO CHILDREN'S SPECIALIST CANCER SERVICES - PRINCIPAL TREATMENT CENTRE (PTC)

33.1 The Committee considered a report on the proposed changes to Children's Specialist Cancer Services presented by representatives from NHS England (NHSE).

33.2 The Committee commented that the majority of patients who need to travel will be immunocompromised due to their treatment and will therefore probably chose to travel by car. Also, there are areas of deprivation within East Sussex where patients and their families may struggle with travel costs. The Committee asked what travel and access support will be provided for patients, their families and carers under the proposals.

33.3 Dr Chris Streater, Regional Medical Director, NHSE London outlined that a travel time analysis had been undertaken as part of the development of the proposals. This showed that travel times for the two options under consideration by public transport were slightly better, but travel times by car were longer. The Team is drawing on the experience gained from the development of the north London Principal Treatment Centre (PTC) to ensure travel and access is not made more difficult. The Evelina London Children's Hospital has experience of caring for other immunocompromised children and their travel and access needs.

33.4 Hazel Fisher, Director of Transformation and Programmes, Specialised Services, NHSE London added that they are talking to Great Ormond Street about the support they currently provide for children and there are good transport models in place. NHSE are looking at travel, access and deprivation and this will be covered by the Equalities Impact Assessment (EQIA) that will be included with the Pre Consultation Business Case (PCBC). There are exemptions available for the Ultra Low Emission Zone on a pay and reclaim basis and transport parking spaces are available. In an emergency there is currently a transport service in place that is run by the Evelina Children's Hospital.

33.5 The Committee asked if children are entitled to patient transport services (PTS) to London.

33.6 Dr Chris Streater responded that NHSE would look at this.

33.7 The Committee commented that if a child goes to a specialist centre for treatment it will be important for the parents or carers to stay with the child. The Committee asked if provision for parents and carers is going to be part of the PCBC and whether the changes will put pressure on existing provision.

33.8 Dr Chris Streater confirmed that this will be part of the PCBC. Hazel Fisher outlined that NHSE had asked both providers how they will accommodate parents and carers. This might be met via the provision of pull down beds or separate overnight accommodation. Provision for parents and carers will also be in the consultation document.

33.9 Based on the discussion, the Chair asked the Committee if they would agree that the proposed changes do not constitute a substantial variation to health services for East Sussex residents. The Chair also summarised the Committee's desire to remain involved in the development of the proposals and outlined the methods available to the Committee including responding to the public consultation.

33.10 The Committee RESOLVED to:

- 1) Agree that the proposed changes to Children's Specialist Cancer Services do not constitute a substantial variation to health services for East Sussex residents;
- 2) Submit a written response to the public consultation;
- 3) Write to any HOSC or Joint HOSC which is being formally consulted on the proposals asking them to consider issues that may be of concern or affect East Sussex patients when they scrutinise NHSE's proposals, and take part in any informal HOSC meetings with other affected HOSCs to feed into the formal scrutiny process; and
- 4) Request a future update report on the proposed changes.

34. NEW ELECTIVE SURGERY HUB AT EASTBOURNE DISTRICT GENERAL HOSPITAL (EDGH)

34.1 The Committee received a report on the proposals for the development of a new Elective Surgery Hub at Eastbourne District General Hospital (EDGH).

34.2 The Committee welcomed the proposals and the benefits to patients in terms of increased capacity and the reduction in waiting times. The Committee asked how this development fitted in with the New Hospitals Programme and the Building for Our Future programme.

34.3 Charlotte O'Brien outlined that the New Hospitals Programme is a broader programme of new hospital buildings and the development of the Elective Hub complements the New Hospitals Programme. ESHT is currently waiting to hear about the amount of funding that will be allocated under the New Hospitals Programme.

34.4 Tracey Rose, Programme Director Building for Our Future at ESHT added that the new Elective Hub project will not affect the Building for Our Future programme. The new Elective Hub project will replace four of the eight operating theatres at EDGH which are in need of replacement. Currently the Trust is waiting for confirmation of the funding from the New Hospitals Programme that will be spent across all three hospital sites – EDGH, Conquest Hospital in Hastings and Bexhill Hospital. The Trust will be able to update the Committee once more details are available.

34.5 The Committee asked for clarification of whether a new hospital is still an option for Eastbourne.

34.6 Tracey Rose responded that the options under consideration include a new build hospital at Eastbourne, a total refurbishment of the existing EDGH and other options. The option chosen will depend on the amount of funding that is made available. The Building for Our Future programme will also include the refurbishment of the other hospitals at Bexhill and the Conquest in Hastings.

34.7 Some Committee members asked why EDGH was chosen for the Elective Hub rather than the Conquest Hospital, and what the ambitions were for the Conquest Hospital site.

34.8 Charlotte O'Brien responded that the New Hospital Programme funding will provide new facilities across all three sites. Tracey Rose added that the plans for the Conquest include an expanded Intensive Care Unit and new wards. Works will also include providing a new roof and new buildings on the Conquest site. The EDGH was chosen for the new Elective Hub as there was physical estate to enable this and because the eight main operating theatres needed to be replaced. The new Elective hub provided an opportunity to replace four of the operating theatres, which had an extensive backlog of maintenance work. The operating theatres at the Conquest have already been refurbished. It was clarified that the operating theatres at the Conquest are not as old as the ones at EDGH and do not need replacing.

34.9 The Committee asked what the impact of the proposals will be on the Uckfield day surgery unit, will staff will have to move, and what are the plans for the released capacity.

34.10 Charlotte O'Brien outlined that although 29% of activity at Uckfield will be dealt with by the new elective Hub, this represents a relatively small number of cases. The Trust is working with system partners across NHS Sussex to make sure the released capacity is fully used. Some staff will move to the EDGH Elective Hub to support the unit and there will be discussions with staff around where they want to work in future. Claudia Griffith added that when looking at waiting lists across Sussex there is more than enough activity to ensure the facilities at Uckfield are retained.

34.11 The Committee asked how many staff will be required to run the new Elective Hub.

34.12 Charlotte O'Brien responded that the full workforce plan will mean a small increase in staff and the Trust will look to start recruitment over the coming months. Recruiting the workforce will be a challenge but the Elective Hub will be a state of the art facility which may attract staff. Tracey Rose added that there will be an additional 43.65 whole time equivalent staff across all staffing groups at the Elective Hub. New and innovative roles will be created to attract staff with recruitment starting shortly.

34.13 The Committee asked if consultations and post operative care will continue to be provided at local hospitals.

34.14 Charlotte O'Brien confirmed that there will not be a change in any other services and outpatient appointments will remain at the local hospitals.

34.15 Cllr Turner asked if ESHT directly employs vascular surgeons.

34.16 Claudia Griffith responded that NHS Sussex will come back to Cllr Turner and provide an answer to his question after the meeting.

34.17 The Chair summarised the Committee's view that the proposals were a good thing for patients and did not constitute a substantial variation to services.

34.18 The Committee RESOLVED 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) receive an update report on the development of the new Elective Hub at an appropriate time.

35. PRIMARY CARE NETWORKS (PCNS), EMOTIONAL WELLBEING SERVICES AND MENTAL HEALTH FUNDING

35.1 The Committee considered a report on Primary Care Networks (PCNs), which are groups of GP practices in East Sussex, and emotional wellbeing services provided through PCNs. There are twelve PCNs in East Sussex which include all GP practices, with the largest covering around 100,000 registered patients and the smallest covering around 28,000 patients.

35.2 The Committee asked what services were being provided under the enhanced hours service, and how aware the wider public are of PCNs and the recruitment of specialist staff.

35.3 Liz Davis, Director of Primary Care Operations NHS Sussex outlined that each PCN makes its own decision regarding which services to provide under the enhanced hours arrangements. PCNs are expected to offer enhanced hours services across the whole population covered by the PCN. NHS Sussex does not control which clinics are provided but has some information on enhanced hours services that are being offered. In terms of informing the wider public of the services being offered by the PCN, every PCN is expected to engage with patients, families, local councillors and other stakeholders on the services that they offer. Liz Davis offered to speak to Cllr Shuttleworth outside the meeting regarding the Alps PCN.

35.4 Cllr Turner asked about the work to tackle health inequalities and the provision of a GP surgery in Baird ward in Hastings, which has been under consideration for some time.

35.5 Liz Davis agreed to look into this and get in touch with Cllr Turner after the meeting. Jessica Britton added that there had been a significant amount of effort to tackle health inequalities and there is wider work in Hastings to tackle health inequalities. She indicated that she could speak to Cllr Turner about this work outside the meeting.

35.6 Claire Newman, Service Director for Primary Care and Wellbeing at SPFT commented that health inequalities can be analogous with serious mental health conditions. There are priorities to provide physical health checks for patients with serious mental health issues who are likely to die up to 18 years earlier than average. Access to mental health facilitators is now almost fully deployed in all PCNs for mental health issues and to provide health checks for people with serious mental health issues.

35.7 The Committee asked about the governance arrangements for PCNs, and how as a HOSC the Committee could monitor their performance and be satisfied they are making the best use of resources.

35.8 Liz Davis responded that the governance arrangements are quite ambiguous. The Integrated Care Board (ICB), which is NHS Sussex, will be conducting a financial and activity audit at the end of the 2023/24 financial year. The audit will focus on what the money has been spent on and its impact, together with questions about the PCN's service plans. All PCNs are expected to undertake patient engagement and the requirement for this has been reiterated to PCNs. The results from the audit will be collated and information can be sent to interested parties.

35.9 The Committee commented that it would be good to have feedback on PCN performance through a follow-up report.

35.10 The Committee noted that were an additional 156 full time equivalent staff being employed in additional roles, and asked how many medical vacancies there were across all the PCNs.

35.11 Liz Davis agreed to provide information on medical vacancies via email after the meeting.

35.12 The Committee noted the Voluntary, Community and Social Enterprise (VCSE) sector organisations engagement with the work on health inequalities. However, PCNs do not always work with VCSE organisations on work commissioned by the NHS. The Committee asked how NHS Sussex could accelerate joint working between PCNs and the VCSE organisations.

35.13 Liz Davis responded that she was happy to have conversations with VCSE organisations about how to work more closely together on this at neighbourhood and PCN level. Claire Newman added that there are some good examples of co-design and delivery of mental health provision. SPFT has been working with colleagues from the VCSE Alliance on the emotional wellbeing and mental health offer to develop services relevant to PCN needs and to provide a coherent pathway.

35.14 The Committee asked if PCNs and GP practices are signing up to the Armed Forces Covenant.

35.15 Liz Davis and Jessica Britton agreed to come back to HOSC after the meeting with information on whether PCNs and GP practices are signed up to the Armed Forces Covenant and the range of work that is being undertaken on this. Claire Newman responded that SPFT are fully signed up to the Armed Forces Covenant. There is a veteran mental health offer for Sussex, Surrey and Kent which has been in place over the last five years. There will be a new enhanced service from 1st April with Berkshire.

35.16 The Committee asked if it would be possible to provide an update report on PCN performance and the services, particularly the enhanced hours services, they provide in six months time.

35.17 Liz Davis indicated that it would be possible to have a report ready in six months time.

35.18 The Committee agreed to add an update report on PCNs to the HOSC agenda for the 21 September 2023 meeting.

35.19 The Committee REOLVED to note the report and request an update report for the 21 September 2023 HOSC meeting.

36. HOSC FUTURE WORK PROGRAMME

36.1 The Committee discussed the items on the future work programme. The Committee requested that the report on Hospital Handovers scheduled for the June 2023 meeting includes data from the Royal Sussex and Pembury hospitals as well as the ESHT hospitals broken down at hospital level.

36.2 The Committee agreed to schedule the report on the Patient Transport Service for the 21 September 2023 HOSC meeting.

36.3 The Committee requested that an update report on the implementation of the transport and access recommendations from the Cardiology and Ophthalmology transformation reviews be brought to a future meeting. The Senior Scrutiny Adviser will liaise with Jessica Britton, NHS Sussex and ESHT on the timescales for the report.

36.4 The Committee RESOLVED to:

1) amend the work programme in line with paragraphs 36.2 and 36.3 (above);

2) add an update report on PCNs to the work programme for the 21 September 2023 HOSC meeting (paragraph 35.18) ;

3) receive an update report on the development of the new Elective Hub at an appropriate time (paragraph 34.17);

4) Request a future update report on the proposed changes to Specialised Children's Cancer Services (paragraph 33.10); and

5) add an update report on the NHS Winter Plan to the agenda for the 29 June 2023 HOSC meeting (paragraph 32.31).

37. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

37.1 There were none.

The meeting ended at 12.53 pm.

Councillor Colin Belsey

Chair

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

Date of meeting: 29 June 2023

By: Assistant Chief Executive

Title: NHS Sussex Winter Plan 2022/23 - Update

Purpose: To provide update on the implementation and delivery of the NHS Sussex Winter Plan.

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 ran from October 2022 to April 2023.

1.2. The Committee considered the Winter Plan and at its meeting held on 15 December 2022 and received an update report at its 2 March 2023 meeting, where it requested a final update be brought to this meeting to evaluate the overall effectiveness of the plan's implementation. This report provides an update, and evaluation of, the impact of the NHS Sussex Winter Plan with learning to be taken forward to enhance the winter planning for 2023/24.

1.3. 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. The report includes details on the performance and recovery of elective and non-elective services, workforce pressure and staff wellbeing, the effects of industrial action, overviews of discharge and admission avoidance programmes and key performance measures for the system.

1.4. The report also details how the operating model implemented for winter enabled the system to effectively respond to and manage periods of significant exceptional pressure and elevated risk as a whole. The focus on system agreed priority areas for rapid improvement over winter resulted in a range of positive achievements being achieved by the system, and priority area improvements for next winter will be included as part of the system's programme delivery architecture for 2023-24. System partners were also asked for feedback as to how they thought the system had performed against its aims, and learning from evaluation will be incorporated in future planning where possible. NHS Sussex has also taken part in a nationally led review of Winter 2022/23 which will likely influence the shape of national priorities for Winter 2023/24.

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

- *Our delivery plan:*
 - *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 at high risk of hospital admissions*
 - *Mental Health*
 - *Infection Prevention and Control*
 - *Workforce Capacity*
 - *Public Health – East Sussex*
- *Learning from the Winter Plan and Actions Taken*
 - *Winter Plan Review and Feedback*
 - *Top Themes*

2. Conclusion and reasons for recommendations

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

PHILIP BAKER
Assistant Chief Executive

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NHS Sussex Winter 2022/23 Review and Evaluation

**Report for Health Overview
and Scrutiny Committee**

June 2023

Better health and care for all

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NHS Sussex Winter Plan: update

1.0 Introduction

This report provides an update on, and evaluation of, the impact of the NHS Sussex Winter Plan. It identifies learning to be taken forward to further enhance planning for Winter 2023/24. It builds on the report submitted to the HOSC in March 2023, updating this where relevant and reflecting on further learning from this period.

It includes:

- Performance and recovery of services (elective and non-elective)
- Workforce pressures and staff wellbeing
- The effects of industrial action
- An overview of how well the discharge and admission avoidance programmes have been working.
- An outline of key performance measures for the system:
 - Bed occupancy rates
 - Emergency Department waiting times and waiting times to be admitted to hospital
 - Number of admissions for Covid-19 and seasonal flu
 - Ambulance handover times.

As previously reported, the delivery of the Sussex Winter Plan was 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 Directors of Social Care. They ensured that strategic leadership decisions required in response to emerging issues or risks through the Winter were taken in a joined-up way and considered the needs of our population and the needs of staff working across both health and care.

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.

2.0 Our delivery plan:

2.1. Discharge, including rapid improvement workstream actions

As previously reported most patients in East Sussex continue to be discharged home from hospital 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 collaborated to develop and implement full plans to support people over the winter period. This included additional health, social care and voluntary sector capacity¹ to support people to return home; additional bedded capacity for people who were ready

¹ Home from Hospital and Assisted Discharge services

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 also supported 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 that we implemented included additional clinical and domiciliary care capacity to support this.

Within the context of the wide range of additional capacity and support in East Sussex during the winter period, there was a sustained reduction in the numbers of patients who were assessed as medically ready for discharge and awaiting discharge. An additional 910 homecare hours per week and an additional 86 Discharge to Assess beds in Care Homes were secured for the winter and through Quarter 4 drawing on additional national funding to support extra capacity in health and social care to improve discharge flow. Alongside this, a range of additional health and social care workforce was secured to support discharge flow across a range of services. A weekend discharge team was mobilised alongside key additional workforce to identify patients more rapidly for intermediate care services earlier in their pathway, which directly led to improvements in rates of weekend discharges. Other schemes including increasing utilisation of Voluntary Sector capacity to support discharge alongside Personal Health Grants were mobilised to improve system flow, patient support and experience. The East Sussex system partners agreed key actions for our Discharge Transformation Plan and are working across Sussex as part of the Discharge Frontrunner Programme building upon initiatives and schemes that commenced through the winter period. The Discharge Transformation Plan continues to be focused on improving pathways to discharge across health and social care, including VCSE support, support for vulnerable people and streamlined patient assessment.

2.2. Out of hospital urgent care rapid improvement programme

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

As previously reported a key development has been the introduction of the Admissions Avoidance Single Point of Access (AASPA). This went live on 14 December 2022. 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, they do not need to be taken to hospital for assessment or admission.

SECamb continue to work closely with our community providers to optimise use of alternative pathways through the AASPA and have established daily touchpoints to ensure appropriate cases are supported into Urgent Community Response services. This will inform the rollout of an

automated CAD portal to stream cases direct to community teams over the next 2-3 months. SECAMB have now recruited some additional resource through funding provided by ICBs within their footprint, to further accelerate and promote these pathways.

The continued development of the AASPA is a recognised priority in the NHS Sussex 2023/24 Shared Delivery Plan (SDP) and will be taken forward as a priority workstream within the NHS Sussex Urgent and Emergency Care Delivery Programme.

2.3. Improvements in ambulance performance

Overall, there continued to be high demand and the ambulance service was not consistently been able to meet its national response time targets.

Cat 1 and Cat 2 mean response times – April 2023

	England	SECAMB	Ranking (out of 11 providers)
Cat 1 mean response	8 mins 7 secs	8 mins 22 secs	7 th
Cat 2 mean response	28 mins 35 secs	24 mins 43 secs	4 th

Developments such as the rollout of the pan-Sussex Admissions Avoidance Single Point of Access, the funding of additional SECAMB resource to embed change and close working between SECAMB and community teams have been positive, and we expect to see performance improvements as the utilisation of alternative community pathways to reduce avoidable dispatch and conveyance increases. NHS Sussex has recently taken over as lead commissioner of the service from NHS Surrey Heartlands and will oversee the implementation of CQC actions which will contribute further to service improvement.

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.

