

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY, 21 SEPTEMBER 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 Dr 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
Jennifer Twist, VCSE Alliance

AGENDA

1. **Minutes of the meeting held on 29 June 203** *(Pages 5 - 18)*
2. **Apologies for absence**
3. **Disclosures of interests**
Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.
4. **Urgent items**
Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.
5. **NHS Sussex Non Emergency Patient Transport Service (NEPTS)** *(Pages 19 - 28)*
6. **Primary Care Networks (PCNs) - Update report** *(Pages 29 - 50)*
7. **East Sussex Healthcare NHS Trust (ESHT) - Building for our Future Hospital Redevelopment Programme update** *(Pages 51 - 56)*
8. **HOSC future work programme** *(Pages 57 - 62)*
9. **Any other items previously notified under agenda item 4**

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
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13 September 2023

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Next HOSC meeting: 10am, Thursday, 14 December 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 29 June 2023

PRESENT:

Councillors Colin Belsey (Chair), Penny di Cara, Sorrell Marlow-Eastwood, Sarah Osborne, Christine Robinson and Alan Shuttleworth (all East Sussex County Council); Councillors Councillor Dr Kathy Ballard (Eastbourne Borough Council), Councillor Mike Turner (Hastings Borough Council), Councillor Christine Brett (Lewes District Council), Councillor Simon McGurk (Rother District Council) and Councillor Graham Shaw (Wealden District Council)

WITNESSES in attendance:

NHS Sussex

Claudia Griffith, Chief Delivery Officer

Ashley Scarff, Deputy Executive Managing Director for East Sussex

Colin Simmons

East Sussex Healthcare NHS Trust (ESHT)

Richard Milner, Chief of Staff

South East Coast Ambulance NHS Foundation Trust (SECAmb)

Ray Savage, Head of Strategic Partnerships and System Engagement

Matt Webb, Associate Director Strategic Partnerships and System Engagement

Julie-Marie Allsopp-West, Operating Unit Manager for Polegate and Hastings

Daniel Garratt, Operating Unit Manager, Brighton

Maidstone and Tunbridge Wells NHS Trust (MTW)

Laura O'Mahony, Deputy General Manager Emergency Medicine

University Hospitals Sussex NHS Foundation Trust (UHSx)

Ali Robinson, General Manager Acute Floor Royal Sussex County Hospital (RSCH)

Sussex Partnership NHS Foundation Trust (SPFT)

John Child, Chief Operational Officer

Alison Nuttall, Operational Director for CAMHS & Specialist Services

Alison Wallis, Clinical Director for CAMHS & Specialist Services

East Sussex County Council (ESCC)

Mark Stainton, Director of Adult Social Care and Health (ASCH)

Louise Carter, Assistant Director (Communication, Planning and Performance), Children's Services

LEAD OFFICER: Martin Jenks and Patrick Major

1. MINUTES OF THE MEETING HELD ON 2 MARCH 2023

1.1 The minutes of the meeting held on 2 March 2023 were agreed as a correct record.

2. APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from Councillor Abul Azad, Jennifer Twist, Geraldine Des Moulins and Jessica Britton.

3. DISCLOSURES OF INTERESTS

3.1 Councillor Graham Shaw declared a personal, non-prejudicial interest under item 8 Child and Adolescent Mental Health Services (CAMHS) as his wife works for a charity that has a contract to deliver social prescribing services in schools in East Sussex, which is partially funded by NHS Sussex.

4. URGENT ITEMS

4.1 There were no urgent items.

5. NHS SUSSEX WINTER PLAN - UPDATE AND EVALUATION

5.1 The Committee considered an update and evaluation report on the NHS Sussex Winter Plan. The Winter Plan set out how the local health and social care system plans to effectively manage capacity and demand pressures anticipated during the Winter period and ran from October 2022 to April 2023.

5.2 The Committee asked how information sharing could be improved between hospital Trusts and ambulance crews.

5.3 Claudia Griffith, Chief Delivery Officer NHS Sussex responded that there was a programme of work taking place across the whole system to improve digital integration of patient care records so that ambulance crews had access to them when they arrive at a scene, and this work was ongoing.

5.4 The Committee asked what impact the winter period had on elective surgery waiting times, and how many patients were waiting over a year for surgery.

5.5 Claudia Griffith explained that elective waiting times had grown significantly since the beginning of the pandemic, but that East Sussex Healthcare NHS Trust (ESHT) had met the nationally set target of no one waiting longer than 78 weeks by the end of March, and was ahead of schedule in meeting the target for this year of no patients waiting over 65 weeks. University Hospital Sussex NHS Foundation Trust (UHSx) had not been able to meet the 78 week target due to the impact of industrial action, but was expected to have cleared the backlog of patients waiting more than 78 weeks by the end of July. NHS Sussex was exploring all available options to make best use of capacity that could help reduce patient waiting times. Claudia agreed to provide the number of people waiting more than a year in East Sussex outside the meeting.

5.6 The Committee asked for further details on whether there were any differences in recovery and outcomes for patients being cared for via new 'Virtual Wards' service model in the community, as opposed to those in hospital.

5.7 Claudia Griffith answered that there was evaluation work both locally and nationally to understand the clinical and financial impact of virtual wards. Initial assessments suggested the impact had been positive, but NHS Sussex was also bringing in an external consultant to fully understand the impact of new service models in order to evaluate whether they should be expanded. The outcomes of this work could be fed back to the HOSC.

5.8 The Committee asked why patients who had contacted 111 and were given a reserved slot at the Emergency Department (ED) were arriving at hospital to find that they had to wait.

5.9 Claudia Griffith answered that while there was an option to book appointments at EDs, there was still a need for clinical prioritisation. Therefore, if booked slots coincided with surges in demand then clinicians would focus attention on those at greatest risk, and it would not always be possible to maintain the slot.

5.10 The Committee asked how many patients in East Sussex had NHS access to Livi on line consultations.

5.11 Claudia Griffith confirmed that Livi was put in place to provide additional capacity during the pandemic and not as a core service. EDs and 111 both had access to Livi as a way of managing demand and getting patients the most suitable treatment. Claudia agreed to provide follow up information on which GP surgeries still had access to Livi.

5.12 The Committee asked what the impact on clinical outcomes was for the 22.5% of patients who do not receive a cancer diagnosis within 28 days.

5.13 Claudia Griffith answered that while it was positive that East Sussex hospitals were above the national standard for people receiving a cancer diagnosis, there was always room for improvement. As well as the 28 day target there was also monitoring of the number of people who received treatment within 62 days to understand where there may be particular constraints in the system, and continuous clinical review of patients waiting longer. Community diagnostic centres, including one in Bexhill, are being used to try and reduce diagnosis times.

5.14 The Committee asked what impact the use of the former Spire hospital site had had on waiting times.

5.15 Richard Milner, Chief of Staff ESHT confirmed that he would find out and share those numbers.

5.16 The Committee asked what the coverage of virtual wards across East Sussex was, and whether funding for virtual wards is ongoing.

5.17 Claudia Griffith confirmed that in East Sussex there were around 40-50 virtual ward beds, which had high utilisation of on average 80-90%, although their capacity was variable depending on the complexity of patient needs. NHS Sussex was looking to expand the model for the next winter. The funding is ongoing, but the system is undertaking a review to fully understand their impact and make best use of resources.

5.18 The Committee asked if there was any coproduction with service users built into the mental health crisis review.

5.19 Claudia Griffith confirmed that the crisis pathway review was a relatively quick piece of work which aimed to get recommendations out ahead of next winter and had involved a range of stakeholders. There would be work beginning in July to look at how better to support mental health patients in EDs which would be a piece of coproduction and include patients, staff, primary care and others.

5.20 The Committee RESOLVED to:

- 1) Note the report; and
- 2) Request an update on the Winter Plan 2023/24 at the December HOSC meeting.

6. HOSPITAL HANDOVERS

6.1 The Committee considered a report providing an update on the work being undertaken to reduce Hospital Handover times between South East Coast Ambulance NHS Foundation Trust's (SECAmb) ambulances and the EDs of the three hospital trusts that provide services to East Sussex residents.

6.2 The Committee asked how communication could be improved between EDs and the 111 service to prevent reserved time slots being given out at times of higher demand in the ED.

6.3 Ray Savage, SECAmb Head of Strategic Partnerships and System Engagement answered that it was possible to indicate times of pressure for specific service pathways to 111 call handlers, as well as remove the option to book appointment slots at peak times, on the Directory of Services. Ray agreed to check whether this was the same process for booking appointment slots at EDs.

6.4 The Committee asked why the report showed average response times increasing as of May 2023 and how those increases were being mitigated.

6.5 Ray Savage noted that hotter weather led to an increase in demand for health services generally, so the sustained period of hotter weather during May and June had caused the increase. Matt Webb, SECAmb Associate Director Strategic Partnerships and System Engagement also noted there had been an increase in the daily average number of calls since January, but that despite the increase, average ambulance response times remained within defined tolerances of targets.

6.6 The Committee asked why the Pembury hospital had a fewer number of delays and what learning could be applied from this to other hospital sites.

6.7 Ray Savage commented that handover delays were often a consequence of other challenges at a hospital site, and that Maidstone and Tunbridge Wells NHS Trust (MTW) had done a significant amount of work to improve patient flow through the hospital. Laura O'Mahony, MTW Deputy General Manager Emergency Medicine added that having a dedicated member of staff on duty to assist ambulance crews with administration had helped in reducing delays. Hospital avoidance work was also important, such as by using virtual wards and 111 integration to direct patients to Urgent Treatment Centres rather than EDs.

6.8 The Committee asked what was causing the high level of sickness among staff and what was being done to address it.

6.9 Laura O'Mahony explained that a lot of the problems with sickness was due to staff burnout and low moral across the workforce after a difficult few years in the health service. At MTW sickness levels were decreasing and the Trust continued to monitor the situation and was putting a lot of work into supporting staff wellbeing.

6.10 The Committee asked if there was detailed information of any differences in average ambulance response times in different areas of the county.

6.11 Ray Savage confirmed that SECAmb had to report its data across its whole operational footprint, so this was not broken down by specific areas. SECAmb did monitor its own local performance to understand how responses differed between urban and rural areas. Julie-Marie

Allsopp-West, SECAmb Operating Unit Manager for Polegate and Hastings added that ambulances were placed strategically in anticipation of where calls were most likely to come in. Matt Webb added that there was very little variation between the Trust average response time and the average East Sussex response time.

6.12 The Committee asked whether the arrival of clinicians who weren't paramedics were included in the average ambulance response times.

6.13 Matt Webb confirmed that while not everyone who arrived at a scene in an ambulance was a paramedic, they all had the right skills and training to provide appropriate interventions, and SECAmb had systems in place to ensure the right personnel responded to a call out.

6.14 The Committee asked what the impact there was on average response times of service reconfigurations that had consolidated specialisms to single hospital sites.

6.15 Matt Webb answered that regional services had specific capabilities that were designed to ensure the best patient outcomes, but there was a balance between this and ambulance travel times within the confines of NHS resources. Ensuring patients went via the most appropriate pathway first was not only better for outcomes but made better use of resources.

6.16 The Committee asked how patients were assessed to ensure they received the most appropriate care.

6.17 Matt Webb confirmed that all SECAmb clinicians had the necessary training to direct patients to the most appropriate care pathway. This would not always be the nearest, but if patients needed intervention sooner, then ambulances would be diverted to the closest appropriate centre if their condition needed to be stabilised, although this would not necessarily guarantee a better patient experience or outcome.

6.18 The Committee asked how SECAmb was working to improve data sharing across the system and whether it made use of data on the NHS app.

6.19 Matt Webb affirmed the importance of the data sharing work outlined in the previous item for ensuring better patient experience and outcomes. The work on integrating and sharing patient care records was ongoing and it was a priority for the system as well as nationally. The NHS app did not necessarily offer the solution as it was seen as more important for providers and trusts to be using the same systems for storing records to achieve better integration.

6.20 The Committee asked for more detail on the challenges SECAmb had in responding to Category 3 and 4 calls, and when they expected to see and improvement.

6.21 Ray Savage answered that a higher proportion of calls fell into Category 1 and 2 which were prioritised because they were time-critical life-threatening calls, but SECAmb was still within the national average Category 3 and 4 response times. For a lot of Category 3 and 4 calls ambulance crews would identify best care pathways for patients which often did not involve taking them to hospital. Category 3 and 4 patients who did not receive an immediate physical response were monitored and called back when necessary to ensure their condition had not deteriorated. Work with partners was being done to ensure patients always received the most appropriate care first and is ongoing, but it was not possible to say when improvements would be seen.

6.22 The Committee asked what feedback had been received from ambulance crews via the QR code available to them at the Royal Sussex County Hospital (RSCH).

6.23 Ali Robinson, General Manage Acute Floor RSCH, explained that most of the feedback had been positive, including that the Rapid Assessment and Treatment (RAT) model worked well. Other feedback had resulted in moving IT terminals and improved communication between hospital staff and ambulance crews.

6.24 The Committee asked whether the Blue Light Triage model had been a success and if it would be applied elsewhere.

6.25 Ray Savage explained that SECamb were working very closely with Sussex Partnership NHS Foundation Trust (SPFT) mental health practitioners to reduce the need for an ambulance to be sent to those in mental health crisis when not appropriate, and avoid conveyance where possible. Early evidence had demonstrated that it was an effective model and there was work to bring mental health practitioners to the scene more often where someone was presenting in crisis, as well as improve telephone triage. Ray agreed to share more details after the meeting.

6.26 The Committee RESOLVED to:

1) Note the report; and

2) Request a progress report on Hospital Handovers at the RSCH for the December HOSC meeting and combine this with the update on the CQC inspection report of University Hospitals Sussex.

7. SOUTH EAST COAST AMBULANCE FOUNDATION NHS TRUST (SECAMB) CARE QUALITY COMMISSION (CQC) REPORT

7.1 The Committee considered a report providing an overview of SECamb's progress in its Improvement Journey following the findings of its 2022 CQC report, which led to a rating of inadequate in the well-led domain.

7.2 The Committee asked what the current rates of staff turnover and sickness were.

7.3 Matt Webb responded that SECamb's annual rolling turnover rate was 18.2% against a target of 10%. Although retention issues were sector-wide, SECamb was investing heavily in improving leadership visibility and exit interviews to understand what could be done to improve staff retention. Since the pandemic there had been a significant increase in staff citing burnout and exhaustion as reasons for leaving. As part of its improvement journey SECamb had appointed a Programme Director for People and Culture whose role was to implement the People and Culture Strategy that included aiming to improve staff wellbeing and Freedom to Speak Up processes. Other work had been done to improve rotas and reduce the burden on staff.

7.4 The Committee asked how staff were being engaged in SECamb's Improvement Journey, what feedback had they received from staff since it began and how the bullying culture identified in the CQC report was being addressed.

7.5 Matt Webb explained that SECamb is actively communicating with staff on how concerns that they had raised were being addressed. A challenge for SECamb as part of its

improvement journey was that the nature of the CQC report required the organisation to make a number of regulatory improvements. However, having improved in those regulatory areas SECAMB was now better placed to address cultural issues. Staff and unions were engaged to help feed staff views into a five-year strategy which will make any improvements sustainable in the long term. SECAMB has also been working with Healthwatch to make sure patient views are also taken into account.

7.6 The Committee asked if there would be value in SECAMB running its own staff survey in order to track improvements.

7.7 Matt Webb explained that the work on leadership visibility was a more effective way of gaining staff feedback, as the visits were targeted and scheduled and allowed for a dialogue between frontline staff and the organisation leadership. Staff feedback from these visits had been positive as staff felt they were being heard and ensured there was more direct feedback than would otherwise be received through an online survey. SECAMB was also trialling engagement software that focused on smaller teams to provide more granular detail on staff views.

7.8 The Committee asked how many SECAMB managers were yet to complete a sexual safety workshop.

7.9 Matt Webb answered that the training was mandatory for all managers and leaders in SECAMB, and the uptake had been very high with more than half (70% of managers) already having attended one. Ray Savage added that the fact the course was externally led had been beneficial for ensuring there was no unconscious bias involved.

7.10 The Committee asked whether SECAMB had schemes that allowed staff to learn about the organisation more widely (e.g. quality circles).

7.11 Matt Webb answered that the paper outlined SECAMB's quality assurance framework, which ensured clinical quality leads and senior leadership were undertaking quality assurance visits across all operational sites. These visits were to ensure regulatory compliance but also to hear feedback and concerns from staff, and share knowledge and learning across the organisation.

7.12 The Committee asked when SECAMB expected to come out of the Recovery Support Programme (RSP).

7.13 Matt Webb answered that SECAMB was confident it would be out of the RSP by the end of the financial year, but added that there were some benefits from being in it such as having an NHSE Improvement Director. In order to leave the RSP it was vital for SECAMB to have its five-year strategy in place and the final draft of this was expected to be agreed in December 2023.

7.14 The Committee RESOLVED to:

- 1) Note the report; and
- 2) Request a further update on improvements made since the SECAMB CQC report for the December HOSC.

8. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

8.1 The Committee considered a report providing an update on the Child and Adolescent Mental Health Services (CAMHS) in East Sussex, including the progress being made to reduce assessment waiting times and the impact of additional investment in CAMHS on service provision and performance.

8.2 The Committee asked whether all children and young people with mental health problems were being supported by CAMHS.

8.3 Alison Nuttall, Sussex Partnership Foundation Trust (SPFT) Operational Director for CAMHS & Specialist Services, answered that there is a shared Single Point of Access (SPoA) for children and young people with emotional wellbeing and mental health needs. All referrals were triaged through the SPoA to identify where a child's needs would be best met, which would not always be the specialist services provided by SPFT. Lou Carter, East Sussex County Council Assistant Director (Communication, Planning and Performance), added that there were a number of other support options for a child or young person as part of the Early Help service which could mean they do not need to be referred to CAMHS.

8.4 The Committee asked when all children in schools will be covered by Mental Health Support Teams (MHSTs) and how mental health support was being offered in schools.

8.5 Lou Carter confirmed that it was not possible to say when there might be full coverage of MHSTs, but there was ongoing system-working to improve the Early Help and prevention offer and to ensure schools were aware of the full support offer for different levels of need. A poster had been developed and is to be circulated to schools which would make it clearer what services are available for different levels of need, and a broader piece of work is ongoing to make it clear where support for children and young people could be accessed across Sussex. Lou agreed to share the poster with the Committee when it was finalised.

8.6 The Committee asked for more detail on how waiting times for CAMHS were handled.

8.7 Alison Wallis, SPFT Clinical Director for CAMHS & Specialist Services, answered that CAMHS was a needs-led service so that the children and young people seen first were those who were most unwell and for whom alternative services and support would not necessarily meet their need. CAMHS had well-known resource challenges that meant many children and young people were not being seen as soon as anyone would like. Those most in need waited between 0-13 weeks and represented the largest numbers on the waiting list. There were lower numbers of less unwell children who may wait longer. SPFT closely monitored those who are on waiting lists, and make proactive contact with families to reassure them that they remain on waiting lists and to remind them to contact CAMHS if their child has a change in presentation. John Child, SPFT Chief Operational Officer added that the complexity and acuity of need had increased since the pandemic which added to waiting list times as those with complex needs take longer to assess. The trend across Sussex is also showing an increase in the number of children and young people being referred for issues around neurodiversity.

8.8 The Committee asked how CAMHS resources were allocated across Sussex and whether more could be invested in the assessment of those young people with complex needs.

8.9 Ashley Scarff, NHS Sussex Deputy Executive Managing Director for East Sussex, explained that the rollout of services may be at different paces in different areas, but resources would be distributed proportionally across Sussex over time. NHS Sussex reviews its resource allocation constantly to prioritise early interventions where possible. There is a challenge around investing more due to the need to balance priorities across many services. Lou Carter added that there would be a stocktake in quarter 2 to assess variation in CAMHS services across Sussex, which may lead to re-prioritisation of services. The NHS Sussex Children's and Young People Board is looking to establish a business case for investment in CAMHS and mental health services for children and young people across Sussex. John Child acknowledged that neurodiversity assessments were taking too long. He added that while there had been additional investment in CAMHS, there were also significant workforce challenges that added to the difficulty of meeting demand and different models of care may be needed.

8.10 The Committee asked how many staff worked for CAMHS in East Sussex.

8.11 Alison Nuttall answered that there were around 150 clinical and administrative staff working for CAMHS covering East Sussex.

8.12 The Committee asked what had caused the increased number of children and young people presenting with neurodiversity issues.

8.13 Alison Nuttall explained that the majority of those presenting with neurodiversity issues were those seeking Attention Deficit Hyperactivity Disorder (ADHD) or Autistic Spectrum Condition (ASC) assessments, which was in line with the national trend. Alison Wallis added that there had also been a significant increase in the number of girls coming to CAMHS for ASC assessments.

8.14 The Committee asked what the process of assessing for ADHD and ASC was.

8.15 Alison Wallis explained that it was important to ensure children and young people were being assessed for the right condition, and so CAMHS triangulated all available information so that children and families received the right diagnosis and therefore the right level of support. Information used included the child's developmental history (e.g. around social communication and impulsivity), information from schools and from clinical assessment tools.