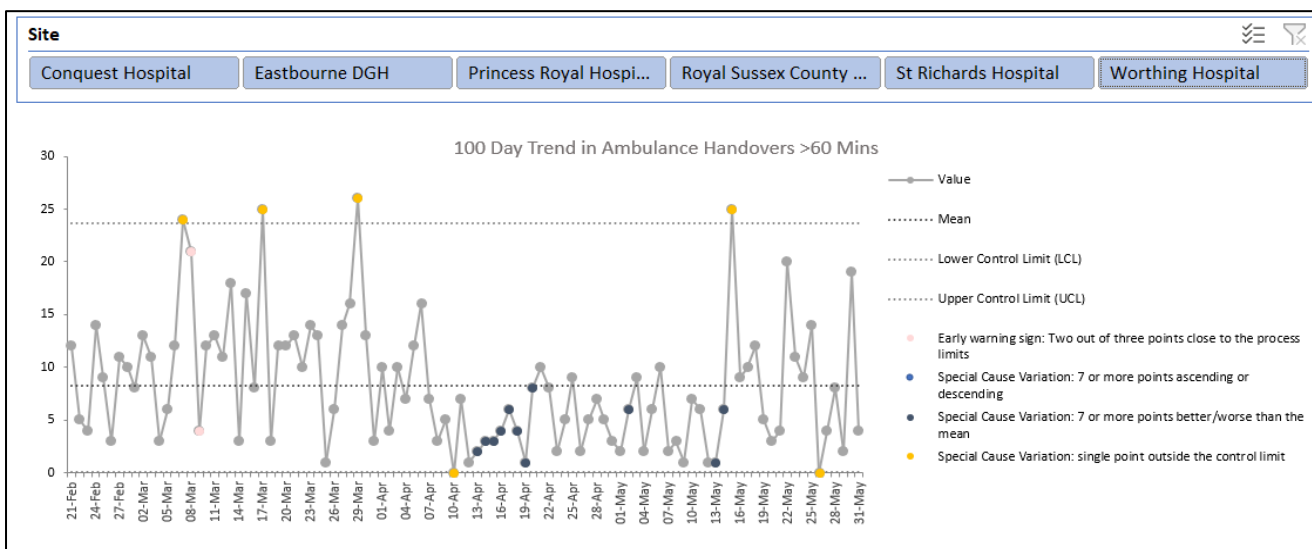
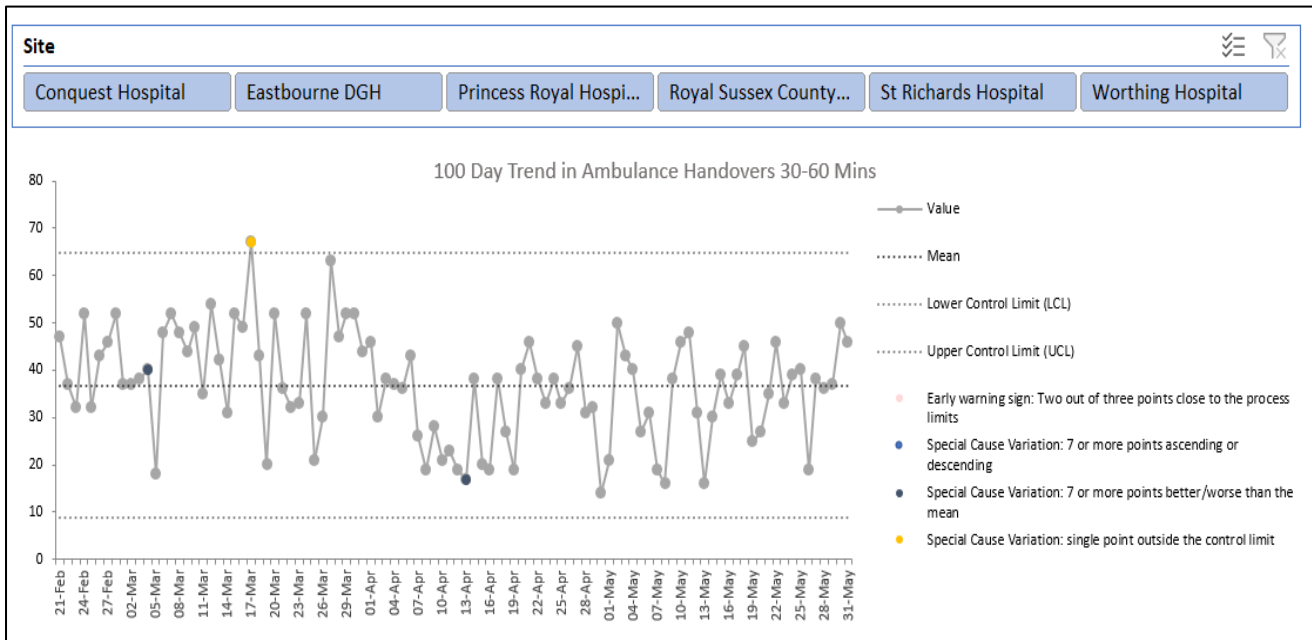
Bank holiday weekends put significant pressure on hospitals and ambulance services, and this is seen in an increase in waiting times for ambulances to handover their patients to Emergency Departments in May 2023 due to three bank holiday weekends in quick succession. Bank holiday weekends put pressure on services due to a number of factors:

- Increased population due to an increase in holiday makers in the county
- Extended periods of time where a patient cannot access their GP and therefore access alternative health services which may include Emergency Departments
- Reduced discharging from acute and community hospitals at weekends.

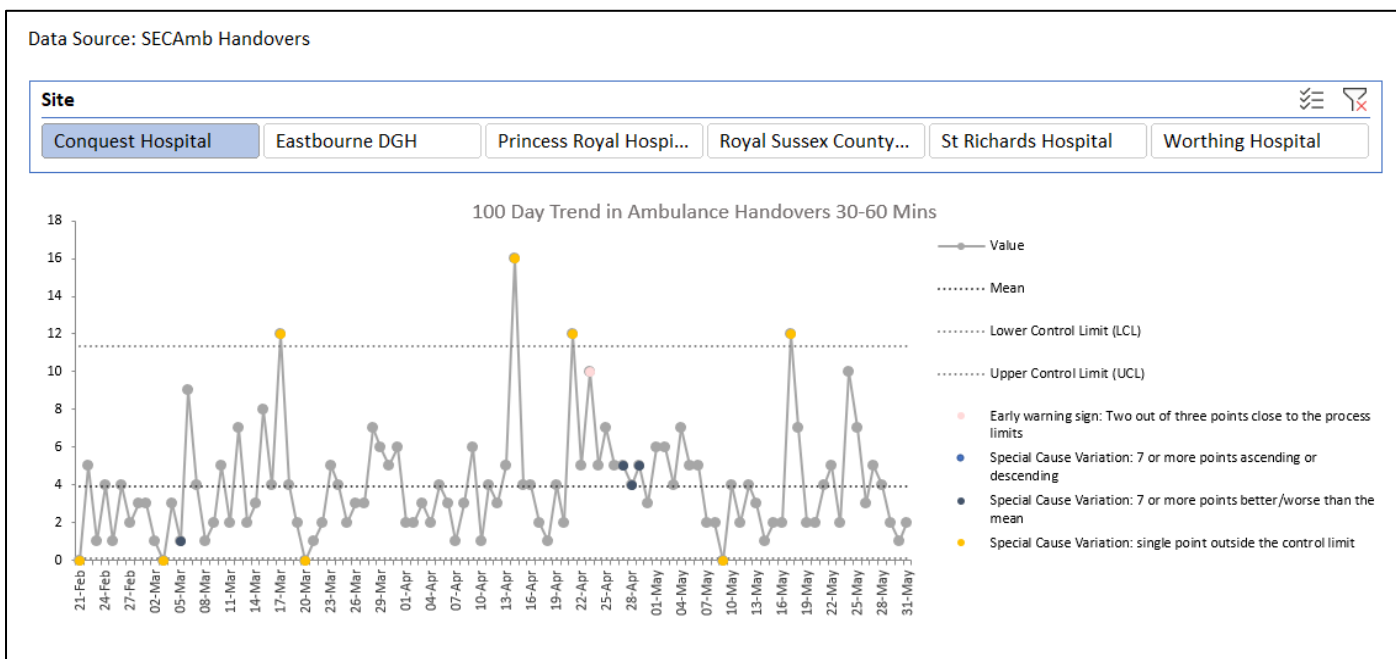
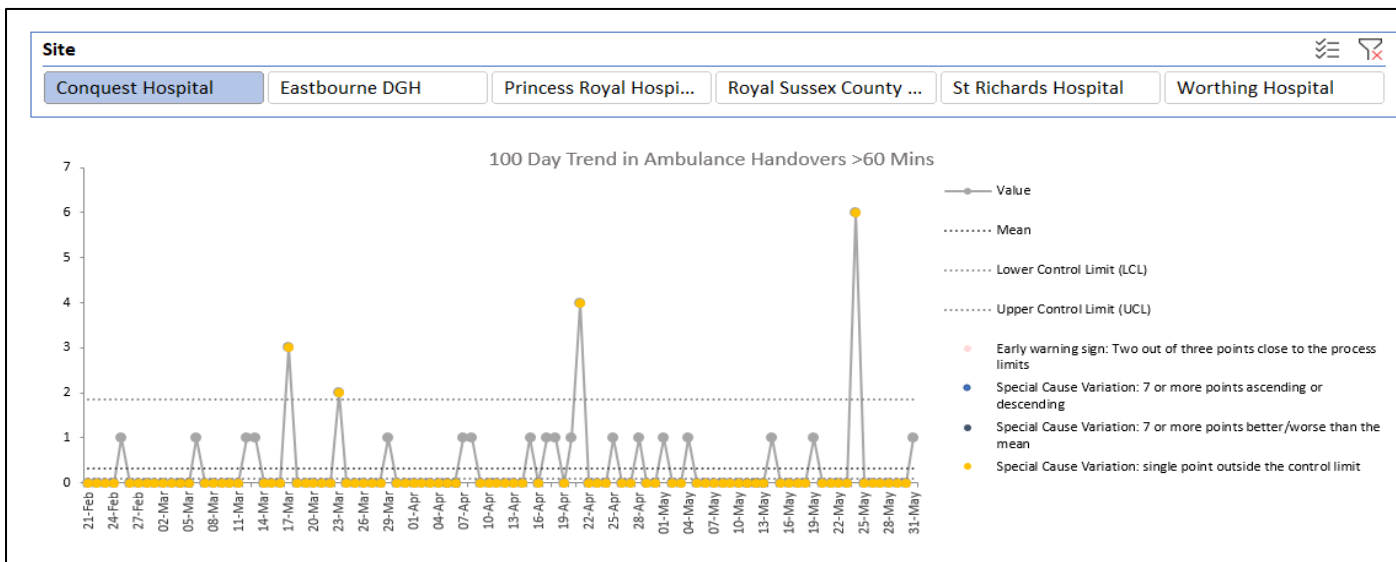
Responding over bank holidays is included as part of our planning to ensure good access to services are in place.

The charts below build on the information previously provide to the East Sussex HOSC and provide an update to the end of the winter period and beyond.

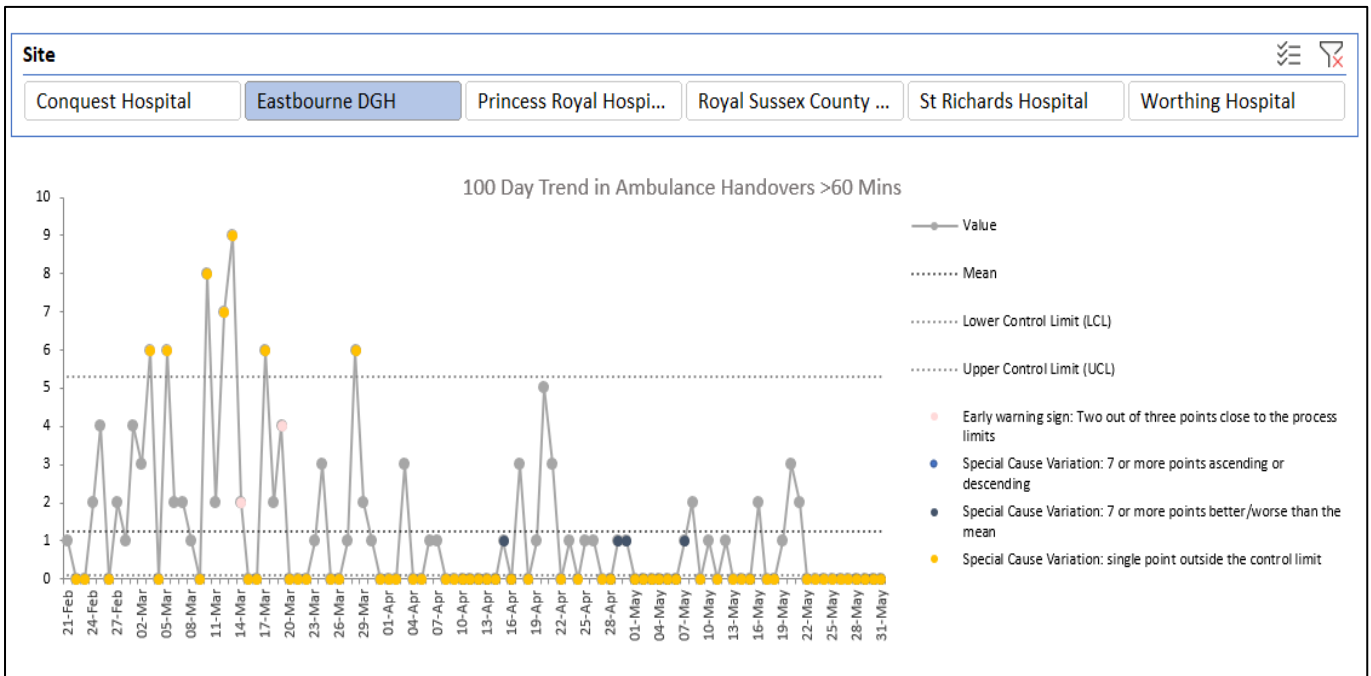
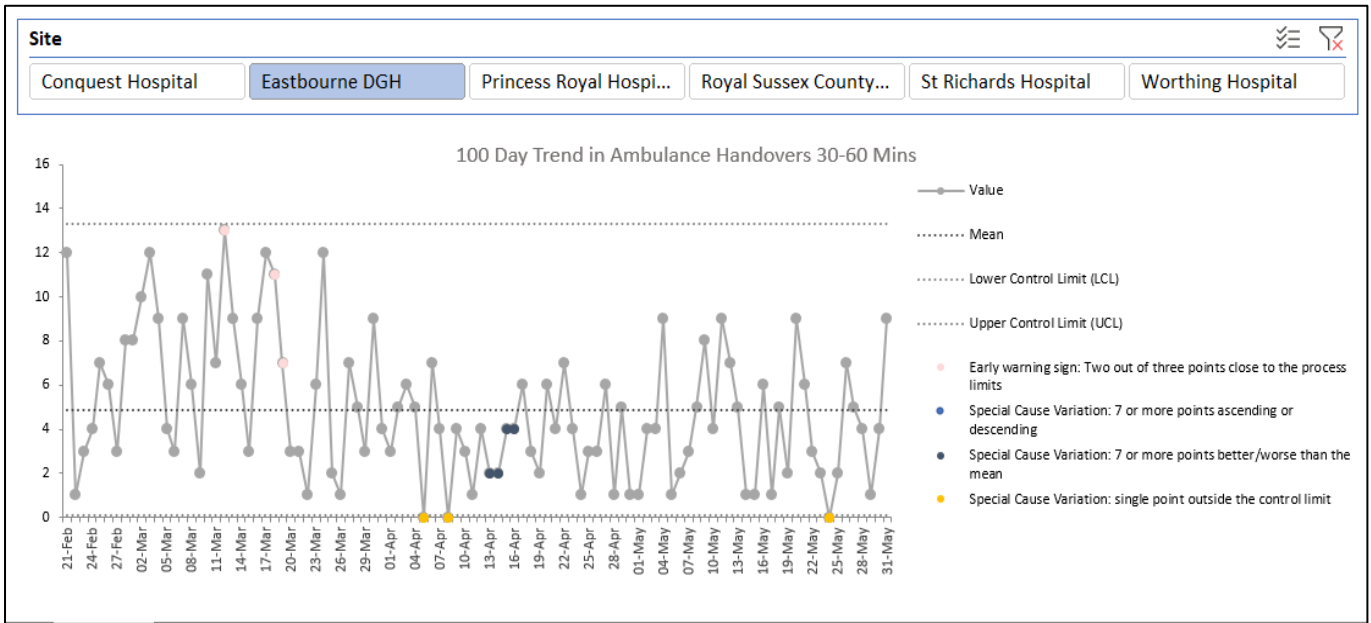
Sussex wide ambulance performance position



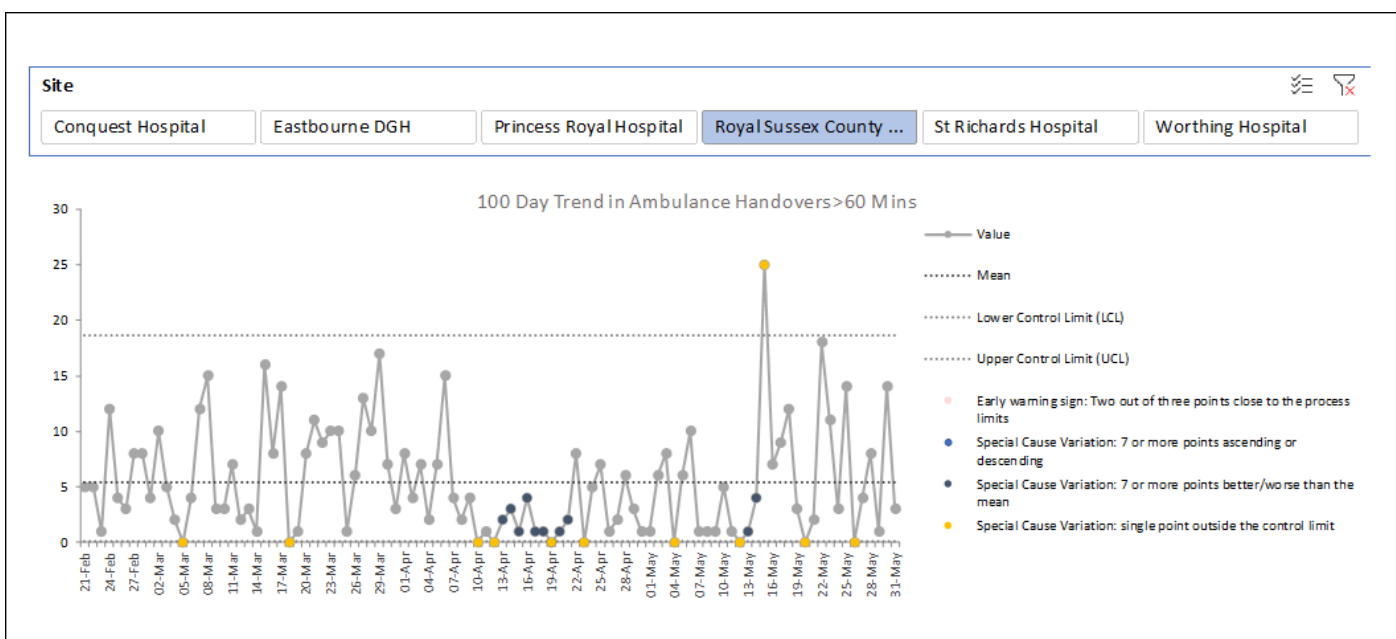
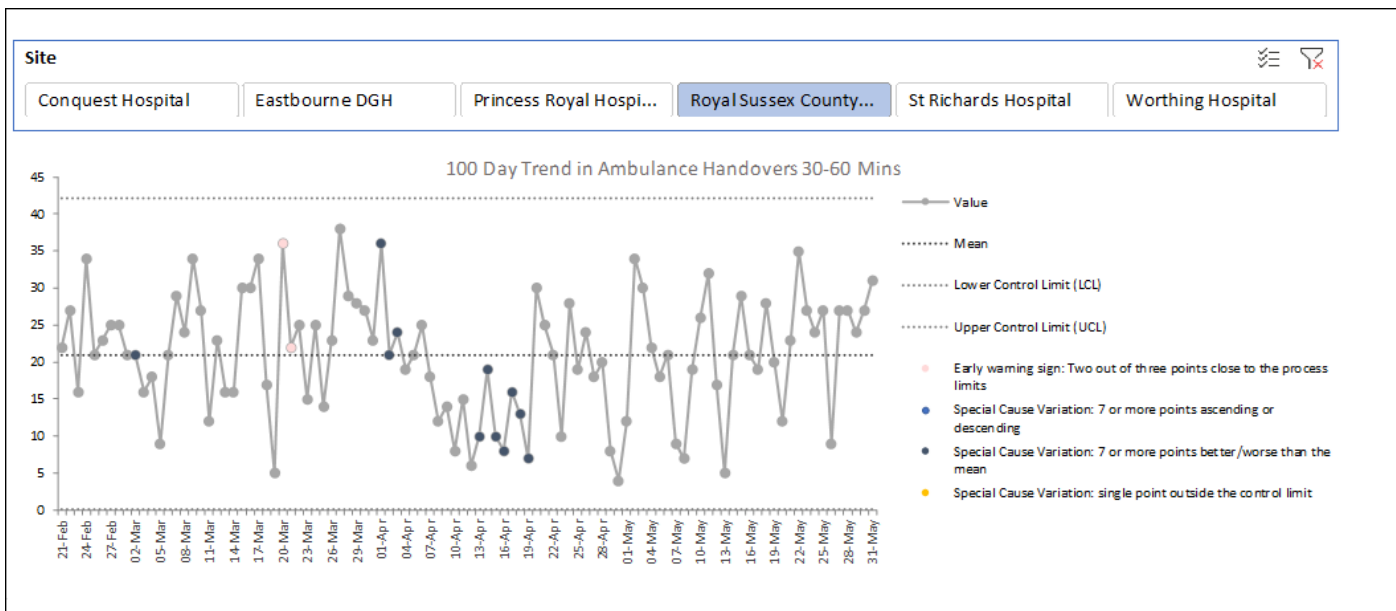
Conquest General Hospital



Eastbourne District General Hospital



Royal Sussex County Hospital



2.4 Improvements in 111 performance

As reported in the March meeting, 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 15.44% and 18.65% between January to March. Clinical contact rates within the Clinical Assessment Service have exceeded 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 45% 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 2022, 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.

2.5 Acute Hospital Urgent Care Services

As previously reported our plans to improve flow to our co-located and stand-alone Urgent Treatment Centres (UTCs) 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 improved the capacity of these services available to local people, therefore freeing up more time for the emergency medics to treat the seriously unwell. East Sussex patients also access the Urgent Treatment Centre at the Royal Sussex County Hospital where they have access to General Practitioners for minor illness treatment and Emergency Nurse Practitioners for minor injuries.

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.

2.6 Acute Hospital Emergency Care Services

The winter pressures on Emergency Departments were considerable. Services to support admission avoidance, redirection away from hospital and alternatives to hospital were fully utilised to ensure best support available for local people.

The Sussex system leadership, informed by the system Chief Operating Officers, Chief Medical Officers and Chief Nursing Officers, agreed a focused set of a clinical risk system metrics to be used over the Winter period to safely manage risk and inform the response to any required system escalations or significant issues identified in order to ensure rapid focus and response. This was well managed over the winter period.

These measures are:

1. Number of ambulance handover delays >60 minutes
2. Number of patients in the ED >12 hours
3. Number of patients receiving care in Emergency Department corridors
4. Number of super surge beds open (non-bedded areas used for inpatients).

The above metrics and associated triggers were used in addition to the existing system agreed escalation framework and continue to be the principal measure of escalation and pressure levels across the system.

The framework was developed to identify site and acute hospital-based escalation triggers for each of the 4 key acute metrics. The triggers were calibrated in a consistent way across all acute sites using historic activity data and are aligned to the variation in normal A&E demand observed at each site.

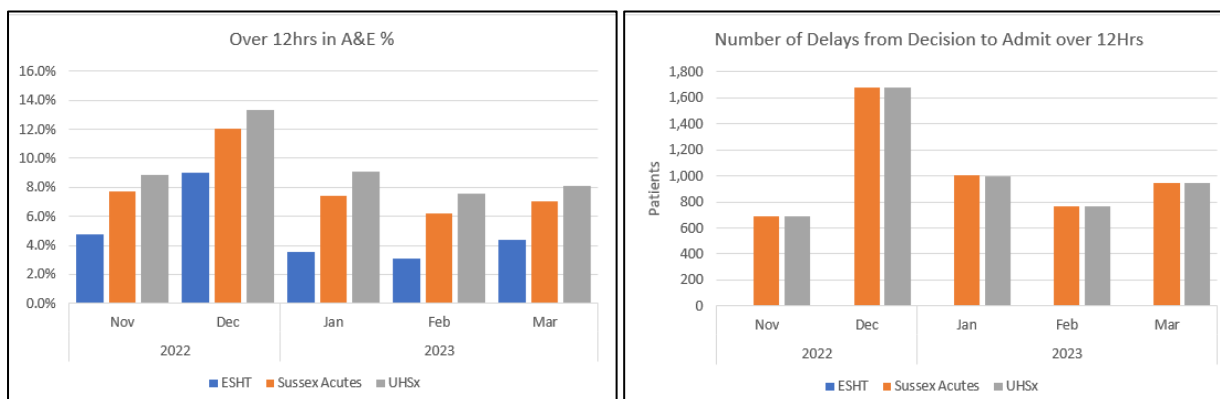
The response to these triggers is defined within action cards that have been developed for each organisation which describe the actions required to support de-escalation.

2.6.1 Length of stay in the Emergency Departments

The length of stay for patients within the Emergency Departments was impacted by a number of factors such as Covid-19, Influenza and Industrial Action. The performance is reflected in the graphs below. The impact has reduced since its peak in December 2022.

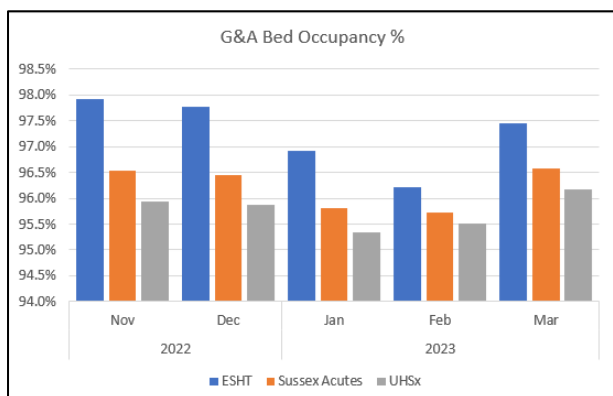
East Sussex Healthcare NHS Trust saw no patients wait over 12 hours in the Emergency Department from the time a decision to admit them to hospital was made.

East Sussex patients are also seen in the Emergency Department at the Royal Sussex County Hospital which is part of University Hospitals Sussex NHS Foundation Trust. The Royal Sussex County Hospital does have higher numbers of patients within Emergency Departments before decisions are made to admit or discharge them. They have developed an urgent care improvement programme which looks to address the barriers to good flow through the emergency departments across University Hospitals Sussex, supporting patients within the hospitals.



2.6.2 Hospital Occupancy

Hospital occupancy across Sussex continues to be high. Whilst there was a slight decrease in January and February 2023, March 2023 saw a slight incline. Robust capacity modelling supports the system response to this to ensure people can access the support and care they need.



2.7 Out of hospital pathways

2.7.1 Virtual Wards

Virtual wards provide an alternative for 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 in December 2022 and maximum capacity achieved has been 112 against 107 plan in April, with 37 of these open to East Sussex residents. Up to 11 May 2023, 1,364 patients have benefited from the new service in East Sussex including general, frailty, respiratory and heart failure virtual wards supporting admission avoidance and timely discharge. During the course of 2023 and ahead of next Winter Virtual Wards will grow further to a total planned Sussex capacity of 146 by March 2024 (56 in East Sussex). There continues to be very positive patient feedback on this service and further case studies will promote the use of the service this year.

2.7.2 Examples of other pathways

As previously reported, our Urgent Treatment Centres and Minor Injury Units (MIUs) 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 or complex needs to be seen by our Emergency Departments. Our Same Day Emergency Care (SDEC) services have also been enhanced through improved pathways between SECamb and clinical services, removing the need to go via the Emergency Department; these services 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.

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

In the last report to HOSC the additional support to practices over winter was described, utilising additional funding , 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 across East Sussex. This resulted in approximately 39,000 additional appointments in General Practice; and in addition, 2,145 Face to Face and 5,051 virtual additional appointments offered to patients through Acute Respiratory Hubs between December 2022 and March 2023. This has now been independently evaluated by the Kent Surrey Academic Science Network, and draft finding confirm that this demonstrated value for money and was welcomed by staff and patients. The full report will be available in July 2023 and will directly inform planning for winter 2023-2024.

On 9 May 2023 NHS England and the Department of Health and Social Care issued their “Plan for Recovering Access to Primary Care” (PCRP). The plan builds on the Fuller Stocktake report and forms part of the Government’s commitment to improve access to general practice outlined in its Autumn statement. The PCRP focusses specifically on the aspects of the Fuller Stocktake report that concern “tackling the 8am rush”, with the stated aim of “reducing the pressure on General Practice” to allow it to stabilise and thus engage with the broader transformation agenda around themes such as Integrated Community Teams, as well as ensuring short- and medium-term improvements in patient experience and satisfaction. Its publication is timely given the programme of change set out in the system’s Shared Delivery Plan (SDP). The ask for all systems is to produce a “System Level Access Recovery Plan” which will define our short medium, and long term activities to improve the patient experience of accessing primary care, and will be presented to the NHS Sussex Board in Autumn 2023, with a further update to be provided in February/March 2024.

2.9 Mental Health

The plans for mental health services over winter 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. Whilst mental health pressures have continued beyond the peak winter period the sustained reduction in patients receiving their inpatient care outside of Sussex has continued. The number of patients being assessed as requiring acute psychiatric admission over winter has been on a reducing trend although patients have waited longer for admission than is ideal. The root cause of the challenge in accessing timely inpatient mental health care is one of flow, rather than demand, primarily due to the number of patients whose onward care from hospital is delayed.

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) especially to provide an alternative to waiting in an Emergency Department, the promotion of the Sussex Mental Health Line and Staying Well Cafes, the development of a Section 136 support service in Eastbourne & Worthing and the Blue Light Triage service in north West Sussex.

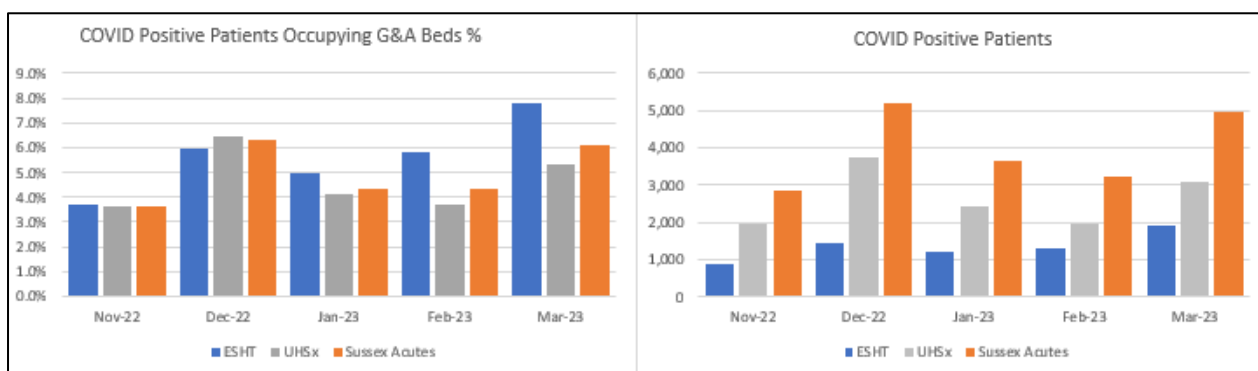
The highest number of total non-SPFT beds utilised was 103 (81 SPFT commissioned acute Independent Sector beds in Sussex and 22 out of area placements) on 14 September 2022 which reduced to 0 in November 2022. There have been small numbers of Out of Area Placements used since that date and the current number of Out of Area Placements is two (May 2023).

As part of our system discharge plans, we 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. We are concluding a review into crisis pathways, and this will make recommendations for early implement to support further improvement ahead of next winter.

2.10 Infection Prevention and Control

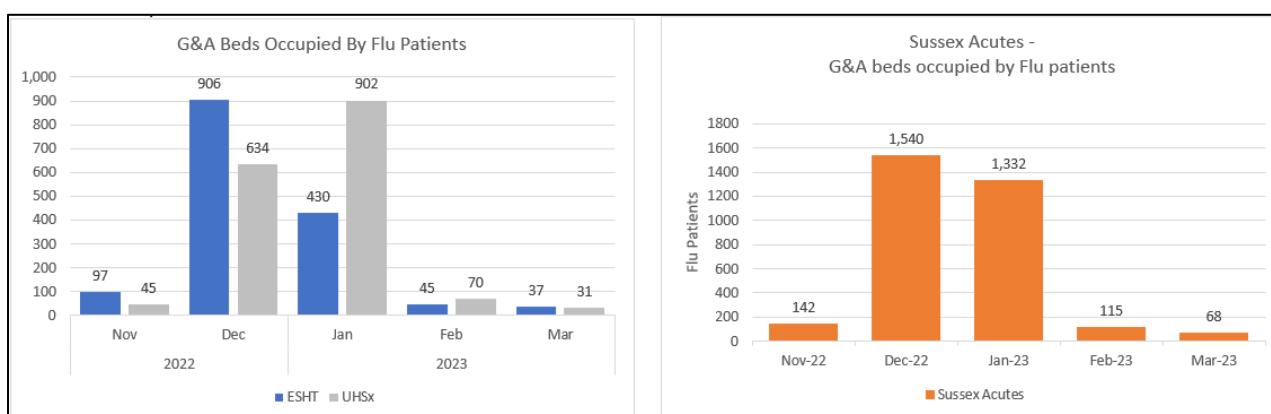
This winter saw an increase across viral outbreaks and secondary bacterial infections such as COVID 19, Influenza, Norovirus and Group A Streptococcus (GAS). The Sussex Health and Care system have a dedicated Infection Prevention Team that supports all NHS and social care providers with maintaining high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

2.10.1 Covid Admissions



2.10.2 Influenza Admissions

Influenza affected bed availability during December and January with a high number of admissions across all hospitals in Sussex. This significantly reduced from February onwards.



2.11 Workforce

2.11.1 Workforce Capacity

Over winter, workforce was an identified risk within our system plan and this was further exacerbated by the industrial action affecting our providers and ambulance services.

The following measures continue to be 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.

2.11.2 Industrial Action

Periods of industrial action have affected all aspects of the health and social care system this year. So far in 2023 there have been 28 days of industrial action affecting healthcare providers in Sussex from a number of healthcare workers unions, plus education and transport workers unions.

NHS Sussex has managed a co-ordinated Sussex response to every period of industrial action to date that has had an expected impact on healthcare. Throughout each period of industrial action a battle rhythm of command and control meetings are set run to ensure a coordinated response, Incident Coordination Centres are established, virtually or physically, and collaborative working with system partners is coordinated by NHS Sussex to ensure robust planning for service delivery across all industrial action days and management of the actions that need to take place to mitigate any risks that emerge during the action.

This is coordinated through the Sussex Incident Control Centre (SxOC) which operates 08:00-18:00 seven days a week. During periods of Industrial Action, the SxOC opening times are extended to match South East Regional Operating Centre opening hours. Health organisations across Sussex also have similar incident control arrangements in place, with a robust and well-tested on-call mechanism managing the response out of hours.

System partners work together to develop plans to identify and mitigate the potential risks associated with the industrial action, ensuring the system is in the best place possible entering into periods of action.

The key impact of industrial action on the system is the addition of significant operational pressures on an already pressured system and workforce, and the knock-on effect of the rescheduling of elective care, which is only undertaken when absolutely necessary to ensure patient safety. To mitigate this staff and rotas are aligned to prioritise critical areas, agency and bank staff are brought in where available to provide cover, and elective care appointments are re-booked as soon as possible to avoid delays to care.

System-wide debriefs, co-ordinated by NHS Sussex, are undertaken after each period of industrial action and identified learning is shared and used to inform planning for future periods of action.

2.12 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.

The 22/23 delivery plans, enhanced with winter oversight, supported East Sussex Hospitals to deliver key elective milestones as set out in the NHS planning guidance. As of 31 March 2023: no patients waited over 78 weeks for routine elective treatment (capacity or complex reasons), 77.5% received a cancer diagnosis within 28 days against the national standard of 75%, which is twelve months ahead of the national requirement to deliver the Faster Diagnosis Standard.

Across the five Community Diagnostic Centres (CDC) in Sussex, an additional 101,444 diagnostic tests have been delivered during 2022/23, against a plan of 80,280, with 25,750 of those undertaken at the Bexhill CDC (which was 146% above plan). This additional diagnostic capacity provides patients faster access to tests, in a community setting, 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 has submitted a delivery plan approved by NHSE for 2023/24. This is being delivered by partners across the healthcare system and builds on the plans that have been implemented during 2022/23. This year we will further increase access to services with a commitment to offer alternative sites and choice to patients, including in the independent sector where insufficient NHS capacity is available.