8.16 The Committee asked how long on average it took for a full ADHD or ASC assessment to be completed.

8.17 Alison Wallis answered that it would take 6-8 contact hours with a clinician. A figure for average waiting times for when an assessment started and when it was completed could be provided after the meeting.

8.18 The Committee asked at what point NHS colleagues would consider the length of waiting times to be a crisis, and what a crisis response would look like.

8.19 John Child answered that he did not believe CAMHS was in a crisis at present but was in a position of significantly increasing demand and pressure that was impacting on children, young people and their families. A crisis response would focus on clinical prioritisation and seeing the most unwell children first, which was something CAMHS services already did. A crisis response would also result in fewer young people receiving early intervention and wider support. Ashley Scarff added that children's mental health was a priority for the entire local health and care system.

8.20 The Committee asked what impact there was for children in East Sussex with eating disorders given that the two specialist treatment centres were based in Haywards Heath and Hove.

8.21 Alison Nuttall confirmed that the eating disorder service was distributed across the county meaning there were more localised teams spread across East Sussex. The centre in Haywards Heath was an inpatient facility, while the one in Hove was a specialist day service of which there were very few across the country. Alison Nuttall agreed to share information on how teams were spread across East Sussex outside the meeting.

8.22 The Committee asked how those on waiting lists for an initial assessment were supported, including any support provided by the voluntary sector.

8.23 Lou Carter answered that Amaze were commissioned to provide peer support for families on neurodiversity waiting lists. Alison Wallis added that SPFT were trying to avoid unwanted variation in the offer across Sussex, but that the system was working to add capacity to offer support to children and young people both pre- and post-diagnosis, including in collaboration with the voluntary sector.

8.24 The Committee asked whether there were geographical discrepancies in the demand for or availability of services across East Sussex.

8.25 Alison Nuttall answered that resource allocation was needs-led and based on demand, but that CAMHS specialist services had teams distributed across all areas of East Sussex. Alison Wallis added that SPFT were mindful of digital access and so would offer virtual appointments for families where appropriate when physical access was a challenge for them. SPFT agreed to provide some additional data which provides a geographical breakdown of demand for CAMHS services across the county.

8.26 The HOSC commented that it had received a report on the CAMHS services and recognised the work that is taking place on projects and services to support mental health and emotional wellbeing in children and young people. However, the Committee has heard about the considerable demand for services and the increase in referrals and the current length of waiting times for assessment and help. Further, the Committee would wish to make representation through the NHS Sussex Children's Integrated Care Board to make the case for additional resources to be made available to improve access to the services and reduce the waiting times.

8.27 The Committee discussed making a resolve to request that the NHS Sussex Children's Board consider allocating additional resources for CAMHS services. The Committee agreed that taking action to reduce waiting times was needed and agreed to make a request to the NHS Sussex Children's Integrated Care Board to consider the case for allocating additional resources for CAMHS services.

8.28 The Committee RESOLVED to:

1) Note the report;

2) Note the Committee's concern around the increasing number of referrals being made to CAMHS and the current high length of waiting times for assessment; and

3) Request the NHS Sussex Children's Integrated Care Board consider the case for making additional resources available for CAMHS to improve access to services and reduce waiting times for assessments.

9. HOSC FUTURE WORK PROGRAMME

9.1 The Committee discussed the items on the future work programme. The Committee requested that the report on Hospital Handovers at the RSCH scheduled for the December 2023 be combined with a report on the University Hospitals Sussex NHS Foundation Trust's response to the recent CQC report and in particular the actions being taken at the RSCH.

9.2 The Committee requested that an evaluation report of the NHS Sussex Virtual Ward programme be circulated for information for the HOSC to then subsequently decide whether to schedule an item to discuss it at a future meeting. The Committee also requested a report for information on the outcomes of the Admissions Avoidance programme. Both programmes are part of the NHS Sussex Winter Plan

9.3 The Committee requested that an update report on the ESHT Building for Our Future programme (including and other significant capital building projects e.g. the new Elective HUB) be added to the agenda for the 21 September 2023 HOSC meeting.

9.4 The Committee also discussed the need to schedule the update reports on access to NHS dentistry service and access to GPs and GP appointments.

9.5 The Committee RESOLVED to:

1) Amend the work programme in line with paragraphs 9.2 and 9.3 (above);

2) Add a report on the NHS Sussex 2023/24 Winter Plan to the agenda for the 14 December 2023 HOSC meeting (paragraph 5.20);

3) Add an update report on Hospital Handovers at the Royal Sussex County Hospital (RSCH) combined with the report on the CQC inspection of RSCH to the work programme for the 14 December 2023 HOSC meeting (paragraph 6.26 and 9.1 above); and

4) Add an update report on the SECamb CQC report to the agenda for the 14 December 2023 HOSC meeting (paragraph 7.14).

10. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

10.1 There were none.

The meeting ended at 1.25 pm.

Councillor Colin Belsey

Chair

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

Date of meeting: 21 September 2023

By: Assistant Chief Executive

Title: NHS Sussex Non-Emergency Patient Transport Service (NEPTS) update

Purpose: To provide an overview of the delivery of the Non-Emergency Patient Transport Service and the ongoing re-commissioning of the service.

RECOMMENDATIONS

The Committee is recommended to:

- 1) note the report; and
 - 2) consider whether it would like to receive further updates on any elements of the NEPTS.
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1. Background

1.1. The Non-Emergency Patient Transport Service (NEPTS) for Sussex contract is currently delivered by South Central Ambulance Service (SCAS) which commenced on 1st April 2017. As a result of system pressures caused by the Covid-19 pandemic and changes brought about by the national review of NEPTS, the re-procurement process was deferred from its intended timeframe of 2021/22.

1.2. Following advice taken from NHS England (NHSE), in September 2022, NHS Sussex initiated an informal joint working arrangement to work collaboratively with neighbouring ICBs of Frimley, Buckinghamshire, Oxfordshire and Berkshire West (BOB), Hampshire & Isle of Wight, and Surrey Heartlands.

1.3. In December 2022, based on the market feedback and the timelines of other ICBs, NHS Sussex approved the option to extend the current contract to 31st March 2025 and endorsed the revised procurement timeline for the new service to go-live on 1st April 2025. Following this mandate and to meet statutory requirements, the NEPTS service in Sussex is currently out to tender. The tender is due to conclude in September 2023 with evaluation and assessment thereafter, and contract award January 2024 to allow for the required 12 months mobilisation and support contract commencement on 1st April 2025.

1.4. Whilst the current contract no longer matches the needs of the healthcare system in Sussex, it has largely been delivered effectively since 2017. The new service will represent a major step-change in the patient transport service for Sussex patients and will take into account several national and local changes to patient transport requirements established in recent years.

2. Supporting information

2.1. Non-emergency patient transport is defined as the non-urgent, planned transportation of patients with a medical need for transport to and from premises providing NHS healthcare and/or between providers of NHS-funded healthcare. The overarching principle of patient transport, as defined by NHS England, is that most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary. NHS-funded patient transportation is intended for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery. The NEPTS service is based on healthcare needs rather than wider social care needs and therefore there is a requirement that the service operates a set of eligibility criteria.

2.2. The report, which is attached as **Appendix 1** provides an update on the Sussex NEPTS including:

- the current service
- the proposed new service model and its objectives
- the procurement timeline
- performance and optimisation of the current service

3. Conclusion and reasons for recommendations

3.1 The HOSC are recommended to note the report and consider whether there any areas it wishes to scrutinise further, including if it would like to receive further updates on the procurement of the NEPTS.

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NHS Sussex - Non-Emergency Patient Transport Service (NEPTS) - Update

1.0 Introduction

Non-emergency patient transport is defined by the Department of Health and Social Care as the non-urgent, planned transportation of patients with a medical need for transport to and from premises providing NHS healthcare and/or between providers of NHS-funded healthcare.

The overarching principle of patient transport, as defined by NHS England, is that most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary. NHS-funded patient transportation is intended for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery.

It should be noted that access to the NEPTS service is based on healthcare needs rather than wider social care needs and therefore there is a requirement that the service operates a set of eligibility criteria. The service is different from an emergency ambulance function.

The patients considered eligible for NEPTS are those who have either been referred by a doctor, dentist or ophthalmic practitioner for non-primary care NHS-funded healthcare services – regardless of the setting – or those who are being discharged from NHS-funded treatment.

This report provides an update on the Sussex Non-Emergency Patient Transport Service (NEPTS) including the current service, plans and objectives for a new service, the procurement timeline and optimisation of the current service.

Both the current service and the transformational model for the procurement of NEPTS are overseen by the Senior Responsible Officer for NEPTS who reports monthly into the system Urgent and Emergency Care governance structure of the Sussex Integrated Care System.

2.0 Background of NEPTS in Sussex

2.1 Timeline of Current Service

The NEPTS for Sussex contract is currently delivered by South Central Ambulance Service (SCAS) which commenced on 1st April 2017.

In January 2020 Sussex CCGs formally agreed a 1-year direct award (covering 01/04/2021 to 31/03/2022) with the commitment to start procurement of the new service within that time period to include recommendations from the NHS England NEPTS review, which had been suspended due to the impact of the Covid-19 pandemic situation.

As a result of continued system pressures brought about by the Covid-19 pandemic, alongside feedback from the market and the changes brought about by the national review of NEPTS, it has been necessary to further defer procurement with the service continuing under direct award.

Following advice taken from NHS England (NHSE), procurement and contracting leads across the Southeast region, in September 2022, NHS Sussex initiated an informal joint working arrangement to work collaboratively with neighbouring ICBs of Frimley, Buckinghamshire, Oxfordshire and Berkshire West (BOB), Hampshire & Isle of Wight, and Surrey Heartlands.

The objective was to understand and better align service specifications, tender methodologies and notional timeframes by engaging with the market as a collective. The approach enabled a collective understanding of market position and allowed systems to share commissioning intent and solicit feedback concerning the optimal service mobilisation window, the implications for extension of the current contracts and reduce the risk of challenge for these extensions to support a full and open procurement process.

Market engagement carried out in October 2022 suggested that any prospective bidders would need 9 to 12 months to mobilise their new service based on the supply chains for ambulance vehicle chassis and bodywork. This feedback has been taken on board as part of the tendering work.

In December 2022, based on the market feedback and the timelines of other ICBs, NHS Sussex approved the option to extend the current contract to 31st March 2025 and endorsed the revised procurement timeline for the new service to go-live on 1st April 2025.

Following this mandate and to meet statutory requirements, the NEPTS service in Sussex is currently out to tender (re-procurement). The tender is due to conclude in September 2023 with evaluation and assessment thereafter and contract award January 2024 to allow for the required 12 months mobilisation and support contract commencement on 1 April 2025.

The new service will represent a major step-change in the patient transport service for Sussex patients and will take into account several national and local changes to patient transport requirements established in recent years.

2.2 National Review, Pathfinder and Net Zero

National guidance on the operation of patient transport services were originally set out in 1991 and updated again in 2007. NHSE undertook a national review of NEPTS in 2021 in response to calls from patient groups and charities, including Healthwatch, Kidney Care UK and Age UK, and by many in the patient transport sector themselves. These requests sought for clarification and standardisation of eligibility criteria and greater clarity around the role of NEPTS in a healthcare system.

As a result of the review, NHSE has published a new national framework for NEPTS which looks at standardising the national eligibility criteria and thereby reduce variation between how different NEPTS services are accessed, set up clearer national reporting requirements by establishing a single national dataset, and updating contractual requirements for service providers with a view to standardising roles, responsibilities and expectations for service users.

NHS Sussex was involved in the review as one of three Pathfinder sites. This included testing out a Single Point of Access model for patient transport that referred non-eligible patients to alternative travel options; strengthening the role of the Community & Voluntary Transport (CVT) sector through initiatives to improve the recruitment (and retention) of volunteer car drivers; and improving the discharge of patients from acute hospitals through setting up better co-ordination between acute and patient transport staff. The outcome of these pathfinders have helped inform the NHS Sussex service specification and will help inform future national guidance on NEPTS as and when it is published.

In addition to the NEPTS Review, NHSE has set out an ambitious roadmap to reach net zero by 2045 for the emissions it controls directly, including NEPTS. This timeline includes an ambition to achieve an 80% reduction in emissions produced by vehicles between 2028 and 2032.

The net zero targets apply to all NEPTS contracts directly commissioned by the NHS, whether delivered by the NHS or by independent providers. This will require significant change: combining new vehicles, new infrastructure and where necessary adapting delivery models accordingly.

NHSE also has an ambition that all NEPTS vehicles should be zero emission by 2035, irrespective of contract duration. To achieve this, NHSE has set out a NEPTS transitional trajectory that applies to all NEPT vehicles.

ICBs are required to implement both the new NEPTS national standards and net zero requirements locally and these have been reflected in the new service specification.

2.3. Commissioning Gaps

In addition to the activity undertaken by the current provider South Central Ambulance Trust (SCAS), each hospital trust in Sussex currently pays for additional private patient transport provision and will often use them as an alternative to SCAS for the more time critical discharge and transfer of patients, particularly those patients in Emergency Departments, Acute Medical Units and Ambulatory Care Units who are generally staying for a short period of time so will not have their transport home booked in advance. The use of separate providers has led to inefficiencies including some duplication and “aborted” journeys where patients are booked onto both services at the same time.

This shows that whilst the current contract requirements have been delivered effectively, over its duration it has become apparent that there is demand within the healthcare system for a more responsive and dynamic transport service to help support rapid patient discharges and transfers from hospital.

2.4 Patient-oriented service

It is also clear from patient feedback obtained by Healthwatch in 2020 that patients want a service that is better able to keep them informed of the location of their vehicle using modern technology such as smart phone apps, for example, almost 80% would like to receive a text/call when their vehicle is 30 mins away; 95% would like to be kept informed of changes or delays to their transport; 67% would like a mobile phone app to track their vehicles; and 91% would like an exact time when their transport will arrive.

With this in mind, NHS Sussex has consolidated funding sources across acute and mental health providers and developed a vision for a new patient transport offer that includes all components and that will better meet the requirements of patients and the healthcare system in 2025 and beyond.

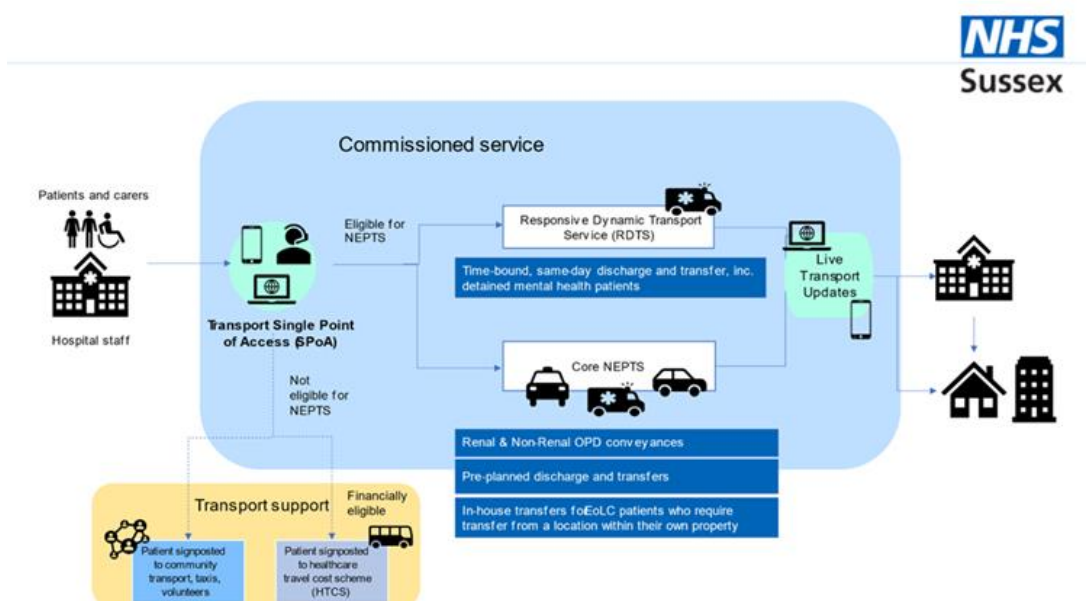
3.0 Proposed Service Model

Underpinning the procurement process are a number of fundamental changes put forward as part of the service specification to deliver improved outcomes for our population. These reflect national guidance and the learning taken by Sussex being one of the pathfinder sites for the new NEPTS delivery models:

3.1 Core Objectives

Most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary. For those people who are eligible for NHS-funded transport, however, the transport provider will be required to deliver a responsive, fair, and sustainable new patient transport model for Sussex patients, described through a revised service model and a number of associated core objectives required of a NEPTS service provider.

Chart 1: New Service Model



Objective 1: Develop a single point of co-ordination for all patients seeking transport to secondary care services.

To be achieved through the development of a Transport Single Point of Co-ordination (SPoC). The Transport SPoC will refer patients who meet the eligibility criteria to an expanded and more responsive patient transport service and signpost ineligible patients to alternative transport support options.

Objective 2: Provide an expanded and more responsive transport service to meet the needs of the wider healthcare system in Sussex.

To be achieved by specifying a service that includes the core, statutory NEPTS service that involves providing transport for pre-planned outpatient appointments and hospital discharges; as well as a new Responsive Dynamic Transport Service (RDTS) to meet the needs of the acute hospital trusts to provide a responsive, same-day discharge and transfer service for time-bound patients. The service will also arrange the transport of patients detained under the MHA who have been admitted to either an acute or mental health facility and need to be conveyed on the same day the booking is made.

We expect this to reduce the costly use of ad-hoc journeys, reduce duplication of journeys to acute hospitals and ensure mental health patients consistently receive the same offer and are treated equally to patients requiring physical health treatment.

Objective 3: Use modern technology to innovate and enhance the patient experience.

This is a new requirement for the NEPTS provider to embed modern technology such as apps and web-based portals to ensure patients, their carers, and hospital staff are kept informed of the location of their transport so that they are ready on time for its arrival. The transport provider will also utilise modern technology to improve all areas of its service.

There will still be an option available to use non-digital engagement routes for those who service users who do not use digital technology.

Objective 4: Ensure everyone, including those with protected characteristics and disadvantaged groups, can access the service.

The updated service specification requires equity of access for all Sussex patients, including those with protected characteristics and disadvantaged groups, and requires that the transport provider develops methods for them to contact the service, for example, translation services for people who do not speak English or who are visually or hearing impaired. It also requires the vehicles and journeys take account of their needs, including same-sex drivers (where applicable), carrying of specialist equipment, accommodation of escorts, and flexibility in the drop-off locations.

Objective 5: Deliver NHSE's ambition that all NEPTS vehicles should be zero emission by 2035.

To ensure 100% vehicles are zero emission by 2035, the NEPTS provider will need to increase the proportion of its fleet that comprises electric vehicles from a baseline of 0% to 100% by 2033 in 25% increments every two years. The transport provider will also need to

reduce all of its scope 1 and 2 emissions by 80% from a 19/20 financial year baseline by 2032 in line with the Delivering a Net Zero NHS statutory guidance and supporting the NHS vision - **To deliver the world's first net zero health service and respond to climate change, improving health now and for future generations.**

Objective 6: Work collaboratively as part of the Sussex Health and Care System.

The transport provider must develop strong, collaborative working relationships and ensure excellent systems of communication exist with the entire health and care and service providers. The transport provider will work as a member of the health and care system to help deliver the goals of the [Sussex Health and Care Strategy](#) and future iterations through supporting the actions set out in the Shared Delivery Plan. The primary role of the transport provider within this partnership is to ensure that patients access their hospital treatment on time and that the wider system has timely access to patient transport that supports patient pathway care and flow.

3.2 Engagement Work

As part of the development process for the new service, NHS Sussex has completed a full Equalities and Health Impact Assessment (EHIA); carried out engagement with patient groups; and worked closely with acute, community and mental health providers to develop the service model. NHS Sussex commissioning team also enlisted the support of Healthwatch Brighton & Hove and a patient voice representative from the outset of the procurement to help draft elements of the specification and join weekly engagement sessions to ensure quality, engagement and patient voice were at the heart of the service design. Healthwatch has given very positive feedback to the commissioning team on the openness with which we involved – and listened – to the patient voice.

NHS Sussex undertook market engagement in May 2023 to propose notional timelines for optimal service mobilisation, in the context of the emerging new service models, driven by the national review and pathfinder programmes, and recognising the ambition within and significant changes that this will introduce for providers. The mobilisation range discussed was between the NHS England provided guidance of six months and up to twelve months, considering the scale of change required.

During this market engagement event, opportunity was given to interested service providers to schedule one-on-one engagement sessions with NHS commissioners to test their understanding and raise any potential challenges in delivery the suggested new service model. The transformational model was recognised as supporting the Sussex system with optimising flow and building efficiencies across the Sussex geography.

Actively seeking input from, and testing of ideas with, providers who have expressed their interest in having the opportunity to bid for this work, has been well received by the market.

4.0 Procurement Timeline

The timeline below outlines the governance route and timeline for the NEPTS procurement ahead of the contract going live on 1st April 2025.