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). As a minimum we will increase productivity to 85%.

2.13 Public Health – East Sussex

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.

3.0 Learning from the Winter Plan and Actions Taken

3.1 Winter Plan Review and Feedback

In April 2023, system partners were asked for their feedback as to how we had performed against our given aims. Respondents were asked to answer four simple questions:

1. What were our high-level achievements?
2. What have we learnt?
3. What are our outstanding priorities?
4. What is our Forward Delivery Approach?

Responses were received from across the Sussex system, including NHS Sussex Place Based Operational Executives, Acute Providers, Clinical Leads, Community Providers, Mental Health and Local Authorities.

3.2 Top Themes:

- Strategic Vision
 - To develop and align place-based models for integrated health and care within overarching NHS Sussex strategy.
 - To evaluate outcomes and focus on most impactful as priorities for the future.
 - Develop a decision-making forum to develop and implement plans to support NHS Sussex Strategy.
 - Continue with Sussex Discharge Frontrunner Programme
- Winter Planning
 - To have a dedicated System winter clinical lead.
 - To use a coordinated approach to winter planning, in particular discharge.
 - To achieve clarity on recurring funding and budgets as early in the year as possible.
 - To develop models now for next winter.
- Planning
 - To balance central guidance vs local risk and longer-term planning for surge periods.
 - For Operational Exec Groups (OPEX) continue to plan/ mitigate operational pressure across the system including industrial action.
 - To consider resource to provide consistent comparable system wide evaluation of schemes.
- Pathway Redesign
 - To establish a cross ICB Task and Finish Group to support continued SECamb delivery and pathways optimisation.
- Digital Integration
 - A dashboard of system impact to be utilised to ensure data-driven approach and ongoing monitoring against initiatives.
- Collaboration
 - To continue to reduce organisation barriers to improve integrated working.
 - To maintain cross service and multi system engagement.

Learning from evaluation of seasonal plans is routinely incorporated in future planning where it is within the gift of NHS Sussex. The learning has been widely shared across all the partners within the Integrated Care System.

NHS Sussex has also taken part in a nationally led review of Winter 2022/23. It is likely that this will influence the shape of national priorities for Winter 2023/24.

4.0 Summary

In summary the operating model implemented by the system for winter has enabled the system to effectively respond to and manage periods of significant exceptional pressure and elevated system risk as a whole system.

The winter operating model meeting cadence enabled the system to respond in an agile way with the model and system escalation framework being rapidly adapted and further developed in response to live learning and the specific issues and risks identified. However, there is a need to consider how clinical input into the system Urgent and Emergency Care surge planning and delivery/oversight infrastructure can be further strengthened ahead of next winter as part of the System Operations Centre function's further development.

The approach to system capacity and demand modelling to inform surge planning and risk mitigations needs to be further developed to provide a more accurate assessment of the impact of deployed capacity schemes and there is a need to strengthen the alignment with internal provider capacity and demand models.

The focus on system agreed priority areas for rapid improvement over winter to provide risk mitigation has resulted in a range of positive achievements being achieved by the system.

Priority area improvements for next winter will be included as part of the system's programme delivery architecture for 2023-24.

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

Date of meeting: 29 June 2023

By: Assistant Chief Executive

Title: Hospital Handovers

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

RECOMMENDATIONS

The Committee is recommended to:

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

1. Background

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

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

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

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

1.5. At its meeting on 3 March 2022, the HOSC considered a report on hospital handovers to consider how the local NHS system was performing against its target to reduce hospital handover times to 30 minutes. The Committee received a further update report for its 22 September 2022 meeting, which included details on the actions being taken to improve handover times at the Royal Sussex County Hospital in Brighton and Tunbridge Wells Hospital, which had not been covered in the March report. The Committee requested another update report on hospital handover performance be brought to this meeting, and to include evidence of how trusts have worked together to make a difference in this area. The Committee also requested an update on ambulance response times when it considered the NHS Sussex Winter plan update at the March 2023. These are covered in section 1 of the attached report.

1.6. Since the Committee's last update SECamb has seen an overall improvement in ambulance response times, and the hours lost to ambulance handover delays have reduced to a lower level compared to the previous year, details of which are set out in the report.

2. Supporting information

2.1. The report attached as **Appendix 1** provides an update from SECAMB on the issue of hospital handover times. It covers:

- Average response times to 999 calls broken down by type of medical emergency;
- Work to reduce hospital handover delays at each of the four main hospital sites that East Sussex residents may attend: Tunbridge Wells Hospital, Royal Sussex County Hospital in Brighton, Eastbourne District General Hospital and Conquest Hospital;
- Going Further for Winter NHSE Programme
- Medway Multi-purpose ambulance Centre

3 Conclusion and reasons for recommendations

3.1 HOSC is recommended to consider the report and decide whether future updates are needed on any of the areas covered in the report.

PHILIP BAKER
Assistant Chief Executive

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

29 JUNE 2023

SOUTH EAST COAST AMBULANCE SERVICE NHS FT UPDATE

Report from: Matt Webb, Associate Director, Strategic Partnerships and System Engagement (SECamb)
Author: Ray Savage, Interim Head of Strategic Partnerships (SECamb)

Executive Summary

Following the last update to the HOSC in September 2022, the Trust has been operating under sustained pressure, particularly in the run-up to Christmas 2022. This pressure was not only applicable to the Trust but also to the wider NHS. Factors contributing to this pressure include demand on both the 999 and 111 services, delayed handover at hospitals, staff absenteeism, and industrial action. The media has regularly highlighted these pressures, including bed occupancy in hospitals, busy emergency departments, and difficulty in getting appointments in Primary Care.

However, there have been successes in collaborative working between the Trust, community providers, and commissioners. These include the introduction of community-based falls response teams, a single point of contact for Urgent Community Response, and daily communication between the Trust's Integrated Urgent Care team and community providers. This allows community clinicians to review and identify appropriate patients for their teams to respond to, instead of sending an ambulance.

Efforts have also been made to improve patient handover processes and reduce ambulance handover delays. The number of hours lost to handover delays nationally and locally has significantly improved since the last update to the HOSC.

1. Performance

- 1.1. Since the update in September 2022, the Trust, along with NHS system partners, has faced sustained pressure due to consistently high activity levels. This pressure persisted even during the summer, when the demand placed on the NHS did not decrease as expected. Consequently, there was significant anxiety surrounding the approach of the winter season in 2022/23.
- 1.2. This pressure persisted throughout the winter months, accompanied by the usual seasonal ailments. However, there was an increase in levels of flu, a resurgence of COVID, and cases of Respiratory Syncytial Virus (RSV) among younger individuals. These factors collectively contributed to the NHS operating under significant and sustained pressures during the winter months.
- 1.3. There was much coverage in the media during the winter months, often ambulance response times would be combined in the reporting alongside handover delays at hospitals.
- 1.4. According to the latest NHSE Ambulance Quality Indicators (May 2023), there has been an overall improvement in ambulance response times for all ambulance services. The mean response time for category 1 responses is 00:08:17, and for category 2 responses,

it is 00:32:24. It is important to note that the national response time indicators for category 1 and category 2 are 00:07:00 and 00:18:00, respectively. However, as part of the NHS England 'Urgent and Emergency Care Recovery Plan,' ambulance services across England have been set a 30-minute mean response time for 2023/24. (Please refer to Annex A for more details)

- 1.5. The Trust has shown improvement in its response times since the last update to the HOSC. In May 2023, the Trust reported the following (for more detailed information, please refer to Annex A):
 - Trust Category 1 (C1) mean response time was 00:08:11, which is slightly higher than the AQI target of 00:07:00. The Trust was positioned 4th in this category, while the national mean response time was 00:08:17.
 - The Trust's C1 90th percentile response time was 00:15:37, compared to the AQI target of 00:15:00. The Trust was positioned 6th in this category, while the national 90th percentile response time was 00:14:45.
 - For Category 2 (C2) responses, the Trust's mean response time was 00:24:47, lower than the interim AQI target of 00:30:00. The Trust was positioned 2nd in this category, while the national mean response time was 00:32:24.
 - The Trust's C2 90th percentile response time was 00:50:21, higher than the AQI target of 00:40:00. The Trust was also positioned 2nd in this category. The national 90th percentile response time for C2 was 01:09:45, and the Trust was positioned 7th.
 - The Trust's Category 3 (C3) 90th percentile response time was 03:49:57, significantly higher than the AQI target of 02:00:00. The national 90th percentile response time for C3 was 01:09:45.
 - In the Category 4 (C4) category, the Trust's 90th percentile response time was 05:09:02, higher than the AQI target of 03:00:00. The Trust was positioned 5th in this category, while the national 90th percentile response time was 05:35:00.
- 1.6. C2 numbers continue to account for over half of the total activity received by ambulance services nationally, and the activity profile of the Trust is in line with this trend.
- 1.7. 999 call answering times remain a challenge, with May indicating an average call answering time of 21 seconds compared to a national mean of 9 seconds. The Trust is currently in 10th position regarding call answering times.
- 1.8. Overall, the Trust has been on an improvement trajectory following a highly challenging period leading up to Christmas 2022. This improvement is evident in the charts illustrating response times from April 2022 to the beginning of June 2023. The slight upward trend observed in early June is attributed to the arrival of warmer weather. (Please refer to Annex B for more details). Some of these improvements in response times can be attributed to a reduction in 999 call volume, which is reflective of the national situation. However, it is important to note that the existing pressure across the wider system still affects all NHS provider partners.
- 1.9. The Trust maintains constant monitoring of its workforce, with recruitment and retention being a top priority. The ongoing recruitment and training of staff, coupled with attrition in the Trust's Emergency Operations Centres (999) and the NHS111 Contact Centre, have at times exacerbated rota fill challenges during periods of high annual leave and sickness absence. Consequently, this has led to increased sickness and staff turnover. For frontline staff, the Trust is currently within 2.5% of full staffing levels, and following

the recent Trust-wide rota review, all reviewed rotas are expected to align with activity demand by July.

- 1.10. Winter 2022 proved to be very challenging for the Trust's KMS 111 service. December alone saw an increase of up to 30% in call activity. The service has remained challenged and call activity for April was 104,975 of which 15,422 (14.69%) were abandoned. Calls answered within 60 seconds was 31,057 or 39.09%.
- 1.11. Ambulance validation is when Clinicians in the Clinical Assessment Service (CAS) supported by CAS Clinical Navigators validate ambulance dispositions. For April, KMS 111 was required to validate 6,857 Category 3 & Category 4 ambulances, of which 6,524 (95.14%) were validated, resulting in 4,083 (62.58%) ambulances successfully stood down and the patient redirected to a more appropriate level of care.
- 1.12. The Trust's service continues to remain one of the lowest nationally with only 6.54% of ambulance referrals. The service also remains one of the better performing nationally when booking a patient an appointment into other services e.g., Emergency Department, Primary Care (inc. Urgent Treatment Centres).

2. Ambulance Handover

- 2.1. Nationally, the hours lost to ambulance handover delays have reduced to a lower level compared to the previous year. In April 2023, there were an average of 770 incidents per day with delays greater than 60 minutes, compared to 1,380 incidents in April 2022, resulting in 899 hours lost compared to 2,362 hours lost for the same period (average per day).
- 2.2. Handover delays within the Trust's operational area align with the national trend, showing notable reductions. This can be attributed to several factors (refer to Annex C):
 - The Trust has experienced a reduction in activity demand.
 - Frontline managers have collaborated with their respective acute trust management teams to review processes in the emergency department, enabling quicker and more efficient patient handover procedures.
 - Acute Trusts have collaborated with system partners to reduce bed occupancy and improve patient flow throughout the hospital.
 - The Trust, in collaboration with acute Trust partners, closely monitors activity in the emergency departments and ambulance patient handover delays on an hourly basis. In addition to the joint efforts of Trust and acute hospital management teams to alleviate delays, hospitals can request an "ambulance divert" for a short period of time to reduce pressure in the emergency department.
- 2.3. The four main hospitals for East Sussex patients are:
 - Eastbourne District General Hospital (EDGH)
 - Conquest Hospital
 - Tunbridge Wells Hospital (Pembury)
 - Royal Sussex County Hospital (RSCH)

These four hospitals have also shown reductions in delays greater than 60 minutes (refer to Annex D).

- 2.4. The Trust's respective operational teams work closely with the teams within each emergency department and senior leaders for emergency medicine.

2.5. Collaborative working with EDGH and the Conquest Hospital has led to a significant reduction in hours lost per journey. Key developments between the Trust and East Sussex Healthcare Trust include:

- The introduction of Rapid Assessment and Triage areas to improve the speed at which patients arriving by ambulance can be assessed and triaged.
- Direct access to the Same Day Emergency Care (SDEC) team, allowing ambulance crews to speak directly to hospital clinicians regarding the suitability of a patient for direct access to SDEC and avoiding the emergency department.
- Monthly manager meetings to discuss ambulance handover and identify areas for improvement in the existing process.
- The Trust's local operations managers frequently attend the emergency departments to maintain and build relationships with senior staff.
- Morning resilience calls where all system partners can highlight operational challenges and concerns.
- The time at which ambulances arrive at hospital (GeoFence) has been reviewed to capture and accurate arrival time.

These actions have successfully reduced the hours lost at both hospitals (refer to Annex E).

2.6. Ambulance handover has been particularly challenging at RSCH over the past few years, partly due to physical constraints of the estate. While corridor care is inappropriate, unlike neighbouring hospitals, the entrance to the emergency department at RSCH is restrictive, allowing only a limited number of crews at a time to enter the department and prepare for a clinical handover. One of the key challenges faced by the hospital is patient flow and high levels of bed occupancy. However, when bed occupancy is lower and patient flow higher, handover performance improves. The occupation of the new Louisa Martindale Building is expected to positively contribute towards this from the end of June 2023.

2.7. The Trust's management team has been working with managers at RSCH to improve patient handover processes and has established good relationships. Although RSCH poses more challenges compared to other Sussex hospitals, both hospital managers and the Trust's management team are working hard to reduce delays. Collaborative working has enabled the following:

- Weekly meetings of senior leaders from both ambulance and hospital teams to review challenges, trends, and patterns causing delays.
- Day-to-day liaison between respective operational leaders to ensure delays are minimised.
- A cultural shift at RSCH towards receiving all ambulances as quickly as possible, despite departmental capacity.
- The development of a QR code for ambulance crews to scan in the department, enabling them to provide feedback or suggestions for improvements.
- A positive trend in performance and a reversal in the deteriorating position since the low of December 2022.

2.8. In May 2023, Tunbridge Wells Hospital experienced no handover delays exceeding 60 minutes. This follows a pattern throughout the year with very low numbers of delays exceeding 60 minutes, thanks to the focused and proactive support from the

management and clinical team in the emergency department. Some key actions and processes in place include:

- Ambulances en-route to the hospital appear on the "inbound" screen in the department, and arriving ambulances are checked against available capacity.
- Crews arriving with patients are directed to the Rapid Assessment area, where a dedicated practitioner focuses on receiving the clinical handover from the crew.
- Patient flow into the Rapid Assessment area and other relevant areas is a key focus for efficiency improvements, aiming to ensure a smooth and uninterrupted flow in and out of these key zones.
- An ambulance handover window has been installed, allowing crews to inform the administrative team of the patient they have brought in without having to go to the department's reception and queue to provide patient details.

3. Going Further for Winter NHSE Programme

3.1. During October 2022, NHSE introduced the Going Further for Winter (GFFW) programme. This required a collaborative working approach among ambulance services, community trust providers, and commissioners to enhance the opportunity to reduce avoidable ambulance conveyances to hospitals when an alternative community response (Urgent Community Response) would have been more appropriate. Therefore, the following measures were implemented:

- Working in partnership across Sussex Community Foundation Trust (SCFT), East Sussex Healthcare NHS Trust (ESHT) and East Sussex County Council (ESCC) an Admissions Avoidance Single Point of Access (AASPA) was established to provide ambulance crews with a single contact number for accessing the Urgent Community Response (UCR) Teams. This model builds on the existing admissions avoidance infrastructures which for East Sussex is supported by Health and Social Care Connect (HSCC) as the East Sussex integrated access point to services.
- An acceptance/eligibility criterion was agreed upon, which crews can access via NHS Service Finder. This criterion serves as a guide for crews to follow and is not exhaustive.
- When contacting the community team via the AASPA, a crew can have a conversation with one of the team members to assess the patient's suitability for a referral into the community team.
- SCFT trained their community teams, and ESHT enabled access to their teams, allowing both providers to respond to patients who have dialled 999 and have fallen but have no or minor injuries. The staff in the Emergency Operations Centre can now refer patients directly to the community teams, who can attend the incident, assess the patient, and use the specialised equipment they carry to assist them in getting up off the floor.
- The Trust's Integrated Care team (999/Emergency Operations Centre clinicians) has established daily touchpoints with both SCFT and ESHT. This enables their clinicians to view outstanding urgent C3 and C4 incidents that are waiting to be allocated to an ambulance. It allows the community clinicians to identify any patients suitable for the community team to visit, thereby avoiding the dispatch of an ambulance.

- The Trust is already planning the next step in the daily touch point calls, which is to enable direct access for the UCR clinicians to the category 3 and category 4 clinical stack via a web portal. This will be a significant development as it removes the daily touchpoint call and enables full access to the 'stack' for the community teams to regularly review.
- 3.2. This programme, while having transitioned to Business-as-Usual, remains a significant focus for SCFT, ESHT, the Trust, and commissioners to further develop opportunities to increase the number of patients being referred and accepted into UCR. In addition to enhancing ambulance access to UCR, the Trust has been collaborating with Sussex Partnership Foundation Trust (SPFT) and Sussex ICB to improve ambulance responses to patients in mental health crisis.
 - 3.3. In Northwest Sussex, the Blue Light Triage (BLT) model has been piloted to enable direct access for both police and ambulance staff to the mental health crisis team, who can provide clinical advice and support over the telephone to those attending the incident. Where appropriate, they can also attend the incident location to provide face-to-face intervention and support. Both of these models are supporting the Trust in improving its Hear and Treat (H&T) and See and Treat (S&T) services.
 - 3.4. It has long been recognised that not all calls to 999 warrant an ambulance response or conveyance to the hospital. The Trust has initiated a programme of Category 3 and Category 4 incident validation. These incidents, classified as urgent but not life-threatening, have an ambulance response time indicator of 2 hours and 3 hours, respectively. This programme creates an opportunity for clinical validation, where a clinician reviews the incident and, when appropriate, contacts the patient to discuss their condition in more detail. As part of this approach, band 6 Paramedics have received additional training to enable them to undertake patient call backs.
 - 3.5. The increased clinical review of these categories has started to yield improvements in the Trust's Hear and Treat (H&T) services and ensure the appropriate support/response for the patients, with the Trust having set a target of 14% H&T and looking for an improvement of between 4 and 5% over the current attainment.
 - 3.6. NHS111 Open Access Crisis (OAC), allows patients who require access to urgent mental health support to use 111 as the first port of call (right care first time).

4. Medway Multi-purpose Ambulance Centre

- 4.1. After several delays, on 8th June, ambulance crews finally relocated to the Trust's newest Make Ready Centre (MRC) in Gillingham. This marks a significant milestone as the Gillingham MRC will also accommodate the Trust's NHS 111 service, which is currently based in Orbital House in Ashford, and the 999 Emergency Operations Centre, which is currently operating from Coxheath.
- 4.2. This development complements the Trust's Head Office, which currently houses both the 999 and 111 services. Integrating both services is a key component of the Trust's strategy to deliver a more connected and integrated care model while enhancing efficiency.

5. Recommendations

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

Lead Officer Contact

Ray Savage, Interim Head of Strategic Partnerships (SECAMB)

Background papers

None

Annexes

Annex A

National Ambulance Quality Indicators – May 2023

C1		Mean
England		00:08:17
1	North East	00:07:03
2	London	00:07:33
3	North West	00:07:49
4	South East Coast	00:08:11
5	West Midlands	00:08:13
6	Yorkshire	00:08:21
7	East Midlands	00:08:24
8	South Central	00:08:38
9	East of England	00:08:50
10	South Western	00:09:24
11	Isle of Wight	00:10:07

C1		90th
England		00:14:45
1	North East	00:12:33
2	London	00:12:41
3	North West	00:13:05
4	Yorkshire	00:14:26
5	West Midlands	00:14:32
6	South East Coast	00:15:07
7	East Midlands	00:15:11
8	South Central	00:15:45
9	Isle of Wight	00:16:20
10	East of England	00:16:46
11	South Western	00:17:25

C2		Mean
England		00:32:24
1	North West	00:22:02
2	South East Coast	00:24:47
3	Isle of Wight	00:26:19
4	Yorkshire	00:28:30
5	South Central	00:28:45
6	West Midlands	00:33:00
7	North East	00:33:54
8	East Midlands	00:34:23
9	South Western	00:36:33
10	East of England	00:37:48
11	London	00:42:11

C2		90th
England		01:09:45
1	North West	00:43:33
2	South East Coast	00:50:21
3	Isle of Wight	00:54:45
4	South Central	00:57:12
5	Yorkshire	01:03:38
6	North East	01:09:10
7	West Midlands	01:12:41
8	East Midlands	01:15:02
9	South Western	01:17:26
10	East of England	01:21:53
11	London	01:37:12

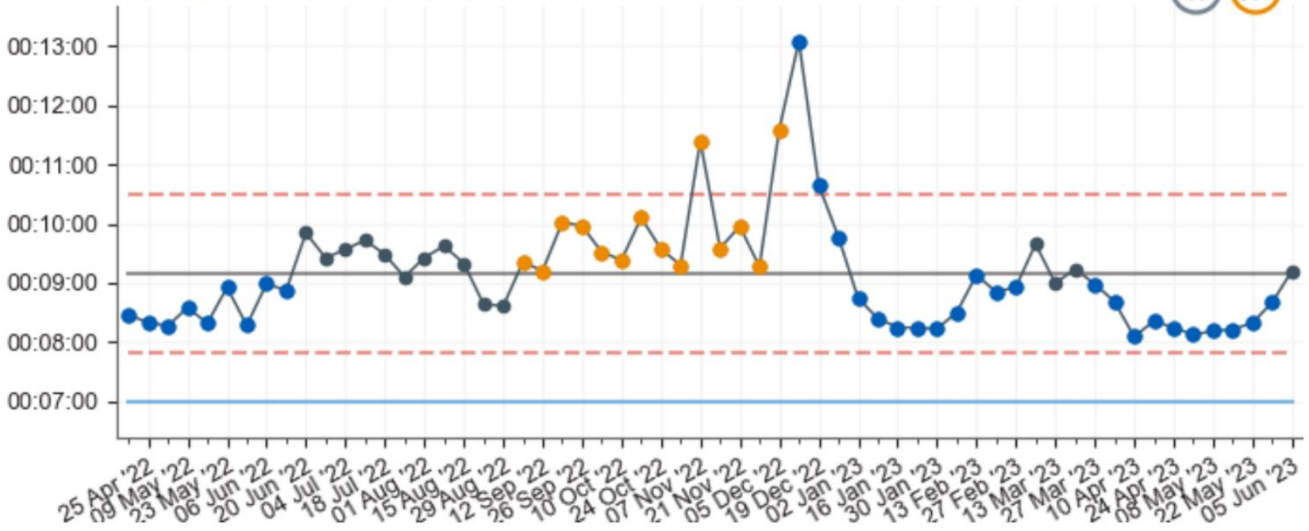
C3		90th
England		04:12:34
1	Isle of Wight	02:59:57
2	Yorkshire	03:12:54
3	London	03:25:46
4	North East	03:28:17
5	North West	03:38:23
6	South Central	03:39:09
7	South East Coast	03:49:57
8	East of England	04:16:51
9	South Western	04:16:56
10	East Midlands	05:18:02
11	West Midlands	06:52:01

C4		Mean
England		02:20:13
1	North East	01:37:25
2	Yorkshire	01:50:54
3	East Midlands	02:00:15
4	South Central	02:08:26
5	Isle of Wight	02:20:24
6	London	02:21:48
7	South East Coast	02:22:49
8	South Western	02:23:54
9	North West	02:25:16
10	East of England	02:54:50
11	West Midlands	03:12:40

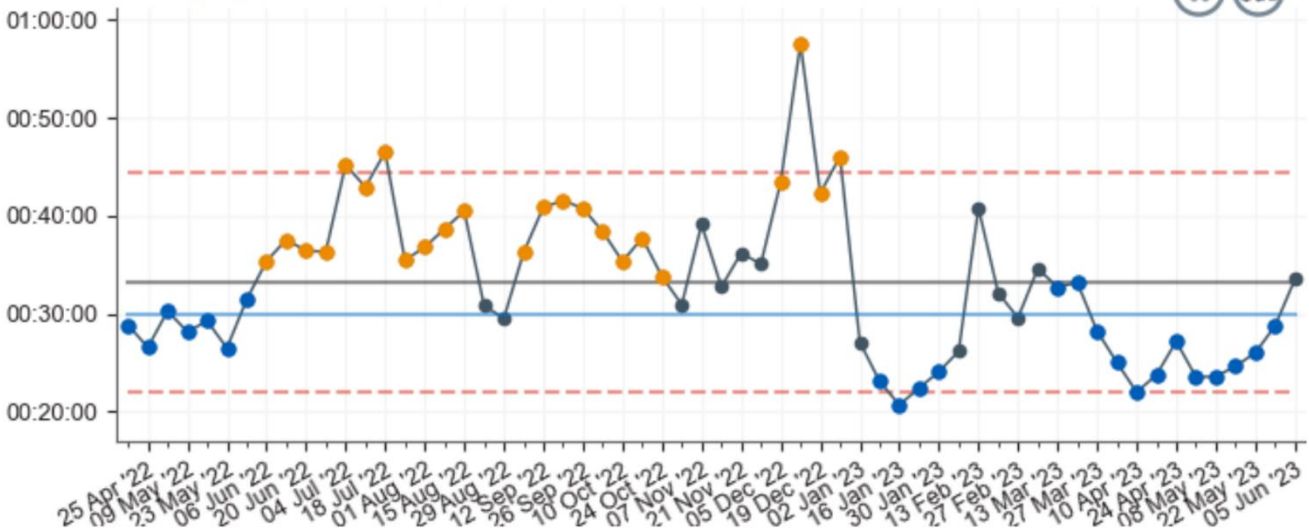
Annex B

Trust Response Times: April 2022 – May 2023

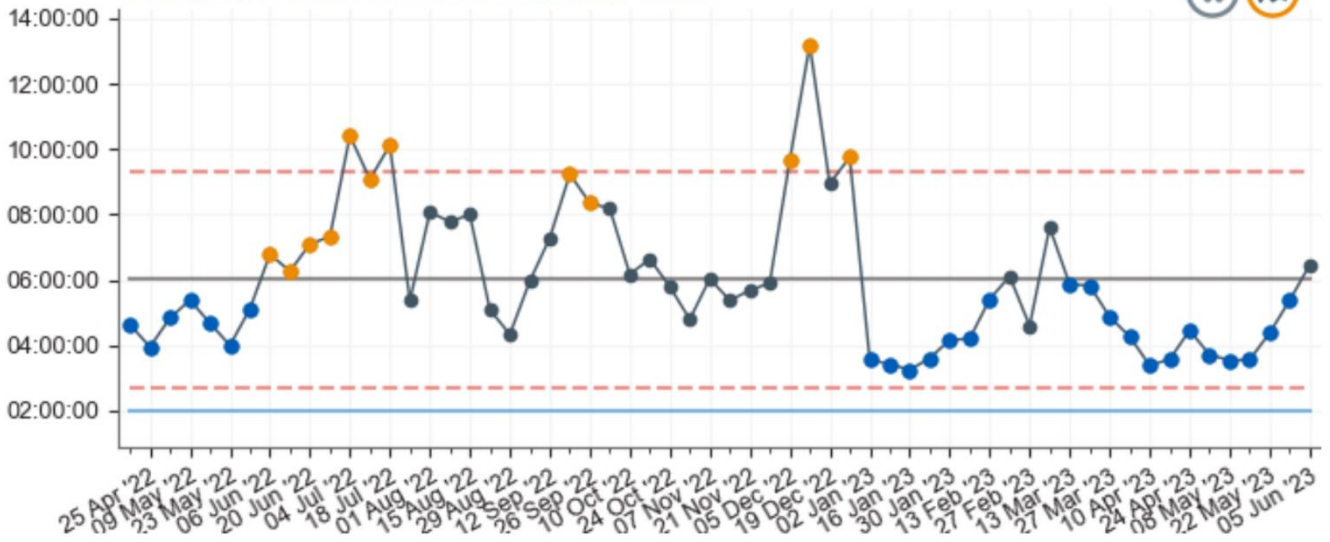
Category 1 Mean Response Time



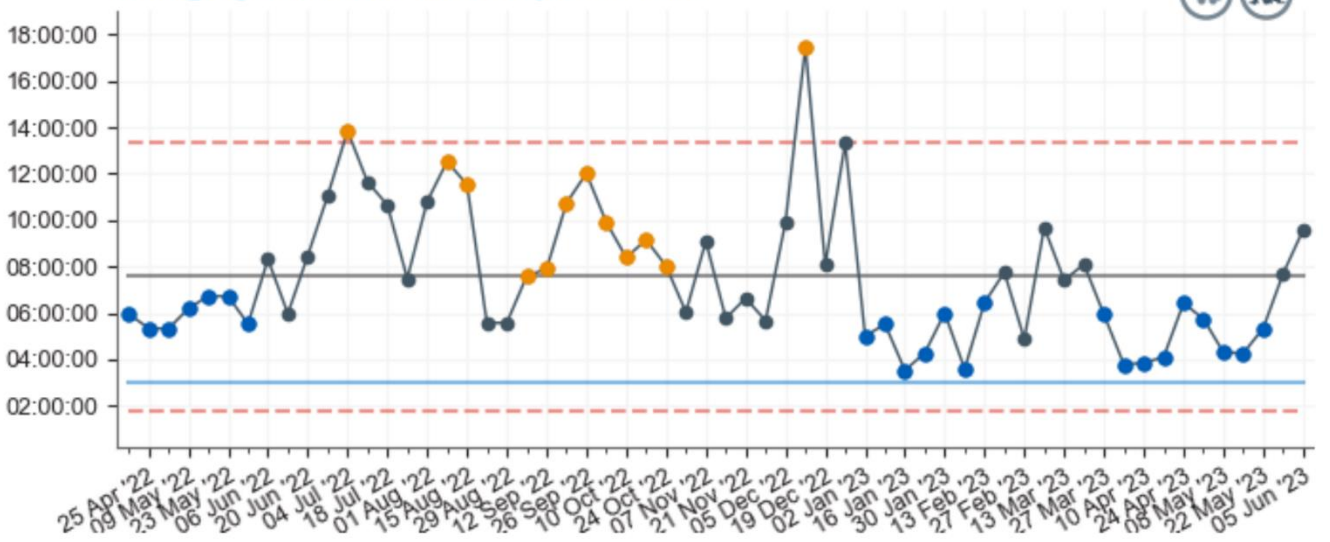
Category 2 Mean Response Time



Category 3 90th Centile Response Time



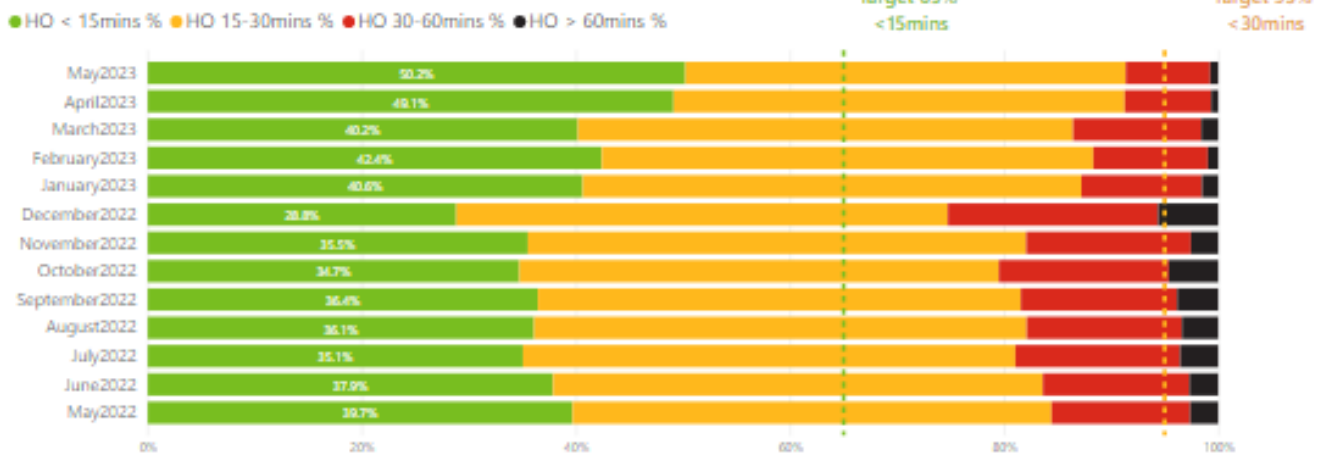
Category 4 90th Centile Response Time



Annex C

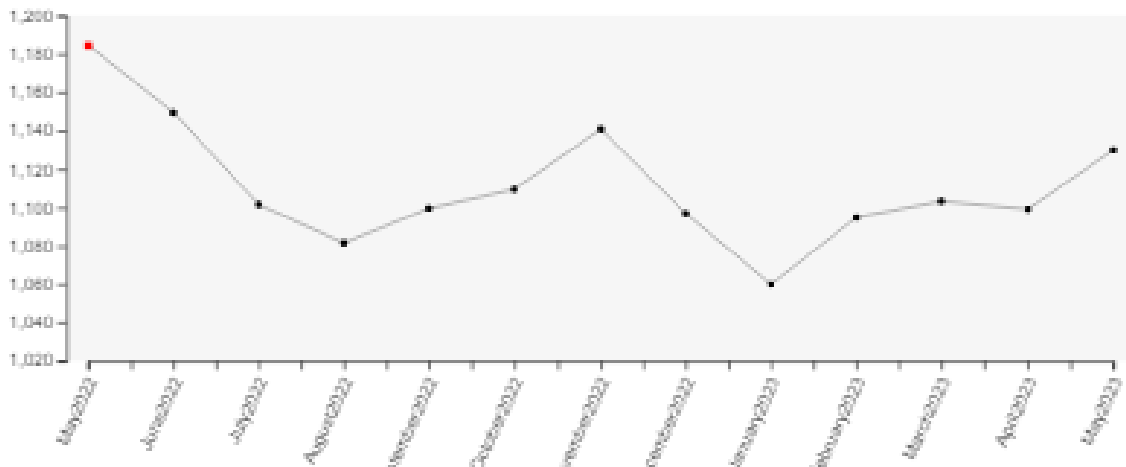
Trust Hospital Handover Delays – May 2022 to May 2023

Recorded Handover Delay



The above chart highlights the improving patient handover times for 15 minutes and the reduction in greater than 60 minutes for the Trust as a whole.

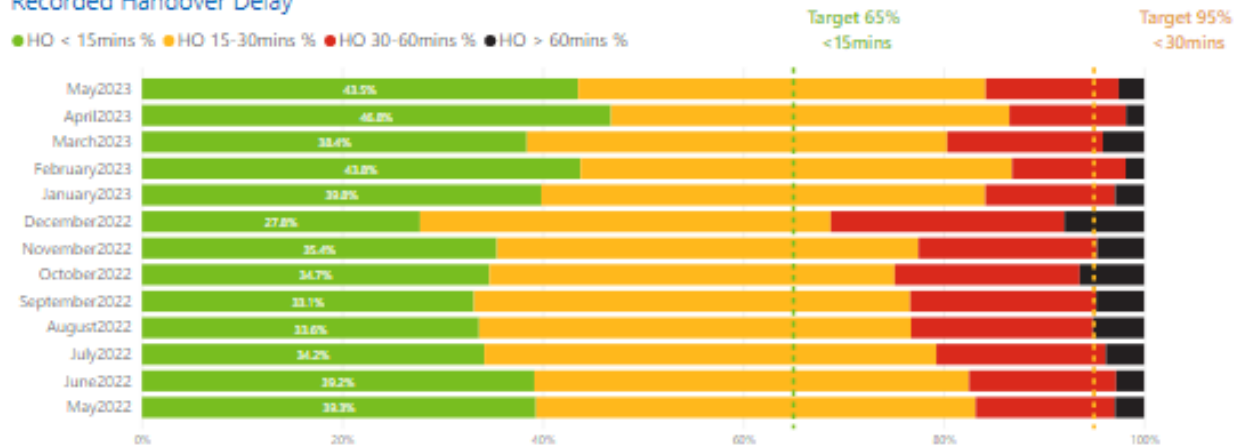
Average No. of Transports per Day



The above graph indicates the number of conveyances to one of the regions hospitals.