5.0 Performance and Optimisation of Current Service

Whilst the current contract no longer matches the needs of the healthcare system in Sussex, it has largely been delivered effectively since 2017.

Outpatient journeys to and from a patient's residence for renal and non-renal patients, for example, have been consistently delivered throughout the duration of the contract at or above the Key Performance Indicator threshold of 85%. Outpatient journeys account for around 80% of activity and the majority of the rest of SCAS' activity is focused on discharging patients from hospital.

While it is difficult to make substantive changes to a directly awarded contract, NHS Sussex, SCAS and the NHS provider trusts in Sussex have worked together to deliver improvements to the service in recent years to meet the changing needs of the service.

These include:

- Helping to develop community voluntary car driver transport alternatives in East Sussex for patients; this area was lacking in sufficient levels of alternative community provision,
- Implementing changes to the NEPTS call-handler script to refer patients to alternative transport providers,
- Test out the Healthcare Travel Cost Scheme (HTCS) as part of the national Pathfinder programme,
- Increase awareness of and relationships between SCAS, acute discharge teams and the voluntary sector Take Home and Settle Service at Royal Sussex County Hospital (RSCH).

- Manage demand and capacity daily to meet fluctuating demand whilst protecting discharge capacity.
- Develop a Standard Operating Procedure (SOP) for Humanitarian Transfers (transferring stable end of life patients up and down stairs within their own homes).
- Developing the Hospital Liaison Officer roles for each acute site to integrate acute and NEPTS provider operations and streamline efficient patient journeys, including introducing a single contact number for service users.
- Site focused monthly acute operational meetings to take stock of and identify solutions for improving liaison between SCAS and Sussex NHS trust providers.
- Working with East Sussex Healthcare NHS Trust (ESHT) colleagues on limiting private ambulance provider usage by improving the productivity of SCAS.
- Training for the flow co-ordinators at Royal Sussex County Hospital (RSCH) to enable "training champions" of the online NEPTS booking service.
- Providing Flow-Coordinators at RSCH with more access to book bariatric patients using the online portal, so long as the patient has had a risk assessment before, rather than calling SCAS.
- Adding mobility category descriptions to the online booking portal used for the NEPTS service to reduce hospital staff booking the wrong type of vehicle.
- Establishing a pilot at RSCH Pharmacy to prioritise medication for patients who have transport booked and a deadline package of care to meet, e.g., admission to a care home by a certain time of day. The intention is to draw learning from this pilot and consider wider implementation.

6.0 Conclusion

East Sussex HOSC members are asked to:

- **NOTE** the background of the NEPTS service and the positive developments that have been delivered through the current contract.
- **NOTE** the significant engagement undertaken to develop the new service specification and to bring the market with us to support timelines.
- **NOTE** that NHS Sussex, as the responsible commissioner, is currently undergoing a tendering exercise for the NEPTS contract, following several contractual extensions triggered by Covid-19 and expectation of national guidance. Further updates will be provided as required.
- **NOTE** the transformational nature of the new service specification for NEPTS in Sussex.

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

Date of meeting: 21 September 2023

By: Assistant Chief Executive

Title: Primary Care Networks (PCNs) update

Purpose: To provide an update on PCN performance and the services they provide in East Sussex.

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 Health Overview Scrutiny Committee (HOSC) has received a number of reports at its previous meetings which explored primary care services, including an overview of Primary Care Networks (PCNs) at its meeting in March 2023. At that meeting the HOSC requested an update report on PCN development and performance be brought to this meeting.

1.2. This further report covers a number of areas which the HOSC asked about when it considered the report at its March meeting, as well as developments that have taken place since the last report.

2. Supporting information

2.1. PCNs are groupings of local neighbouring general practices that are a mechanism for sharing staff and collaborating while maintaining the independence of individual practices. These groupings started from 1 July 2019 and there are 12 PCNs in East Sussex, covering everyone in the county.

2.2. PCNs require existing providers of general practice to work together and to share funds on a scale not previously seen in UK general practice, with additional national funding being made available to employ Additional Roles Reimbursement staff (ARRS), to deliver services to patients across the member practices. PCNs are not statutory bodies in themselves, however a number of Primary Care Networks nationally have opted to become legal entities.

2.3. The report, which is attached as **Appendix 1**, includes details on:

- PCN structure and governance
- PCN contractual responsibilities and services
- Progress on PCNs in East Sussex since the March HOSC report (including the Enhanced Access Hours service)
- Workforce update, including ARRs overview
- East Sussex PCN activity and audit
- PCN participation in Armed Forces Covenant

3. Conclusion and reasons for recommendations

3.1 The HOSC is recommended to note the report and consider whether it would like to add any future updates on PCNs to its work programme.

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Primary Care Networks: Improving access to services
An overview for East Sussex Health Overview and Scrutiny Committee

1. Introduction and Background

What is a Primary Care Network?

- 1.1 Primary Care Networks (PCNs) were introduced in July 2019 to improve access to primary care and expand the range of services available. This is achieved through better integration with community services and greater involvement of a wider, integrated primary care team.
- 1.2 PCNs comprise groups of local neighbouring general practices that are a mechanism for sharing staff and collaborating, requiring existing providers of general practice to work together and to share funds on a scale not previously seen in UK general practice, with additional national funding being made available to employ Additional Roles Reimbursement staff (ARRS), to deliver services to patients across the member practices. PCNs are not statutory bodies in themselves, however a number of Primary Care Networks nationally have opted to become legal entities.
- 1.3 NHS England has stipulated that networks should ‘typically’ cover a population of between 30,000 and 50,000 people (the average practice size is just over 8,000). There are 39 PCNs across Sussex (12 of which are in East Sussex) and approximately 1,264 across England.
- 1.4 The largest PCN in East Sussex is Hastings & St Leonards PCN. This is made up of 9 GP practices and, as of July 2023, has 101,351 people on its registered list. The smallest PCN is Seaford PCN, which consists of 2 GP practices with 27,425 people on its registered list. There are 2 PCNs in areas of significant deprivation across East Sussex, namely ALPs in Eastbourne and Hastings & Leonards PCNs.

2. PCN Structures and Governance

- 2.1 Practices are contractually signed up to deliver the PCN Direct Enhanced Service (DES) at the beginning of each financial year unless they actively choose to opt out. Enhanced services are national agreed contracts for services other than core primary medical service (which are contracted at GP practice level) or out of hours services. A Core Network Practice participating in the Network Contract DES may end its participation in the Network Contract DES by first notifying the commissioner of its intention to opt out.
- 2.2 If a practice chooses to withdraw, the ICB has responsibility for ensuring that the practice’s patients have access to PCN services, and this is often done by allocating the patients to another PCN. However, there are instances where alternative providers of primary care have been sourced to provide PCN services to a practice’s registered patients list.

- 2.3 In cases where a practice wishes to move between PCNs, then a proposal is submitted to NHS Sussex's Primary Care Commissioning Group for approval and would need to demonstrate benefits to patients from the new configuration.
- 2.4 Practices within a PCN are expected to collaborate, agree and set out their PCN's Terms and Conditions including agreed processes for how they manage finances, decision making, how they will work together, and how their services will operate through a document called the Mandatory Network Agreement (MNA). Governance arrangements for PCNs and the content within their MNAs cannot be mandated by their local ICB; PCNs have the autonomy to agree and set out their own internal governance and financial arrangements, from the guidance set out in the PCN Contract. ICBs are encouraged to work closely with their PCNs with a view to influencing and encouraging them to make appropriate plans and choices that meet the needs of their local population.

3. PCN Contractual Responsibilities and Services

- 3.1 The main nationally set ambitions for PCNs are to:
- Take collective action – with system partners – to address the wider determinants of health
 - Provide increased levels of joined up and coordinated care
 - Become more proactive; using predictive tools to better support people to stay healthy
 - Provide a differentiated support offer to individuals, thus reducing inequalities and supporting people to take charge of their own health and wellbeing, and
 - Attract and retain a multidisciplinary workforce, supported by the Additional Roles and Responsibilities PCN funding scheme (ARRs).
- 3.2 To achieve the above ambitions, PCNs have contractual responsibility for delivering nine national service specifications:
- Anticipatory Care
 - Cardiovascular Disease (CVD) Prevention and Diagnosis
 - Early Cancer Diagnosis
 - Enhanced Access
 - Enhanced Health in Care Homes
 - Personalised Care
 - Social Prescribing Service
 - Structured Medication Review and Medicines Optimisation
 - Tackling Neighbourhood Health Inequalities.

Impact and Investment Fund

- 3.3 The Impact and Investment Fund (IIF) forms a key part of the PCN DES. The IIF is an incentive scheme focussed on supporting PCNs to deliver high quality care to their population. The scheme contains indicators that focus on where PCNs can contribute significantly towards the 'triple aim' of:
- Improving health and saving lives

- Improving the quality of care for people with multiple morbidities
- Helping to make the NHS more sustainable.

3.4 Thresholds and targets have varied year on year since the implementation of PCNs, targets for 23/24 are as follows:

Figure A

Investment and Impact Fund 2023/24: Indicators						
Domain	Area	Indicator	Description	Points	Lower Threshold	Upper Threshold
Prevention and tackling health inequalities	Vaccination and immunisation	VI-02	Percentage of patients aged 18 to 64 years and in a clinical at-risk group who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024	113	72%	90%
		VI-03	Percentage of patients aged two or three years on 31 August 2023 who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024	20	64%	82%
	Tackling health inequalities	HI-03	Percentage of patients on the QOF Learning Disability register aged 14 or over, who received an annual Learning Disability Health Check and have a completed Health Action Plan in addition to a recording of ethnicity	36	60%	80%
Providing high quality care	Cancer	CAN-02	Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded in the twenty-one days leading up to the referral	22	65%	80%
	Access	ACC-08	ACC-08: Percentage of appointments where time from booking to appointment was two weeks or less	71	85%	90%
Total Points Available				262		

Capacity and Access

3.5 In addition to the standard contractual requirements of the PCN DES Contract as outlined above, April 2024 saw the implementation of the Primary Care Recovery Plan, aimed at supporting local systems and their PCNs/Practices to drive and deliver increased transformation, and resilience across primary care general practice.

3.6 The overall purpose of the Plan and its objectives are to increase access and reduce unwarranted variation in patient experience and choice. It focuses on four central ambitions:

- Empowering patients
- Implementing Modern General Practice Access
- Building capacity
- Cutting bureaucracy.

3.7 The Plan included a series of changes to the GP and PCN Contracts and associated funding for 2023/24 which saw the simplification of the PCN Investment and Impact Fund (IIF), reducing the IIF target from 36 targets

during 22/23 to 5 targets during 23/24 to create opportunity and investment for a new scheme called the “Capacity and Access Improvement” Programme (CAIP). The CAIP requires PCNs and their core practices to plan, develop and deliver a number of improvements areas against the following headings:

- a. Patient experience of contact:
- b. Ease of access and demand management; and
- c. Accuracy of recording in appointment books.