Annex D

Recorded Handover Delay

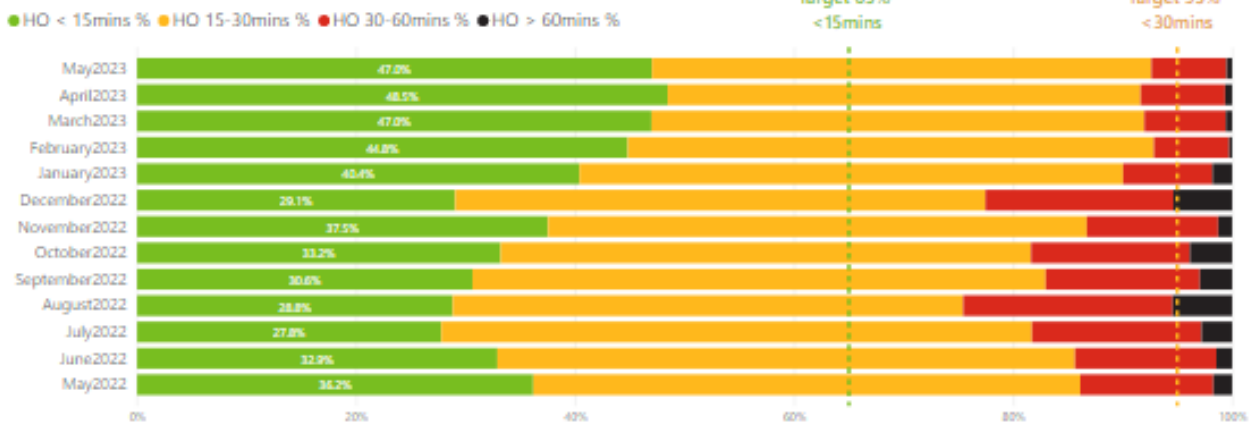


Combined handover delays at the four hospitals: Eastbourne District General, Conquest, Royal Tunbridge Wells, and the Royal Sussex County.

Annex E

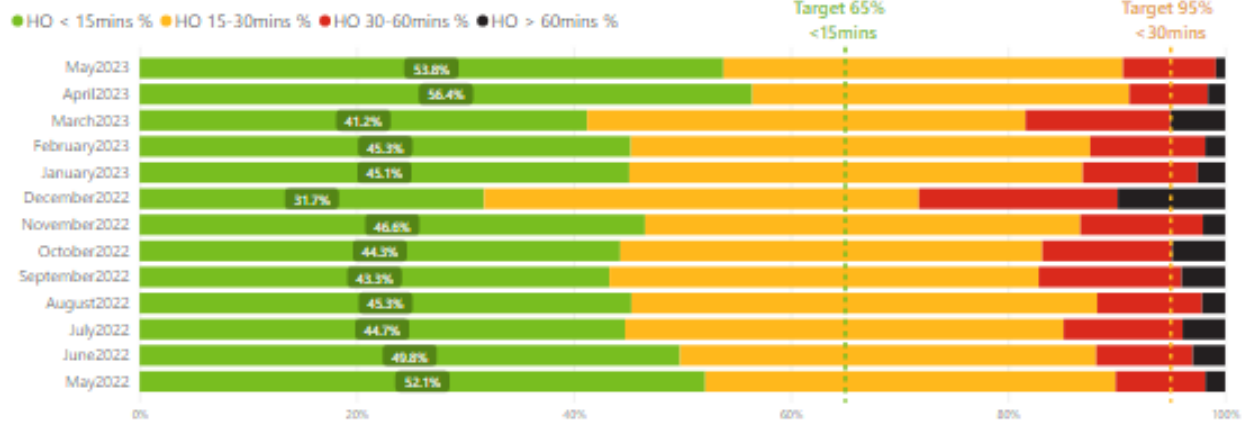
Conquest

Recorded Handover Delay



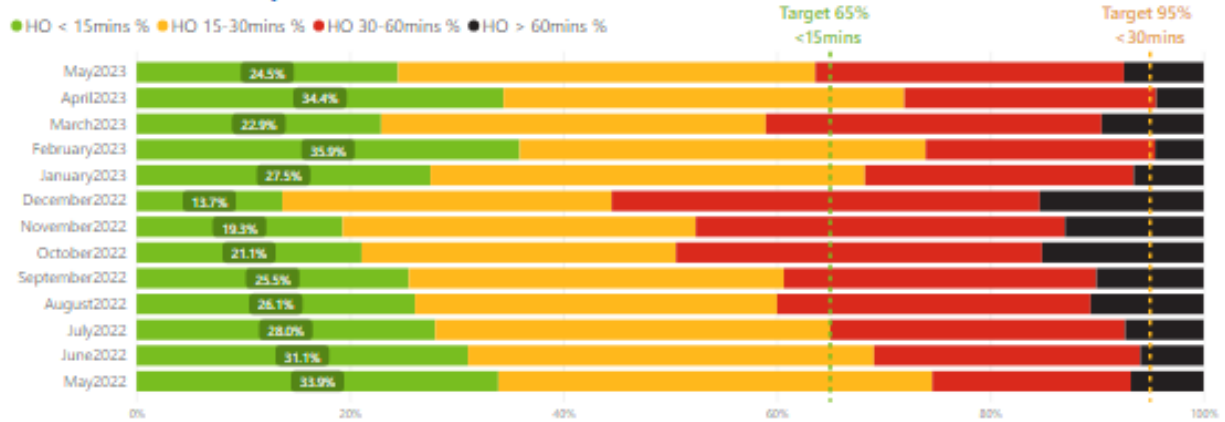
EDGH

Recorded Handover Delay



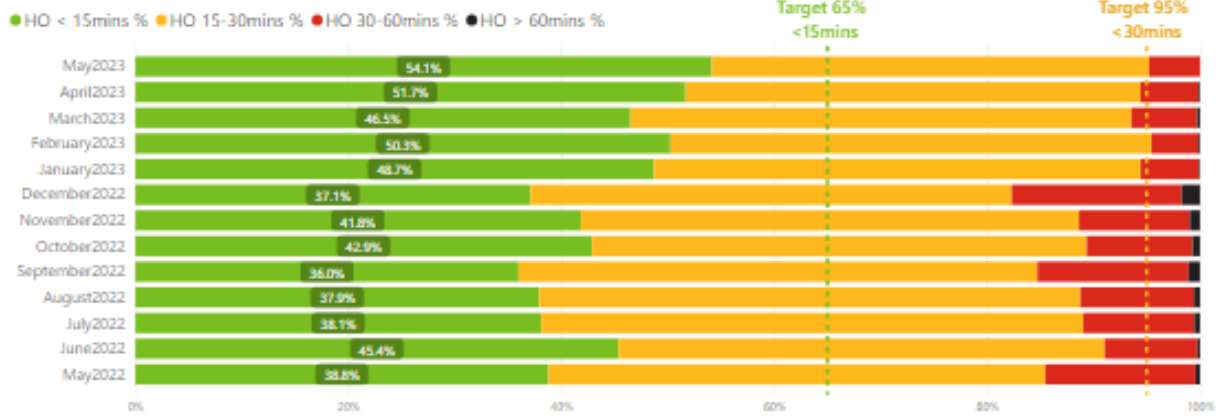
RSCH

Recorded Handover Delay



Tunbridge Wells Hospital

Recorded Handover Delay



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

Date of meeting: 29 June 2023

By: Assistant Chief Executive

Title: South East Coast Ambulance NHS Foundation Trust (SECamb) Care Quality Commission (CQC) Report

Purpose: To provide the Committee with an overview of progress made by South East Coast Ambulance NHS Foundation Trust (SECamb) in the Recovery Support Programme (RSP).

RECOMMENDATIONS

The Committee is recommended to:

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

1. Background

1.1. South East Coast Ambulance NHS Foundation Trust (SECamb) provides emergency and urgent care services in response to calls from the public and other healthcare professionals across Brighton and Hove, East Sussex, West Sussex, Kent and Medway, Surrey, and parts of North East Hampshire. The Trust operates two emergency operations centres (EOC) that receive and triage 999 calls. The EOC provides ambulance dispatch as appropriate and provides assessment and treatment advice to callers who do not need an ambulance response, a service known as “hear and treat”. SECamb is also the provider of the NHS 111 service for residents in Kent and Sussex who require urgent care and advice over the phone.

1.2. The Care Quality Commission (CQC) rated SECamb as inadequate following an inspection in May 2016. The Trust subsequently made a number of improvements over the following years and was eventually rated as good overall and in all domains in August 2019.

1.3. The CQC conducted a focused inspection of the Emergency and Urgent Care services provided by SECamb in March 2022 to assess how patient risks were being managed across health and social care services during increased and extreme capacity pressures. The CQC also inspected the EOC and 111 service, and inspected the well-led domain for the trust due to concerns about leadership quality and culture in the organisation.

1.4. The CQC published its inspection report on 22nd June 2022 and rated the Trust as inadequate in its well-led domain. The overall rating has been suspended whilst the CQC carries out further checks on all the provider’s locations.

1.5. Due to the inadequate rating in the well-led domain, the CQC recommended to NHS England that the Trust be placed into the Recovery Support Programme (RSP).

1.6. NHS provider trusts placed into an RSP by NHS England must produce an Improvement Plan that includes a target timeline for exit from the RSP. NHS England must be satisfied that the agreed exit criteria have been met in a sustainable way and any required transitional support is in place before agreeing that a trust may leave the RSP.

1.7. At its 22 September 2023 meeting, the Committee considered a report providing an overview of SECAMB's CQC report findings, and questioned SECAMB representatives on the Trust's Improvement Plan. At that meeting the Committee requested an update report be brought to this meeting on progress being made towards exiting the RSP.

1.8. This report outlines the Trust's progress in its Improvement Journey. This has been recognised by the CQC which has agreed that the four warning notices issued to the Trust did not require extending. SECAMB continues to participate in NHSE's RSP, with the Trust and the CQC jointly agreeing the two areas for priority development – continued improvement of organisational culture and development of a comprehensive strategy.

1.9. The Trust has also made a number of changes to its senior executive team, including the appointment of Simon Weldon as permanent Chief Executive after Siobhan Melia, the interim Chief Executive, returned to her substantive role as Chief Executive at Sussex Community Foundation Trust.

2. Supporting information

2.1. SECAMB has produced a report for the HOSC attached as **Appendix 1**. The report covers:

- The CQC inspection in February/March 2022
- The Trust's Priorities and Improvement Journey
- Progress made in each of the key areas for improvement (pillars):
 - Quality Improvement
 - Responsive Care
 - People and Culture
 - Sustainability and Partnerships
- Executive Appointments

3 Conclusion and reasons for recommendations

3.1 HOSC is recommended to consider the report and decide whether future updates are needed on any of the areas covered in the report.

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

29 JUNE 2023

SOUTH EAST COAST AMBULANCE SERVICE NHS FT UPDATE

Report from: Matt Webb, Associate Director of Strategic Partnerships and System Engagement (SECamb)
 Author: Ray Savage, Interim Head of Strategic Partnerships (SECamb)

Executive Summary

The Trust has made progress in its Improvement Journey, with the Care Quality Commission (CQC) recognising the improvements and agreeing that the four warning notices issued did not require extending. The Trust is continuing to participate in the NHS England Recovery Support Programme.

The Trust has strengthened its executive team through the appointment of Simon Weldon as Chief Executive Officer, Saba Sidiq as Chief Finance Officer, and Dr Rachel Oaten as Chief Medical Officer. Rob Nicholls, Executive Director for Nursing and Quality, has taken up a secondment opportunity at St Barts Health NHS Trust. Margaret Dalziel, the Trust's Deputy Director of Quality and Nursing has agreed to cover the role.

1. Improvement Journey

- 1.1. The CQC inspections in February 2022 highlighted numerous failings within the Trust, resulting in a 'well-led' rating of 'inadequate'. The staff surveys from 2022 and 2023 also highlighted failings within the Trust. The findings from the CQC inspections and staff surveys identified areas of concern that required urgent attention. It is important to note that the CQC recognised the excellent care provided by Trust staff to patients.
- 1.2. Some of the main areas of concern highlighted were:
 - A failure to demonstrate a thread of quality throughout the organisation.
 - A disconnect among senior leaders and the wider organisation.
 - A lack of understanding of the Trust's vision.
 - A non-demonstration of the Trust's values.
 - Staff dissatisfaction with working at the Trust.
- 1.3. The Trust was issued with four warning notices concerning board effectiveness, quality of information, risk governance, and organisational culture. In addition, must-do notices were issued.
- 1.4. The Trust has participated in the NHS England (NHSE) Recovery Support Programme (RSP), and progress has been made in the four pillars of improvement: Quality Improvement, Responsive Care, People and Culture, and Sustainability & Partnerships; with each of these being overseen by an executive director. Further set out in the Improvement Journey framework (refer to appendix A).
- 1.5. The Trust established the Improvement Journey Steering Group, which has been meeting weekly to monitor progress and discuss key areas of focus, and the Trust has made progress in each of these key areas for improvement.

- 1.6. The CQC returned to the Trust in February 2023 and observed a Board meeting. Both the CQC and the NHSE Improvement Director acknowledged the progress made by the organisation, and it was agreed that the four warning notices did not need to be extended. Jointly, the Trust and the CQC agreed the two areas for priority development – continued improvement of organisational culture and development of a comprehensive strategy.
- 1.7. Additionally, RSM UK has been appointed to oversee progress and ensure appropriate governance is in place. The Trust has also employed the services of KPMG for additional support with the key deliverables in the Recovery Support Programme.
- 1.8. The Improvement Journey Steering Group has been meeting weekly since its establishment and enables the opportunity for executives to update on progress, highlight risks, and discuss key areas of focus. It is anticipated that this group will be superseded by the Quality Assurance Framework during this year.
 - The Improvement Journey framework aimed to address short term actions in response to the CQC and staff survey findings/feedback and build a platform for continuous improvement beyond the initial recovery period.
- 1.9. The Trust is committed to continuous improvement and creating a positive and inclusive culture.
- 1.10. The Trust is currently scoping its overarching Corporate and Clinical Strategy for the next five years.
- 1.11. Progress made in each of the key areas for improvement (pillars):

Quality Improvement:

- The Trust has been working on an internal Quality Compliance Framework. The Trust recognises that its quality governance also needs to align with the governance structures of the integrated care boards to enable appropriate quality assurance.
- The Trust has significantly improved its response to serious incidents through the introduction of new systems and processes.
- The Trust has conducted Quality Improvement training sessions.
- The Trust has introduced the Integrated Quality & Performance Report, which includes Statistical Process Control (SPC) and methodologies for making data meaningful. These are discussed in Trust meetings attended by executives, senior leadership, and the Trust Board.
- Trust Board, including Board Assurance Framework, reporting has been revised to align with the Trust's four priorities (the four pillars).

Responsive Care:

- The Trust has experienced operational pressures in 2022 and continuing into 2023, attributed to patient demand, ambulance handover delays, industrial action, and workforce absenteeism.
- In February 2023, the executive and delivery leads conducted a review of priorities in this area, leading to a renewed focus on operational efficiency and monitoring of vehicles and equipment.
- This review also involved an organisation-wide assessment of all frontline staff rotas, resulting in the introduction of new shift patterns to align frontline resourcing with activity demand.

People and Culture:

- Due to the sustained pressure that the Trust has been operating under, retaining staff, and managing higher levels of sickness has been a challenge, particularly in both the 999 and 111 contact centres.
- The Trust has developed a new People & Culture Strategy to address the concerns highlighted by the CQC and feedback from staff surveys.
- In March 2023, a Programme Director for Culture Transformation was appointed to support the delivery of this strategy as a priority during 2023/24.
- The Trust's Executive Management Board has also established a Culture Working Group to support the delivery of the strategy.
- Development opportunities have been provided, with over 500 Trust managers attending sexual safety workshops and over 100 attending the Fundamentals leadership development programme.
- Hood and Woolf, a communications and engagement consultancy, has been appointed to support the Trust with its Communication & Engagement Strategy, ensuring alignment with the Trust priorities outlined in the Improvement Journey framework.

Sustainability and Partnerships:

- The Trust's commitment to this programme is fundamental to delivering high-quality healthcare to patients.
 - Following a period of interim appointments, the Trust now has permanent positions filled for the Chief Executive Officer, Chief Finance Officer, and Chief Medical Officer.
 - The internal 'well-led' self-assessment review has helped shape the Trust's Board Development programme for the current year.
 - The Board has also reviewed its reporting arrangements to ensure internal alignment with the Trust's priorities and how it contributes to the broader system through the monthly System Assurance Meeting, where the Trust engages with the wider system and the lead ambulance commissioner.
 - A Clinical Advisory Group has been established to ensure a clinical 'voice' throughout the organisation.
 - Working with all its people across all directorates and seniority levels, the Trust has developed its priorities for 2023/24, with a focus on building a culture that fully reflects its values.
- 1.12. The Trust remains committed to creating a positive and inclusive culture, one that invests in its people through development and support, as well as fostering a culture of transparency and engagement.
- 1.13. The Trust is currently in the process of developing its comprehensive, trust-wide strategy that will guide its progress over the next five years.

2. Executive Appointments

- 2.1.** Simon Weldon has been appointed as the Chief Executive Officer for the Trust. Simon brings extensive experience in the acute and commissioning sectors from various trusts

in London and across the country. He joins us from the University Hospitals of Northamptonshire Group, where he served as the Group Chief Executive. Simon replaces Siobhan Melia, who has returned to her substantive role as the Chief Executive of Sussex Community Foundation Trust after her interim period as Chief Executive at the Trust.

- 2.2. Dr Rachel Oaten has also joined the Trust as the Chief Medical Officer.
- 2.3. Saba Sadiq will join the Trust as Chief Finance Officer in July 2023.
- 2.4. Rob Nicholls, Executive Director for Nursing and Quality has taken up a secondment opportunity at St Barts Health NHS Trust. Margaret Dalziel, the Trust's Deputy Director of Nursing and Quality has agreed to cover the role.

3. Recommendations

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





Lead Officer Contact

Ray Savage, Interim Head of Strategic Partnerships (SECAmb)

Background papers

None.

Appendix A

	Executive Lead	Secondary Lead	Workstream Aim
<p>QUALITY IMPROVEMENT </p>	Director for Quality and Nursing	Medical Director	<i>We listen, we learn and improve</i>
<p>PEOPLE & CULTURE </p>	Director of HR and OD	Director of Operations	<i>Everyone is listened to, respected, and well supported</i>
<p>RESPONSIVE CARE </p>	Director of Operations	Director of Planning and Business Development	<i>Delivering modern healthcare for our patients</i>
<p>SUSTAINABILITY & PARTNERSHIPS </p>	Director of Finance	Director of Planning and Business Development	<i>Developing partnerships to collectively design and develop innovative and sustainable models of care</i>

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

Date of meeting: 29 June 2023

By: Assistant Chief Executive

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

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

RECOMMENDATIONS

The Committee is recommended to:

- 1) consider and comment on the report; and
 - 2) identify if there are any areas it wishes to scrutinise further and add to the future work programme.
-

1. Background

1.1. The Committee has a long-standing interest in mental health services for Children and Young People (CYP) and the Child and Adolescent Mental Health Service (CAMHS).