3.8 In response to the CAIP, PCNs across the Sussex geography have been working with their ICB and practice partners to co-develop and co-own a local improvement plan outlining the approach to how they will achieve the requirements of the CAIP initiative.

3.9 The payment framework for CAIP is set out as follows: -

- 70% of the new CAIP funding will be paid unconditionally to PCNs*, over a 12-month period during 23/24 equating to an average payment across Sussex PCNs of £0.131m. For the average sized PCN in East Sussex with a population of 50,124 this would equate to a payment of £138,593.
- The remaining 30% will be retained within ICBs and will be released to PCNs post 23/24 subject to evidenced improvements as pledged in the PCN’s CAIP plans. For the average sized PCN in East Sussex with a population of 50,124 this could equate to a payment of £59,297.

4. An overview of East Sussex PCN Progress

4.1 Further to the March 2023 PCN Report presented to the East Sussex Health Overview and Scrutiny Committee, progress and development across the 12 East Sussex Primary Care Networks continues, with a key focus on improving access to general practice underpinned by the CAIP scheme as outlined above, as well as maximising all available opportunities for delivering the Primary Care Recovery Plan. This is aligned to the ambitions set out in the Sussex *Improving Lives* strategy and the associated Shared Delivery Plan.

Support opportunities available to East Sussex PCNs

4.2 PCNs across Sussex are routinely supported by the ICB as well as NHS England to access and sign up to various developmental and educational opportunities available.

4.3 Opportunities range from the following suite of programmes and developmental offers as outlined in Figure B below:

Figure B

Name of initiative	Details
GP Improvement Programme (GPIP)	<p>Introduced as part of the delivery plan for recovering access to primary care in May 2023.</p> <p>Two year programme running between 2023-2025</p> <p>The programme supports practices and PCNs over to make changes and improvements to how they work, maximising the use of all staff roles and local services, meeting the needs of patients and providing safe, equitable care.</p>
Redmoor – Digital Solutions for advancing telephony.	<p>Programme of support aimed at developing digital telephony systems, in order to improve access, manage demand and operational flows.</p>
Care Navigation	<p>Training for reception staff and care navigators who will be involved in triaging requests to the correct clinician or service for the patient.</p>
Clinical and Estates Strategy Development Programme	<p>The programme aims to bring population health improvement and integration into estates planning. The focus is on identifying the information needed to create a Population Health Vision which covers population health challenges and inequalities. PCNs will then develop and deliver the models of care needed to deliver the changes in population health.</p>
PCN Leadership Programme (NHS Confederation)	<p>A Leadership Development Programme for PCN leaders, run by the Health Systems Innovation Lab (London South Bank University) in partnership with the NHS Confederation. Participants learn and apply new knowledge with their peers to the challenges they face both immediately in the coming winter but also for the future. Focus is on:</p> <ul style="list-style-type: none"> • Developing the relationships needed for local and system integration. • Working collaboratively on PCN and cross-PCN level system change to support improved population health. <p>The programme focuses on the development of a model of primary care, in line with the Fuller Stocktake review, to secure the benefits of integration for our local populations.</p>
Kings Fund Programme	<p>The King’s Fund have been commissioned to undertake some action learning sets for staff within a PCN to explore how they work together on a range of projects and to agree actions to take forward, examples include making the most of the ARRS roles, the utilising the Investment and Impact Fund, and successfully delivering implementing Capacity and Access.</p>

- 4.4 Across East Sussex, the majority of PCNs are either signed up to one, or more, of the above opportunities. A review of how these programmes have directly impacted the participating PCN and increased successful delivery of services will be included as part of a six month evaluation of PCNs across Sussex that is due to take place later this year. Further details on this can be found on [page 14](#).
- 4.5 In the meantime, the PCN spotlight story below provides a good example of how an East Sussex PCN is fully maturing and developing as well taking advantage of available offers to support them in their journey, resulting in a successfully driven PCN that is consistently seeking to improve services and patient satisfaction.

PCN SPOTLIGHT – Foundry PCN, Lewes

- 4.6 Foundry Healthcare Lewes is a PCN in East Sussex that has recently received an increasing level of interest due to its innovative population health management approach, which helps frontline teams understand current health and care needs and predict what local people will need in the future. This means they can tailor better care and support for individuals, design more joined-up and sustainable health and care services and make better use of public resources.
- 4.7 The PCN has achieved this through speaking with patients and reviewing health records to understand the difficulties faced by different types of patients trying to access care and navigate the system. This resulted in the introduction of urgent on the day access hubs for generally well patients, and continuing health care teams for people with more complex needs and frailty. They use a multi-disciplinary team approach and have developed a digital tool which allows them to make the most of their workforce and match it to demand and capacity.
- 4.8 The key factor that linked the groups of high need or vulnerable patients was based on clinical decision making and a recognition that these patient cohorts required more continuity. This insight was used to design different care pathways.
- 4.9 The PCN audited a full week of 1880 appointments across the three practice sites and found that 70% of the patients were generally well who utilised 50% of the total appointments of GP's and the PCN's paramedic. This allowed a review to take place to see if some of these patients could be best served by directing them to other staff. For example, generally well patients more often present with single or new problems that can be dealt with by the PCN ARRS roles such as Paramedics or First Contact Physiotherapy Practitioners. Patients with more complex needs are directed to a GP with a longer appointment time as they are more likely to have multiple ongoing issues that need more time to manage, and a GP is more likely to be able to complete their care needs and risk manage complex scenarios.

- 4.10 Foundry PCN saw a reduction in the number of avoidable appointments (Nationally estimated to be 27%) to 7%, which further reduced to 4.5% after further training and adaption of care pathways. The targeted use of additional roles reduced the percentage of appointments used by the top 5% of high use patients to 30% in comparison to national comparison of 40%.
- 4.11 Non-GP roles both clinical and non-clinical have been able to offer care and support to the groups of patients that are most likely to benefit from their help. Community staff have been able to work effectively creating a unified vision of how integrated care teams can work with GPs in continuing care teams.
- 4.12 Staff retention and job satisfaction has improved and a potential saving over 3 years of £2.3 million for the healthcare system has been realised with a reduction in 12,480 non-elective bed days. This is an estimated return of £1.50 to the Healthcare system has been realised for every £1 invested.
- 4.13 Foundry patients reported a higher satisfaction regarding several aspects of care compared with other patients surveyed in other parts of the county. Notably, 88% felt they received enough time in their last appointment, 70% had confidence in their healthcare team and 83% felt they received good care.
- 4.14 To see an independent evaluation of the Foundry model, please visit <https://improvement.kssahsn.net/our-work/transforming-primary-care/>

Enhanced Access Services

- 4.15 All East Sussex PCNs continue to offer Enhanced Access Hours to registered patients of their PCN's practices. PCNs are expected to provide appointments between the hours of 6.30pm to 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. The services are currently in infancy and are being closely monitored to ensure that there are no gaps in provision and that the Sussex population can easily access these services.
- 4.16 The Enhanced Access delivers approximately an additional 571 hours of appointments per week across East Sussex, beyond core hours, which includes the following:
- a mixture of face-to-face and remote (telephone, video or online) appointments.
 - appointments delivered by a multi-disciplinary team of healthcare professionals, including GPs, nurses and other "additional roles" such as mental health practitioners, physician associates, physiotherapists, and Social Prescribers.
 - a blend of appointments offered on the same day or pre-booked for a future day.
- 4.17 These flexibilities enable patients to be offered targeted interventions in addition to regular appointments, such as specific screening clinics, support for patients' groups as well as support for the system in times of surge demand, for example over winter.

5. PCN workforce update including ARRs overview

Recruitment and Workforce Development

- 5.1 The expansion of advanced practice (AP) roles continues. APs are advanced clinicians who are autonomous practitioners able to deliver care without the supervision of GP's, enabling not only career progression but the retention of an experienced multi-professional workforce. There are another 12 AP roles starting in September 2023, with NHS Sussex currently supporting 25 ACP trainees in East Sussex at this time.
- 5.2 The Sussex Training Hub runs an education and training programme which upskills and updates the Primary Care Workforce to deliver evidence-based care to their population alongside access to clinicalskills.net (an online educational development service) and has successfully recruited 3 academic, 3 multi-professional and 1 simulation fellows which gives the workforce the opportunity to expand their skills, starting in September 2023.
- 5.3 To support further, the Primary Care Workforce Team has been working closely with practices and PCNs across East Sussex, focusing on expanding placement capacity to increase workforce. Below is a summary of progress to date:
- *Multi-Professional Student taster days*, which enable pre-registration healthcare professionals an opportunity to see patient care delivery in Primary Care by spending a few hours in practice and virtually receiving an educational session regarding the primary care speciality. The August 2023 Cohort had 27 students who spent half a day across practices in Sussex, 19 of the attendees are now looking for first career opportunities in Primary Care.
 - *Increase Learner Placement capacity* and the number of practices supporting learners. This is to increase the numbers of GP's who are trained in East Sussex and enable as many other learners as possible to experience Primary Care with the purpose of encouraging an increased number of qualified professionals to take up roles in primary care. 39 East Sussex Practices are currently supporting learners.
 - *Apprenticeships* - Apprenticeship programmes are available for a range of clinical and non-clinical roles and can be undertaken by both existing and newly recruited staff. 70 apprentices are on programmes or have completed the scheme as of September 2023, of which 31 apprentices work within practices in East Sussex. A further 14 learners are due to start on programme at the end of the month and a further 15+ are in the pipeline for the coming 6 months. The majority of apprentices are on pathway to practice programmes including the Senior Healthcare Support Worker, Trainee Nursing Associate and Registered Nurse Degree Apprenticeship.
- 5.4 In addition to the above opportunities, the Primary Care Sussex Training Hub continuously supports practices and PCNs with workforce development and recruitment opportunities, through running a series of targeted visits. These

visits support practices struggling with recruitment or retention of any of their workforce, offering workforce solutions and training opportunities.

PCN Education Leads

- 5.5 PCN Education Lead teams across East Sussex have been established to provide evidence based, innovative and accessible education to primary care, in order to advance the quality of patient care, promote professional collaboration and foster a culture of lifelong learning within PCNs. In East Sussex there is 100% sign up from PCNS, and 92% sign up across all of Sussex.
- 5.6 The recruitment, retention and workforce development opportunities detailed below are examples of the workforce activity delivered by Sussex Training Hub and are supported by utilising the PCN Education Leads to encourage engagement in opportunities and programmes offered.

New to Primary Care Programmes

- 5.7 The new to practice Fellowships and the Preceptorship programme are to embed, train and support new to primary care workforce.
- *New to Practice Fellowships* - The New to Practice Fellowship recruits new starters on to appropriate programmes to include newly qualified GPs, newly qualified nurses and nurses who are new to primary care. Since the programme has commenced, to date, 27 GPs and 6 Nurses have joined from East Sussex. Currently active on the programme in East Sussex are 11 GPs and 0 Nurses. The next steps are to develop a 'New to Primary Care Programme' with menu options to cater to staff needs whilst meeting the NHSE mandate and guidance for the new to practice GPs and nurses.
 - *Preceptorship* - The purpose of preceptorship is to provide support, guidance, and development for all newly registered practitioners (NRPs) to build confidence and competence as they transition from student to autonomous professional. This has been developed to support multi-professional clinicians new to primary care. There have been 51 preceptees in Sussex. In East Sussex 9 clinicians have joined the programme since it commenced, 5 are currently active.

ARRs roles from a workforce perspective

- 5.8 To support the ARRS scheme, East Sussex has facilitated peer network meetings and offered advice to all PCN stakeholders to support recruitment and retention. In addition to this, Southeast wide Occupational Therapy has delivered Podiatry and Dietitian role promotion webinars for PCNs. A further Dietitian and Podiatry online seminar is planned for November 2023. Across East Sussex, plans are being prepared to engage with specific PCNs to understand and support with their recruitment intentions.

- 5.9 NHS Sussex has also commissioned an PCN ARRs advisor for one session a week, to offer support around supervision and development of personalised care and ARRS roles, and how to embed them into practices and PCNS.
- 5.10 There is a dedicated webpage for educational resources and planned webinars and there is scope to develop a training package for non-clinical staff around Personalised Care.
- 5.11 The training hub has progressed other retention initiatives which include FCP Supervision support and the example of Personalised Care roles peer support groups. ([Page 11](#)).

ARRS overview

- 5.12 PCNs draw on the expertise of staff already employed by their constituent practices as well as receive funding to employ additional staff under the Additional Roles Reimbursement Scheme (ARRS).
- 5.13 ARRS is the most significant financial investment within the Network Contract DES and is designed to provide reimbursement for PCNs to build the workforce, establishing Multi-Disciplinary Team models of care required to deliver the national service specifications.
- 5.14 ARRs roles that PCNs can recruit as part of this scheme currently are as follows:
- Clinical pharmacists
 - Pharmacy technicians
 - First contact physiotherapists
 - Physician's associates
 - Dietitians
 - Podiatrists
 - Occupational therapists
 - Community paramedics
 - Nursing associates and trainee nursing associates
 - Social prescribing link workers
 - Care coordinators
 - Health and wellbeing coaches
 - GP Assistants
 - Digital Transformation Leads
- 5.15 Full details of the ARRS scheme can be found via this link [Network Contract Directed Enhanced Service - Contract specification 2023/24 – PCN Requirements and Entitlements \(england.nhs.uk\)](#).
- 5.16 In 2023/24 the following changes were made to the ARRS scheme:
- Increasing the cap on Advanced Practitioners from two to three per PCN where the PCN's list size numbers 99,999 or fewer, and from three to six where the PCN's list size numbers are 100,000 or over.

- Reimbursing PCNs for the time that First Contact Practitioners spend out of practice undertaking education and training to become Advanced Practitioners.
- Including Advanced Clinical Practitioner Nurses in the roles eligible for reimbursement as Advanced Practitioners.
- Introducing Apprentice Physician Associates as a reimbursable role.
- Removing all existing recruitment caps on Mental Health Practitioners and clarifying that they can support some first contact activity.
- Amending the Clinical Pharmacist role description to clarify that Clinical Pharmacists can be supervised by Advanced Practice Pharmacists.

Personalised Care Roles

- 5.17 Personalised care represents a new relationship between people, professionals and the system. It happens when we make the most of the expertise, capacity and potential of people, families and communities. There are three roles within Personalised Care of Social Prescribing Link Worker, Care Coordinator and Health and Wellbeing Coach. These aim to reduce and support the workload of GPs and other staff by supporting people to take more control of their health and wellbeing and addressing wider determinants of health, such as poor housing, debt, stress and loneliness. These roles are intended to become an integral part of the core general practice throughout England, embedding personalised care within PCNs and supporting all professionals to take a personalised care approach.
- 5.18 Social Prescribing Link Workers connect people to community-based support, including activities and services that meet practical, social, and emotional needs that affect their health and wellbeing.
- 5.19 Care Coordinators help to co-ordinate and navigate care across the health and care system, helping people make the right connections, with the right teams at the right time.
- 5.20 Health and wellbeing coaches support people to increase their ability to self-manage, motivation levels and commitment to change their lifestyle.
- 5.21 To meet the PCN DES around Peer Support for these roles, NHS Sussex has commissioned a year-long Sussex wide offer of peer support to social prescribers, care coordinators and health and wellbeing coaches, with a view to then providing training to continue this support and embed it within the PCNs to be sustainable long term. The offer will also provide clinical supervision, support and training.
- 5.22 There has been a 40% up take to date, 34 staff, which is broken down into specific roles as below:
- 19 Social Prescribing Link Workers
 - 9 Care Coordinators
 - 6 Health and Wellbeing Coaches.
- 5.23 For East Sussex, this breaks down as follows:

- 21 sign ups in total
- 12 Social Prescribing Link Workers
- 8 Care Co-ordinators
- 1 Health and Wellbeing Coach.

5.24 This offer is still live, and a second reminder has gone out via PCN Education Leads, Federations Newsletters, and websites plus reminders to the original 68 sign ups to encourage take-up.

The ARRS picture across East Sussex

5.25 In June 2023, the total ARRS workforce increased by 109.3 full time equivalent (FTE) (55.2%) to 307.4 FTE compared to staffing levels in July 2022. The clinical ARRS workforce is 301.7 FTE; non-clinical 5.7 FTE.

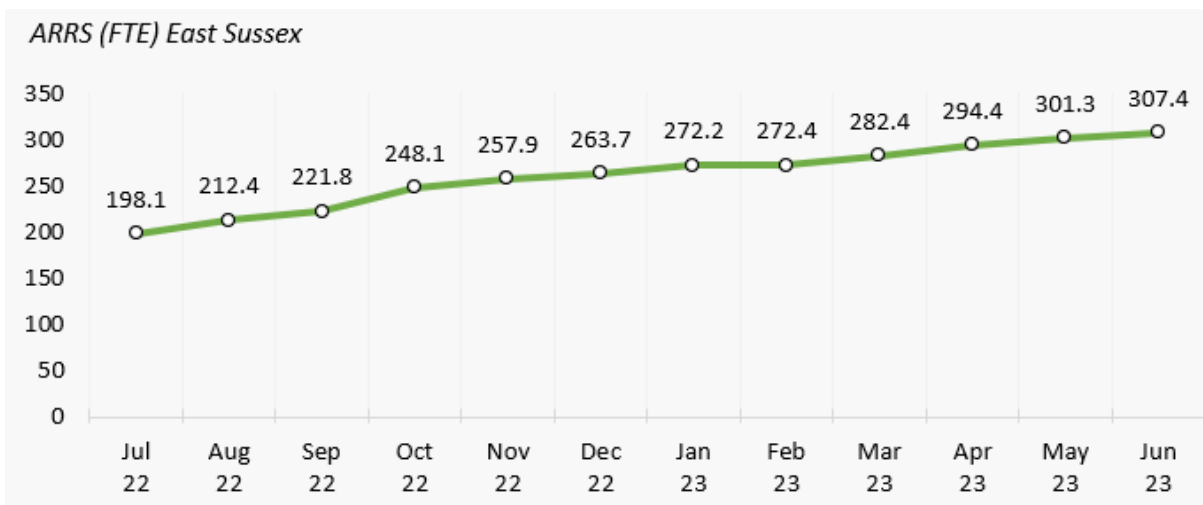


Chart 1 – ARRS Staff FTE Recruited per 100,000 Registered Patients

Chart 2 – ARRS Staff FTE Recruited & Planned

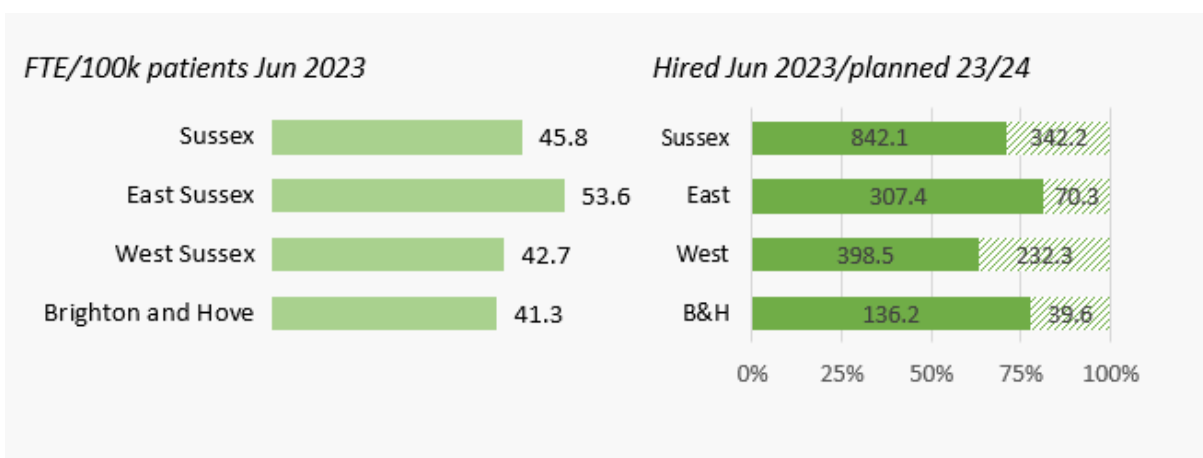


Chart 1 above, shows that PCNs in East Sussex recruited the equivalent of 53.6 FTE ARRS staff per 100,000 registered patients as of June 2023.

Chart 2 above, shows that East Sussex PCNs recruited 83.5% (recruited 307.4 FTE of planned 377.7 FTE) ARRS staff as of June 2023.