1.2. The Committee has expressed a particular interest in the specialist CAMHS services, and Members have received representations from residents about the waiting times for referrals to this service and in particular the time it takes for assessment and diagnosis to be undertaken for Autistic Spectrum Conditions (ASC) and Attention Deficit Hyperactivity Disorder (ADHD).

1.3. The HOSC considered a report providing an overview of Children and Young People's Emotional Wellbeing and Mental Health services, which includes CAMHS specialist services, at its meeting 3 March 2022. At that meeting, the Committee requested a further update at its 22 September 2022 meeting on CAMHS with particular emphasis on the progress being made to reduce referral and assessment waiting times for the various services provided by CAMHS and in particular those children and young people waiting for referrals and assessment from Autistic Spectrum Conditions (ASC), Attention Deficit Hyperactivity Disorder (ADHD) and eating disorders. Members also requested the report cover the use and impact of additional investment in CAMHS on service provision and performance.

1.4. At its September meeting the Committee requested another update report be brought to this meeting, covering progress on the waiting times for CAMHS, including progress on the development of the neurodevelopmental pathway, and how long young people wait between assessment and the beginning of treatment.

1.5. This report provides an overview of the strategic approach to improvement for children and young people's mental health and well-being services and actions being taken to improve access and reduce waiting times for services. This work is being done within the local and national context of an increase in the emotional and mental health needs of children and young people, which has meant significant increases in people needing these services.

2. Supporting information

2.1. The report, which is attached as **Appendix 1** provides the requested update on CAMHS. It has been prepared by the Sussex Partnership NHS Foundation Trust (SPFT) and NHS Sussex. It covers:

- Foundations for our Future – Children and Young People Emotional Wellbeing and Mental Health Strategy and Local Transformation Plan (2022-27)
- SPFT CAMHS service update, including actions to manage increased need and reduce waiting times
- Neurodevelopmental Pathway Development
- Update on the Mental Health Support Teams (MHSTs) in schools programme.

3. Conclusion and reasons for recommendations

3.1 The report provides an update on the areas requested by HOSC at its September 2022 meeting. The HOSC will wish to consider whether there are any areas it wishes to scrutinise further and add to the future work programme.

PHILIP BAKER
Assistant Chief Executive

Contact Officer: Patrick Major, Scrutiny and Policy Support Officer

Tel. No. 01273 335133

Email: patrick.major@eastsussex.gov.uk

Report to: East Sussex Health Overview Scrutiny Committee

Report title: Child and Adolescent Mental Health Services (CAMHS) in East Sussex

Report authors: Sussex Partnership Foundation NHS Trust and NHS Sussex

1. Introduction

Following previous reports to HOSC in March and September 2022 detailing Child and Adolescent Mental Health Services, this report provides an overview of the strategic approach to improvement for children and young people's mental health and well-being services and actions being taken to improve access and reduce waiting times for services.

This is within the local and national context of an increase in the emotional and mental health needs of our children and young people, which has meant significant increases in people needing these services.

2. Foundations for our Future – Children and Young People Emotional Wellbeing and Mental Health Strategy and Local Transformation Plan (2022-27)

The [Foundations for Our Future Emotional Wellbeing and Mental Health Strategy](#) launched formally in May 2023. This, together with the Children and Young People's Emotional Wellbeing and Mental Health Local Transformation Plan (LTP), outline our shared priorities in Sussex. They are fully aligned in that the priorities and actions within the LTP form the basis of our strategy delivery plans going forward.

The vision of the strategy is: to support all children and young people to lead emotionally healthy lives, and within this there are the following key priorities.

Prevention

Prevention and early intervention are key to promoting and maintaining good mental and wellbeing in all people. This includes addressing some of the wider determinants of health including family and social circumstances, housing, income, education, and social isolation.

Early Help and Access to Support

Treating mental health issues in children early is crucial. Multi-agency partners across Sussex, including health and education, recognise that the earlier we can collaborate with evidence-based interventions, the better the outcomes we will see later on in people.

Specialist and Timely support to meet High and Complex Needs

Some children and young people will need more help and risk support, particularly those who are most vulnerable, such as those with multiple high needs and complex disabilities, and those who are looked after or who have experienced trauma or abuse. We will ensure our resources are targeted to be responsive towards children, young people and their families with the greatest needs and vulnerability.

Support for Life Transitions

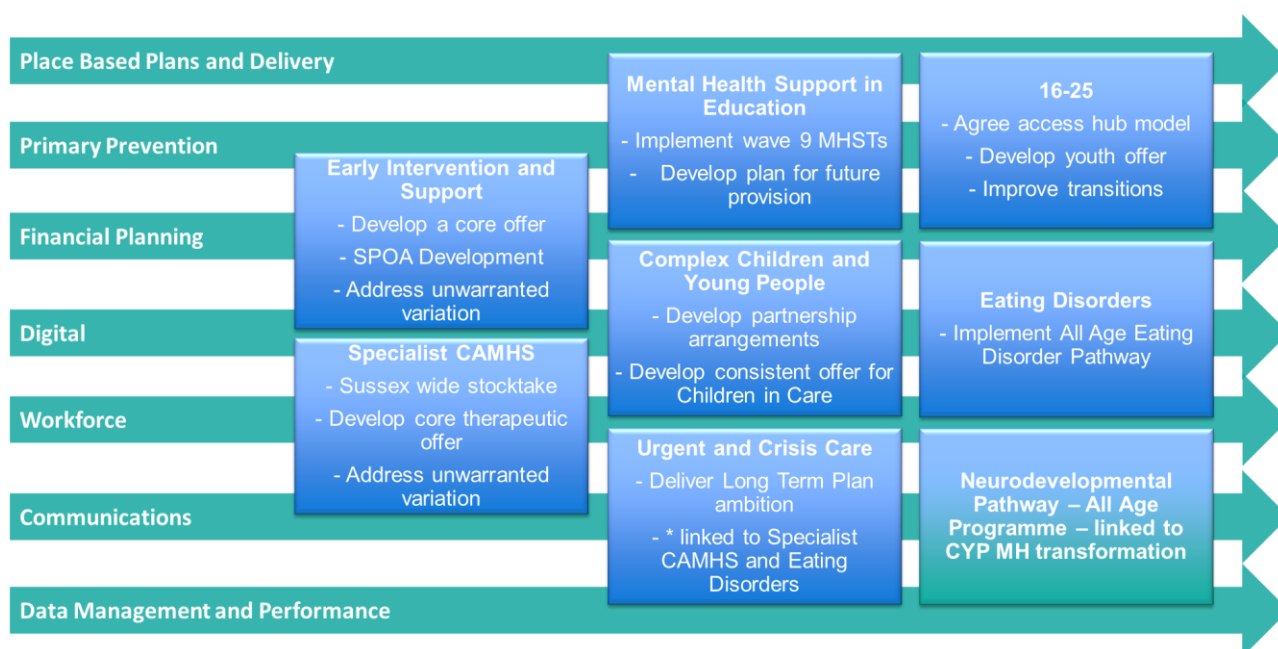
We recognise that the transition to adult services is a focal point for improvement. We are committed to doing more to focus on supporting children and young people through points of change or 'life transitions' such as leaving school, home or looked after care. The aim is to reduce the numbers of young people who transition to adult mental health services,

facilitate access to support within communities, and develop pathways of care such as 16-25 pathway to provide a different model of support.

In delivering these priorities across Sussex, we will focus our actions across three main areas: prevention; improving support across all parts of the pathway; and improving ways of working. Our plans for 2023/24 focus on maintaining the investment made in previous years, maximising productivity, collaboration, and addressing unwarranted variation across Sussex. A key focus is to ensure a mechanism for enabling investment over the longer term that supports prevention and earlier support as part of a system wide approach.

2.1 Sussex Delivery Plan Priorities 2023/24

Figure 1. Sussex wide workstreams 23/24



2.2 East Sussex Delivery Plan Priorities 2023/24

While this is a Sussex wide strategy, and with it an ambition to deliver the same best outcomes for all children and young people across Sussex, it is important that specific needs of local communities are considered. As such, the Sussex wide strategy has been translated into a local delivery plan for East Sussex that meet the needs of the local population, supporting local integrated working, whilst delivering the same agreed outcome framework across all areas. The local plan complements and supports the Sussex wide delivery plan.

The delivery plan for East Sussex focusses on four priorities;

- To develop a social prescription model for children and young people with mild to moderate Mental Health and Emotional Wellbeing difficulties and support subsidised access to community support and activities

- To provide accessible high-quality advice, guidance and self-help for children and young people, their families and practitioners
- To increase early help and access to support for mild to moderate mental health and emotional wellbeing difficulties
- To improve well-being through education, including early years.

2.3 Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan.

The Local Transformation Plan is one of our core strategic drivers for the improvement of children and young people's emotional wellbeing and mental health services across Sussex. First published in 2015, NHS England as part of the long-term plan, required local systems to demonstrate effective planning that will result in system wide transformation of children and young people's mental health investment and resources, to result in improved access and service provision. This has been built on and published year on year.

Our refreshed plan was published in October 2022 and our key actions to support the delivery of our strategic priorities are:

- To fully implement the Single Point of Access (SPOA) model across the whole of Sussex. In East Sussex there is an established Single Point of Advice set up in partnership between Sussex Partnership NHS Foundation Trust CAMHS and East Sussex County Council.
- To continue our good progress with rolling out the National Mental Health Support Teams (MHSTs) initiative which will provide 52% population coverage of students in 2023/24. In East Sussex, recruitment is progressing well that will extend the MHST current offer in the Havens, Eastbourne, Hailsham, Bexhill and Hastings to include the Rother area from September 2023 (Wave 9). This will result in 5.5 teams in East Sussex (further update on progress is included in this report).
- To continue improving access to services, for example by providing face to face drop in as well as online drop in access to iRock Youth Hub in Eastbourne, Newhaven, and Hastings.
- To develop early intervention in psychosis to provide its service in line with evidence-based treatment (NICE compliance level 3, example including physical health checks, family intervention, employment support) for the expanded age group of 14 to 65 with early onset psychosis.
- To develop a system-wide and expanded all age eating disorder pathway.
- To improve urgent and emergency support by expanding our child and adolescent mental health services (CAMHS) Urgent Help Service and Home Treatment Team as well as our Paediatric Mental Health Liaison Service that are now based 7 days a week at the Conquest Hospital Hastings and Eastbourne District General Hospital.

- To support children and young people with complex needs, for example by trialling Personalised Health Budgets in East Sussex for care experienced 16–25-year-olds.
- To further develop Social Prescribing, including funded participation in positive activities, new schemes were implemented in East Sussex to support vulnerable children and young people. In partnership with Primary Care Networks and our third sector partners, social prescribing is a way to link anyone with non-medical support within their local community, to improve health and wellbeing. We have ensured that Ukrainian children and young people in East Sussex have access to Social Prescribing.

3. Sussex Partnership NHS Foundation Trust (SPFT) Child and Adolescent Mental Health Service (CAMHS) update

In East Sussex, Sussex Partnership Foundation Trust delivers specialist mental health services for children and young people (CAMHS); acute and urgent care; community specialist and early intervention (mild to moderate need) services. This includes the following:

Figure 2: Sussex Partnership Foundation NHS Trust: CAMHS services in East Sussex.

Acute Care and Eating Disorder	Community Specialist	Early Intervention
<ul style="list-style-type: none"> • Chalkhill inpatient unit (Haywards Heath) • Sussex Family eating disorder service • Springtide Eating Disorder day service (Hove) • Urgent help and Home Treatment Service • Paediatric Liaison Service (Conquest Hospital and Eastbourne DGH) 	<ul style="list-style-type: none"> • CAMHS Community Teams • CAMHS Learning Disability service. • Neurodevelopmental service (ADHD and ASC) • CAMHS Looked After Children Service • CAMHS Adopted Children Service • CAMHS Forensic Service • Early Intervention in Psychosis (aged 14-65) 	<ul style="list-style-type: none"> • Single Point of Advice (SPOA) with ESCC • i Rock Youth Hub (Newhaven, Eastbourne, Hastings) • Primary Mental Health Worker Service • Mental Health Support Teams (with ESCC)

3.1 Community CAMHS

The Children and Young Peoples Mental Health Access Target is currently being met. This is a national target set by NHSE and measures the increase in the number of children and young people accessing mental health services and support. Although the access target is currently being met (2022/23) this does not reflect the level of demand, and challenge in meeting the presenting needs of children requiring support and this is an important priority for the system.

The numbers of referrals accepted into the service continues to be above pre pandemic levels as set out in Figure 3.

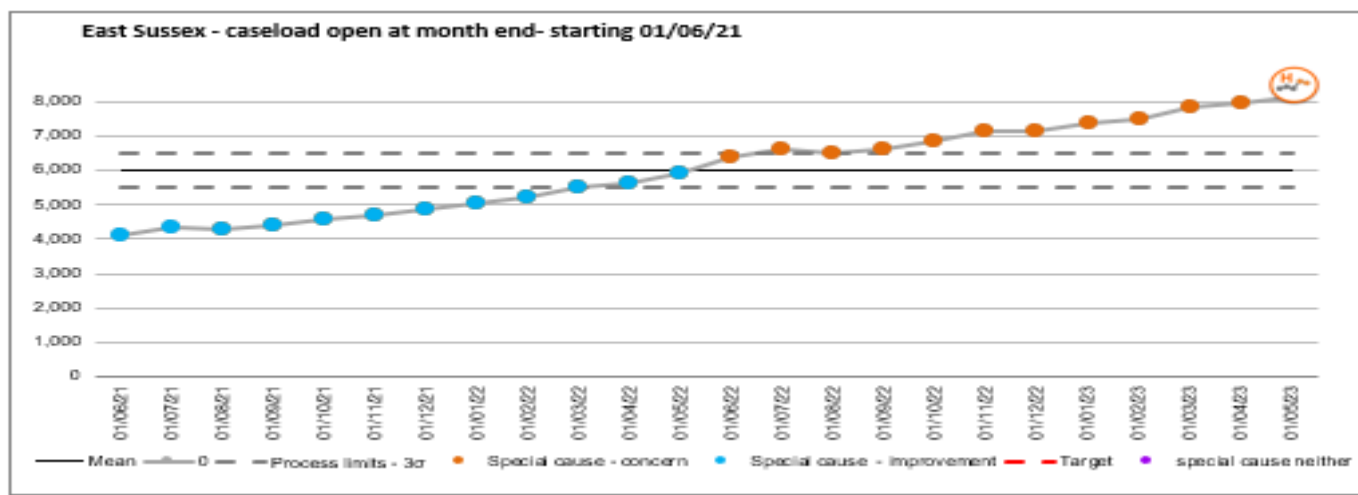
Figure 3: CAMHS East Sussex new referrals

	Referrals Received per month	Referrals Accepted per month
2019	471	295
2022	467	454
2023	368 (average of Jan-May monthly referrals)	368

The percentage of received vs accepted referrals accepted is 100% which indicates that the East Sussex Single Point of Advice (SPoA) continues to triage appropriately. Where children and young people may not be appropriate for CAMHS, they are offered information and advice or signposted to other suitable provision. Numbers of referrals accepted to the caseload on average per month remains at a higher level than 2019 whilst not reflecting the immediate post pandemic surge numbers. This can be a challenge for service capacity and the complexity of need has increased. In particular, there is increased need for ongoing treatment and monitoring of those in receipt of ADHD medication and the service needs to balance initial and ongoing treatment appointments.

Because of the ongoing levels of need and complexity, CAMHS East Sussex caseload has continued to increase (open referrals who have attended a treatment contact for their first episode of treatment).

Figure 4: CAMHS East Sussex caseload



This has resulted in the number of young people waiting between referral and first assessment and to first treatment being impacted.

In order to most efficiently manage the demand for both initial assessments and intervention the balance across the two are reviewed regularly and opportunities taken to, for example, hold initial assessment days to address a greater number of assessments.

3.2 Interventions

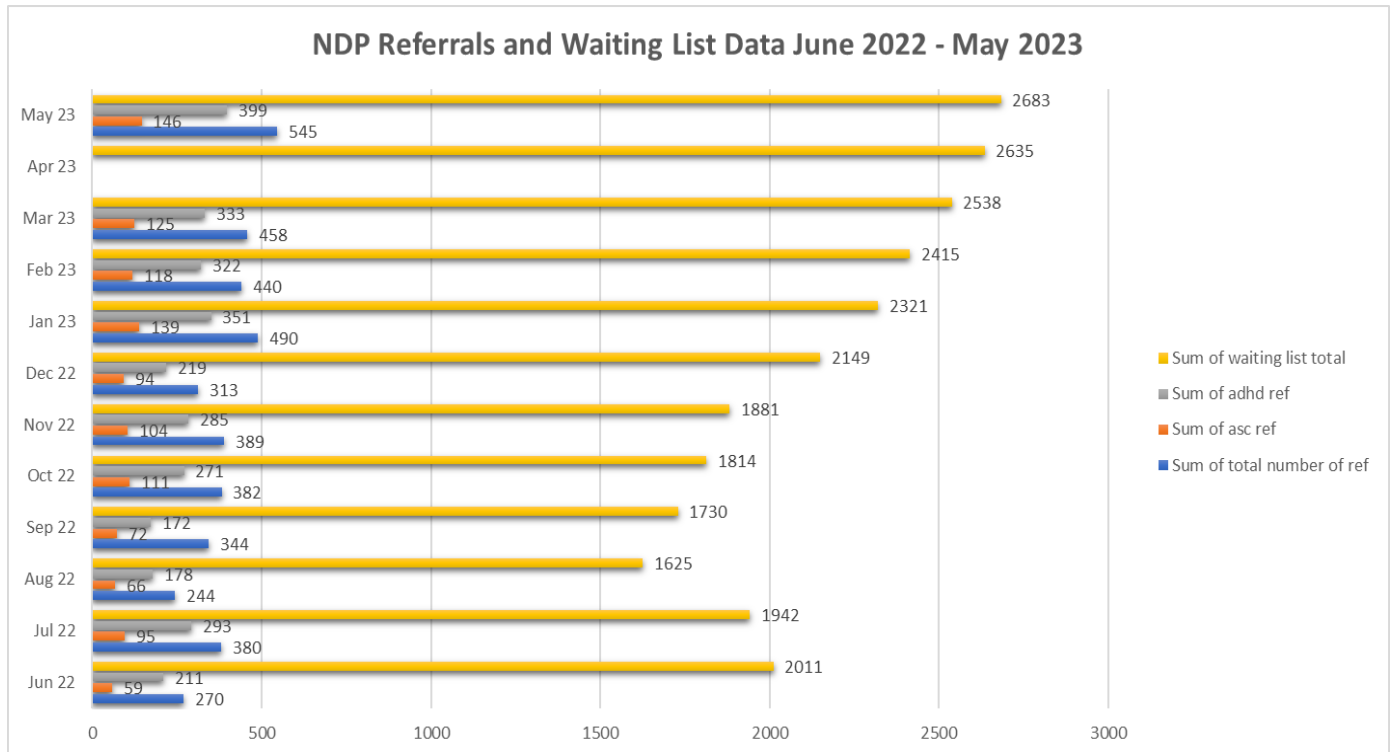
All children and young people listed for an intervention have received an initial assessment and are awaiting a specialist intervention. Children and Young people can be waiting for more than one intervention if deemed clinically required. This is most often young people waiting for neurodevelopmental or psychiatry assessment, whilst waiting for therapeutic input, for example cognitive behavioural therapy. In more complex cases, they may have already attended and completed other interventions, but further intervention is required. Once a young person has been accepted for CAMHS assessment and/or any intervention, the Duty and Liaison service maintains contact with the family to ensure they are aware of what to do if they are concerned about changes in their child's mental health.

A significant proportion of those children and young people are waiting for a neurodevelopmental assessment as a next step in their intervention. There is a sustained high referral demand for neurodevelopmental assessments and as a consequence, over 60% of people included in the caseload in East Sussex have neurodevelopmental needs.

In April 2023:

- 1,250 young people are waiting to complete their ADHD assessment.
- 863 young people are waiting to complete their ASC assessment.
- 144 young people are waiting to commence Cognitive Behavioural Therapy
- 123 young people and their families are waiting to commence Family/Systemic Therapy.

Figure 5: Referrals to NDP by month and the cumulative waiting list numbers



3.3 Actions to manage increased need and reduce waiting times

3.3.1 Introduction of Stepped Care Model

East Sussex CAMHS have implemented 'Stepped Care' which aims to ensure young people receive the most appropriate service as early as possible. The aim is to offer young people and their family early intervention and support, with the intention of reducing the need without further input from CAMHS, as their needs have been met early. Early results from the evaluation of this new approach are that from the young people engaged in 'stepped care', 60% are discharged after 'early' intervention having met their goal-based outcomes.

This model offers family/carer information session to all new referrals, and thus information about mental health and wellbeing and how they can best support their young person. Additionally, following the initial assessment, most (not all depending on urgent need and complexity) young people will be offered a trans-diagnostic evidenced based group intervention or family work. In East Sussex, nearly all young people referred for mental health presentation will be offered treatment intervention within 6 months of referral thus reducing the risk of a prolonged wait for intervention.

3.3.2 i-Rock Youth Hubs in Newhaven, Eastbourne and Hastings

SPFT continues to deliver the three i-Rock services in Newhaven, Eastbourne and Hastings. Young people and their families are offered face to face and, as a development during the Covid pandemic, online 'drop in' is also offered. Each month, between 80-100 young people and young adults use i-Rock. The majority of young people using i-Rock have not accessed services previously and are supported to work with universal or third sector partner delivering early intervention services.

3.3.3 Further actions to address waiting times

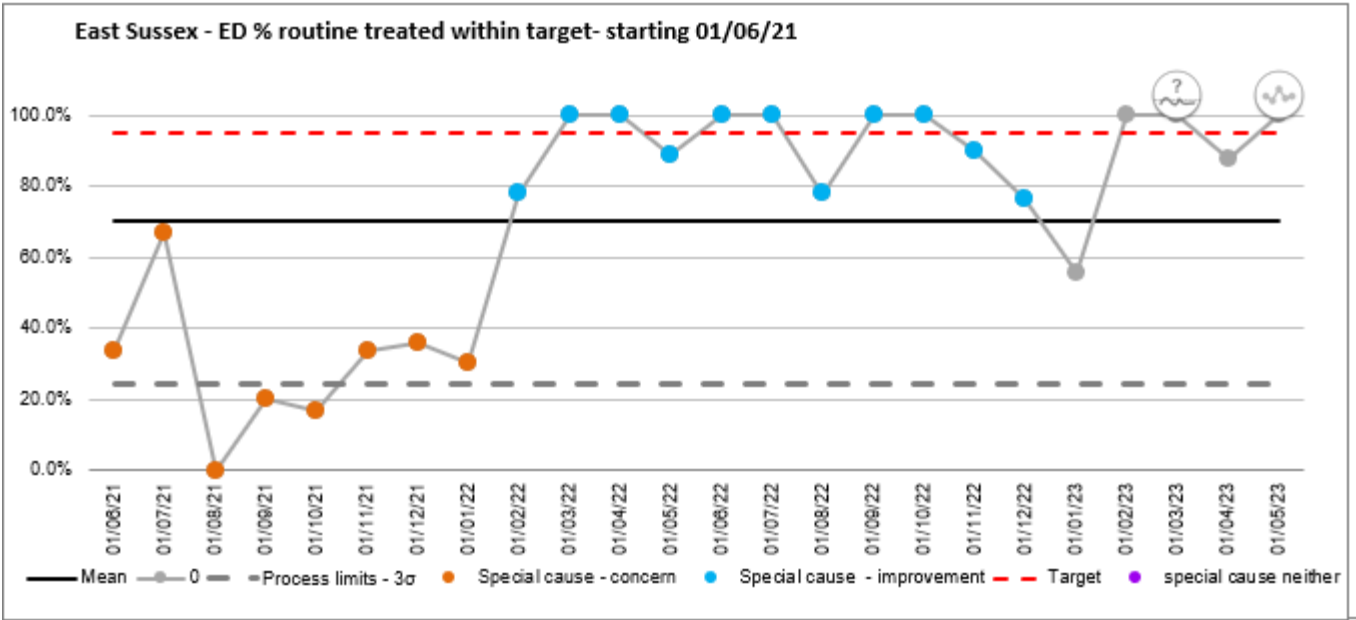
- SPFT are collaborating with partner agencies (Mental Health Support Teams and NHS School Health) and schools to ensure young people, parent and carers and professionals understand how to access advice, and the services and support available for children and young people.
- Sussex CAMHS has implemented the 'Child Not Brought' (CNB) pilot. This pilot was designed to contact families and carers in advance of scheduled appointments to ensure they had all the information they need to support them in bringing their child to the appointment. This was in response to the service experiencing a high rate of appointments missed due to non-attendance. Early results demonstrate a reduction from historical 40% of people not attending to 0% in a 'post pilot' period. This contact is now continuing to ensure all appointments available can be optimised and more children can be seen.
- By increasing the attendance rate in initial assessments, and making the CAMHS offer more effective, it has been possible to work with people and their families who had been waiting the longest and agree alternative pathways if a CAMHS initial assessment was no longer indicated.
- SPFT are working on refining the CAMHS web-based information so that families are accessing clear information, and communication with families is improved. Examples are videos that will be shared with families when they are first accepted into CAMHS and the use of the MindDistrict online self-help modules for young people.
- SPFT commissioned a specialist provider to complete Autism Spectrum Condition (ASC) assessments for those on the intervention waiting list as of 30th April 2022. In East Sussex, 220 young people were identified and agreed to the assessment process. All 220 have now received the assessment and a diagnosis where clinically appropriate.
- A stock take of specialist CAMHS will take place in quarter two 2023/24, to inform a development plan to address unwarranted variation in support and outcomes for children and young people across Sussex. Aligned to this, SPFT is reviewing its model to enable transformation of existing services. This will support an improvement in waiting times for access and treatment and ensure a consistent core offer.

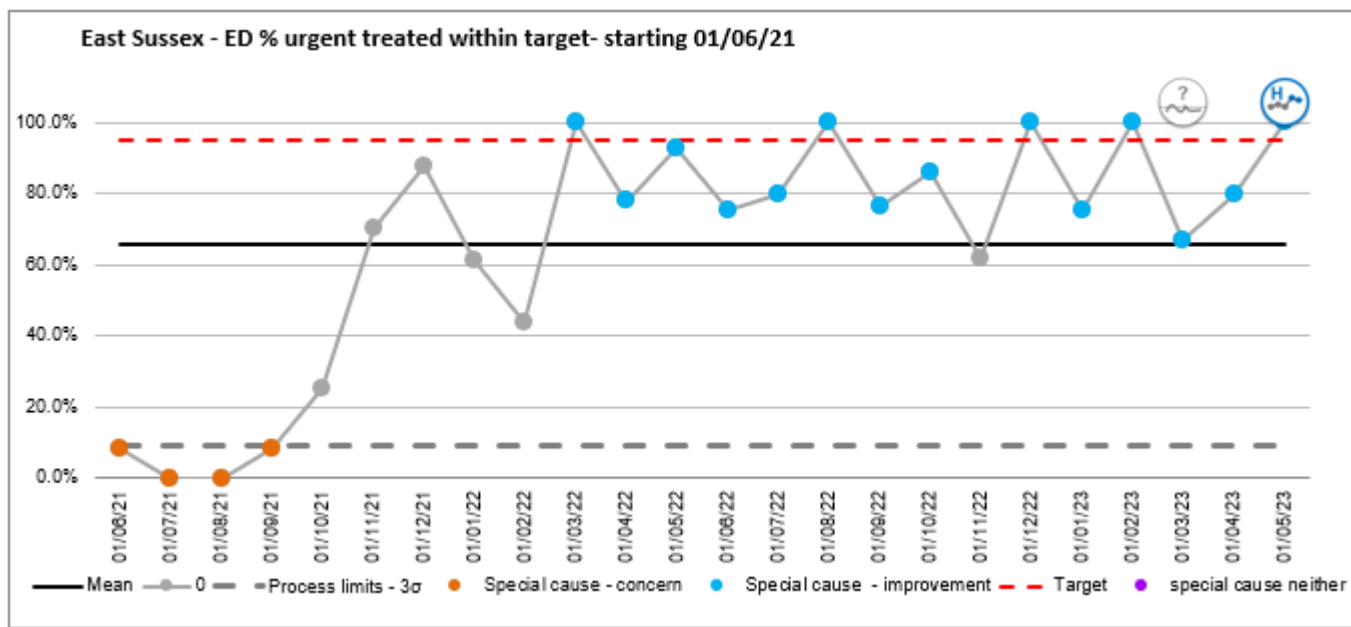
- Regarding actions in relation to the neuro developmental pathway and waiting times, please see 4.0 below.

3.4 Eating Disorders

Specialist Eating Disorder services are delivered by the Sussex wide Family Eating Disorder Service (SFEDS). There has been a sustained improvement to in-month delivery of Access and Waiting Time Standards (AWTS) for children and young people’s eating disorders. The standard is for treatment to be received within 4 weeks for routine cases and within 1 week for urgent cases.

Figure 6: East Sussex Eating Disorder referral to treatment in month





By way of illustration, in April 2023, East Sussex reported:

The number of young people with eating disorders (urgent cases) that were referred and waited no more than 1 week from referral to the start of NICE-approved treatment: 2 (100% achievement in East Sussex).

The number of young people with eating disorders (routine cases) that were referred and waited no more than 4 weeks from referral to the start of NICE-approved treatment: 4 (100% achievement in East Sussex).

This improvement has been supported by:

- Expansion of the specialist team.
- Implementation of new referral process to improve access for young people and their families.
- Expanded early support offer delivered by BEAT, the national eating disorder charity that has been commissioned locally. A new pathway launched in SFEDS in January 2023 to ensure families receive support to support their young person.
- Co-development of system-wide, all age pathway ambition for eating difficulties and disorders.

4. Neurodevelopmental Pathway Development

There has been a significant work programme that partners, stakeholders and experts by experience have undertaken together to develop plans for our future approach to all age neurodevelopmental care and support across Sussex. Investment in 2021/22 and 2022/23 targeted expansion within these services to support improved waiting times. This will support the delivery of a Sussex-wide plan that sets out how our services will be designed going forward to best support local people, together with potential solutions to support any remaining required reduction in waiting times.

Alongside this development, support for children, young people and their families has been increased in East Sussex through co-production with people who are Neurodivergent, and their families and carers:

1. Keyworkers East Sussex – in partnership with a third sector provider. Keyworkers provide individual workers for children, young people and adults up to 25 years old with a learning disability and or who are autistic, where they are a current mental health inpatient or there is a significant risk of hospital admissions due to lack of alternative preventative support. Our Keyworker programme provides person centered support engaging the child or young person in appropriate pathways and services not only reducing the risk of poor outcomes such as hospital admissions but also increasing the potential for positive and strength-based opportunities building on their neurodiverse profile. A Keyworker service has core functions such as advocacy, support and ‘unblocking’ when care and support pathways are unclear.
2. East Sussex Family Support Service - In co-production with parents and carers, a third sector partner in East Sussex provides a service for young people and adults (their family, carers, friends) up to the age 25, who suspect they are neurodivergent, are on an NHS assessment pathway, or have received a diagnosis (pre and post diagnostic support). The service includes:
 - Family navigation service;
 - Individual peer support service, including face to face befriending service;
 - Training programme; example Insider's guide to ADHD; neurodiversity workshops for parent carers of children waiting for all neurodevelopmental assessments.

5. Mental Health Support Teams in Schools (MHSTs) Progress Update

From September 2023, MHSTs will be offered to 52% of school aged children and young people in Sussex, this includes 5.5 MHSTs in East Sussex. The latest implementation wave (Wave 9) will support the delivery of this target by adding an additional 4 MHSTs in Sussex (3 in West Sussex, 0.5 in Brighton and Hove and 0.5 in East Sussex), which will be targeted in specific areas of need such as rural areas with little infrastructure and areas of high deprivation. The service is called “Me and My Mind” as chosen by young people.

East Sussex County Council and Sussex Partnership NHS Foundation Trust jointly provide the MHSTs under a single management line within the council.

The key functions of our MHSTs are consistent with the national model as follows:

- Delivery of evidence-based interventions to support children and young people with mild to moderate mental health issues in schools.
- Supporting schools to develop a Whole School Approach to mental health and emotional well-being.
- Giving timely advice to school and college staff and liaising with external specialist services to help children and young people to get the right support and stay in education.

MHSTs employ a new workforce, that include (Trainee) Education Mental Health Practitioners (EMHP) who attend year-long training at the University of Sussex. EMHPs work alongside senior practitioners and clinical supervisors.

East Sussex MHSTs continue to develop and grow, which is evidenced by the growing number of referrals to the service to date are:

Academic year 2020/21: 536

Academic year 2021/22: 864

Academic year 2022/23 data collection is still ongoing and the East Sussex MHST individual session contacts continue to grow in line with the referral numbers.

Feedback from children and young people who have accessed a 1:1 intervention:

- ✓ I felt like the care I had was something that has helped me out a lot through my tough times. The activity diary I was given was for me to write down my things I was going to do for that week, and I found that was really helpful and it showed me that I did not need to stress about with what I was going to do for that week. And the goal progress chart also showed me that things could get better if I tried.
- ✓ I was able to get strategies that actually worked and helped me, and I was able to understand and recognise a lot more things about my anxiousness and stress. The person I got listened well and was able to take in everything I'd say and make everything more manageable. It made me motivated to try and fulfil my goals and I have been affected positively by this experience. The person I got was patient, kind, empathetic and always tried to help in any way possible.

Feedback from children and young people who have accessed a group or psychoeducation sessions:

- ✓ All the strategies actually work- 5 finger breathing is one of the best ideas I've ever heard of for anxiety.
- ✓ I like the Bear cards- their emotions look like me and are fun to pick out. Day dreaming (visualisation of calm space)- I created my own Candyland! I have sometimes used it outside of the group such as when I can't sleep. Favourite activity was drawing the worried man as it made us all laugh.

Feedback from Parents and Carers of have received 1:1 intervention:

- ✓ Generally given my child a smile back
- ✓ The kindness and the help and support given to my daughter helped so much. The strategies given to her eased her anxiety and her confidence has reboosted. She is able to openly talk about her problems where before she might have struggled.

6.Conclusion

Children and young people's mental health and well-being services are a key priority for the Sussex Integrated Care System. We are working together with health and care partners to

improve the services and support provided to children and young people to help them to manage their emotional wellbeing and mental health. The importance of this has been reflected in increased investment into these services in recent years, and significant work to engage widely with stakeholders, including children, young people and their families and carers, in reviewing services and developing our priority areas for improvement.

We recognise there is much more to do to achieve our ambitions, and this is set against a trend of increasing need for services and support and a financial context that requires continued transformation within existing resources. The work that will take place in 23/24 will predominantly focus on improving emotional wellbeing and mental health support within our existing resource, with some limited expansion, for example further roll out of Mental Health in Schools Teams. Transformation is key to meet the needs of our children and young people and reduce the need for specialist support through early intervention. This will require all system partners to work together recognising that the emotional health and mental wellbeing of the children and young people of East Sussex is everybody's business.

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
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

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

Training and Development

Title of Training/Briefing	Detail	Proposed Date
Integrated Care System (ICS) and implementation of the Health and Care Act 2022 joint training session.	Joint training session with neighbouring HOSCs on the new Sussex Integrated Care System (ICS) structure and priorities, and any other impacts of the Health and Care Act 2022 including on HOSC's powers and the implications of the recommendations of the Hewitt Review.	7 July 2023
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.	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
21 September 2023		
Patient Transport Service	To consider proposals to recommission the Patient Transport Service (PTS) and to consider the outcome of the Healthwatch PTS survey.	Representatives of NHS Sussex and Healthwatch
Primary Care Networks (PCNs)	To receive an update report on Primary Care Network (PCN) performance and services provided, including enhanced hours services.	Representatives of NHS Sussex
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		
Cardiology and Ophthalmology transformation Programmes	An update report on the implementation of the transport and access recommendations and measures made as part of the review of these transformation programmes. <i>Note: Timing is dependent on ESHT implementation timescales.</i>	Representatives of ESHT and NHS Sussex.
Children's Specialist Cancer Services – Principal Treatment Centre (PTC)	An update report on the proposed changes to Children's Specialist Cancer Services PTC. <i>Note: Timing is dependent on NHS England implementation process.</i>	Representatives of NHS England, London / NHS England South East.
New Elective Surgery Hub	To receive an update report on the development of the new Elective Surgery Hub at Eastbourne District General Hospital.	Representatives of ESHT and NHS Sussex.
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
Implementation of Kent and Medway Stroke review	To consider the implementation of the Hyper Acute Stroke Units (HASUs) in Kent and Medway and progress of rehabilitation services in the High Weald area. <i>Note: Timing is dependent on NHS implementation process</i>	Representatives of 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 Grinstead. <i>Note: provisional dependent on NHS England's plans</i>	NHS England and QVH

Sexual Assault Referral Centre (SARC)	A report on proposals for re-procurement of Sussex SARCs <i>Note: provisional dependent on NHS England's plans</i>	NHS England
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