5.26 Key Points of Note for East Sussex:

- The GP workforce has decreased by 3.0 FTE since July 2022, a decline of -1.0%.
- There are 183 Nursing workforce (in FTE) in work, an increase of 21 FTE or 12.7%. Since March 2019 Nursing staff levels have increased by 10.5%.
- There are 258 Direct Patient Care (DPC) staff employed by practices. This is an increase of 27.4 FTE. Since March 2019 staff levels have increased by 37.5%.
- East Sussex Nursing numbers are 32.1 FTE/100k which is higher than in England and above the 29.7 comparator systems average.
- There are 867 non-clinical workforce (in FTE) in East Sussex which is an increase of 75.2 FTE from staff levels in July 2022. Since March 2019 Non-clinical staff levels have increased by 20.8%.
- In June 2023 the total ARRS workforce increased by 109.3 FTE (55.2%) to 307.4 FTE compared to staff levels in July 2022. The clinical ARRS workforce is 301.7 FTE; non-clinical 5.7 FTE.

Service development opportunities linked to multi-disciplinary ARRs workforce models

5.27 The drive to broaden the professionals who can work in Primary Care teams is intended to take pressure from GPs and Practice Nurses but also to develop the services that are offered. Two examples below highlight new clinical models and approaches through maximising ARRs:

- Bexhill PCN has established a hub to ***Support Adolescent and Young Persons Health*** (SAYPH). This is a safe space for young people aged 11-16 years to come together, socialise, relax, and link in with healthcare professionals. The hub is run by the PCN's ARRS staff including the Children and Young Persons Care Coordinators and Social Prescribing team. These staff are actively supporting young people and referring them on to other services as appropriate. The team can also support any young person who is waiting for contact from the Child and Adolescent Mental Health Service (CAMHS).
- ***Emotional Wellbeing Services*** – new models are being developed for population based mental health care built around PCNs. They bring clinical Mental Health Practitioners alongside non-clinical Mental Health Support Coordinators within every PCN. They aim to establish individual Emotional Wellbeing Services that work at a neighbourhood level to provide easy and timely access to mental health support for a wide range of individuals.

5.28 In East Sussex, each PCN, depending on its population served, will have 0.5 – 1.0 whole time Mental Health Practitioners alongside 1.0 - 2.0 whole time Mental Health Support Coordinators. Currently these professionals are working in the PCNs in Lewes, Greater Wealden, Bexhill and Hastings. By April 2023, this service will be rolled out further to cover much of Eastbourne.

6. East Sussex PCN Activity and Audit

- 6.1 Plans are currently being developed to carry out a 5 year stocktake of Sussex PCN development, delivery of services, impact on population health, patient satisfaction and value for money. This exercise is expected to commence later this year, with a target end date of completion and published summary of findings, expected in June 2024.
- 6.2 In the meantime, NHS Sussex is actively monitoring the performance and delivery of PCN services through regular contact between delivery managers and PCNs, along with specific reporting on implementation of Personalised Care and Tackling Neighbourhood Inequalities, Enhanced Access performance, Capacity and Access plans and Impact and Investment fund indicators.
- 6.3 Monitoring continues on the recruitment of ARRS roles and ongoing recruitment plans within each PCN.

7. PCN participation in Armed Forces Covenant

- 7.1 The NHS Sussex ICB hosts the Armed Forces Network (AFN) team on behalf of NHS Sussex and NHS Kent and Medway. The AFN works on behalf of the Integrated Care System to support the Armed Forces community. This includes providing leadership on behalf of the system by working in partnership with the Armed Forces community to ensure the whole system has an understanding to support this community and its needs.
- 7.2 The AFN team is a member of the East Sussex Civil Military Partnership Board led by East Sussex County Council and regular updates are provided at the board meetings.
- 7.3 The current key areas of focus are:

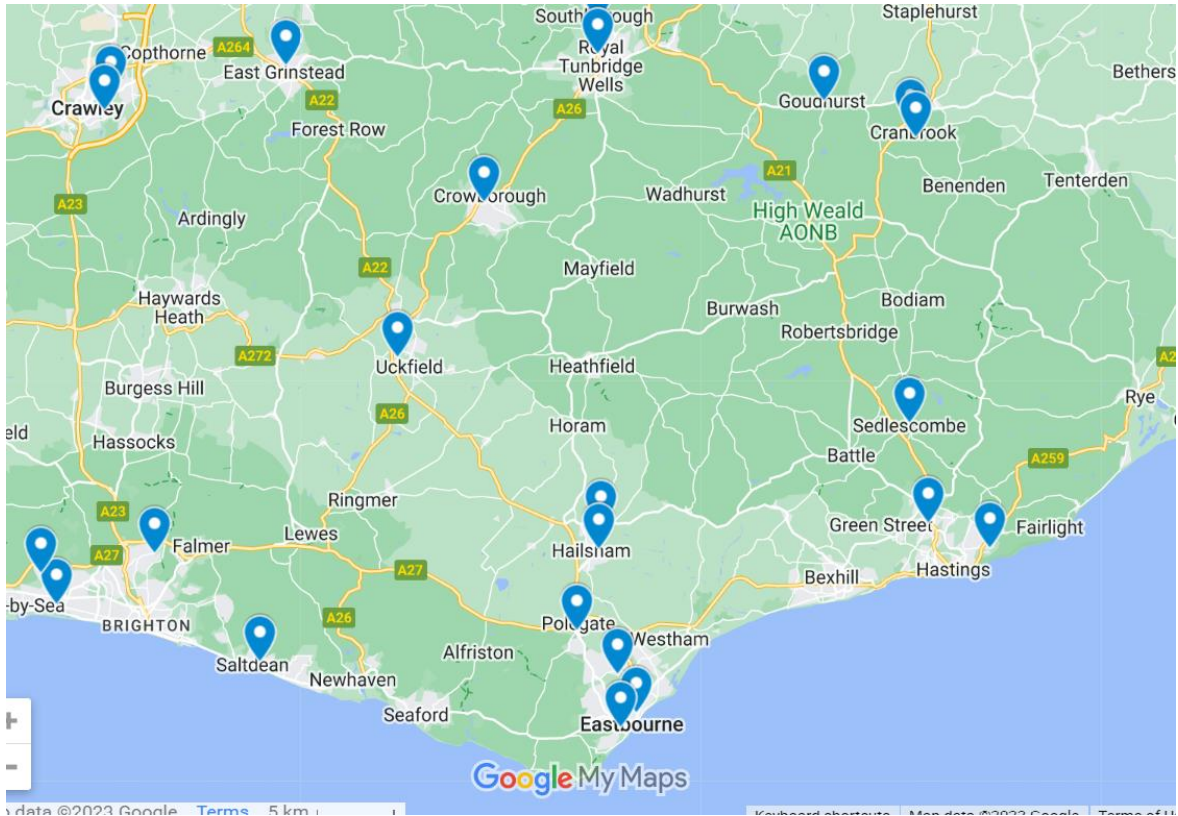
Single Point of Contact/OpCOMMUNITY

- 7.4 The Single Point of Contact (SPOC) for Family and Carers was launched as a pathfinder in April 2022. Now known as OpCOMMUNITY fitting with all the other national services. There are increasing numbers of people accessing this service; many cases involve children needing mental health support, maintaining position when transferring waiting lists and complex needs from the wider Armed Forces Community.
- 7.5 The AFN supports the whole of the Armed Forces community, but this is a focus on Families and Carers. It is part funded by NHS England. In the past 3 months the key themes were:
 - Housing
 - Special Educational Needs requirements
 - Transfers of care
 - Access to Child and Adolescent mental health services/Neurodiversity

- Support to access specific Health Services.

Veteran Friendly GP Practices

- 7.6 There has been an increase in contacts to the Network for support in applying for Veteran Friendly accreditation. In East Sussex 13 of the 51 practices are now accredited as veteran friendly and discussions are taking place between the Armed Forces Network team and the remaining practices to promote this. The target from NHS England is for 100% to have achieved this by March 2025. The Lead for this within each Practice does not have to be a GP so others (e.g., paramedics, nurses, etc) may take the required leadership. The Network GP/Lead Clinician, Dr Jeremy Carter has been visiting interested Practices and PCNs as well as targeting those Practices which have high numbers from the Armed Forces community but are not accredited. The AFN is also training several Social Prescribers. There are also awareness sessions planned for Practice Managers meetings. The AFN has provided training to Non-Medical Prescribers, Advanced Practitioners, School Nurses, Cancer Teams, Safeguarding, Equality and Continuing Health Care Teams to raise awareness under the Armed Forces Act 2021.
- 7.7 East Sussex has two further PCNs in the process of signing up which are:
- The Foundry Healthcare (Lewes)
 - Victoria (Eastbourne)
- 7.8 The PCNs which are outstanding are:
- The Havens
 - Bexhill
 - Seaford
- 7.9 Below is a map showing the location of Veteran Friendly GP practices in East Sussex.



Integrated Care Board/System and the Armed Forces Act 2021

- 7.10 NHS Sussex is ensuring it is working in line with the Armed Forces Act 2021 where ‘Due Regard’ for the Armed Forces Community is undertaken. It has:
- ensured that the Act is part of its working practice, with the Armed Forces community taken into account,
 - as an employer has ensured the Armed Forces community is included within its recruitment policy, health and wellbeing policy and special leave allocations.
- 7.11 The Public Health and the Health Informatic Teams are working together across Sussex, Kent and Medway to develop a phased development of needs assessments, population health and information using the new census data as it becomes available. The aim is to ensure that the Armed Forces community becomes part of the general population health management. In East Sussex 12% of the local population is from the Armed Forces community and of this 4.6% are veterans (3.8% is the England average). In addition, 39% of schools have a regular service child within them with more having reservist or veteran children. This is particularly important as the new Act is relevant for healthcare, housing and education.
- 7.12 The next annual conference will be held on 31st October 2023 when the Lord Lieutenant of East Sussex will be in attendance to present awards to the Service Champions. The conference usually has over 250 delegates and includes market stalls from both local and national organisations supporting

the Armed Forces community and provides an excellent networking opportunity.

8. Conclusion and next steps

- 8.1 The continued development and sustainability of PCNs is critical to improve the care and support patients across Sussex receive. NHS Sussex will continue to focus on the following key areas to support the on-going development by providing:
- time and support for implementation, including organisational development and leadership support, and
 - meaningful monitoring, and a support offer for developing networks.
- 8.2 Underpinning all of this will be the continued focus to recruit more GPs and fund activities across these footprints. If PCNs meet national expectations, patients benefit from access to a wider range of services through a stabilised general practice. This includes better use of medications, less reliance on hospital care and improved links with other services in the community.
- 8.3 The ICB is about to launch a five-year review of the PCN performance to date. The review will consider PCN priorities, alignment to the SDP strategic vision and will provide assurance on delivery of the key PCN services.

Appendix A – ARRS Roles Descriptions

Care Coordinators -

Care Coordinators play an important role within a PCN to proactively identify and work with people, including the frail/elderly and those with long-term conditions.

Clinical Pharmacists -

Clinical pharmacists work in primary care as part of a multidisciplinary team in a patient facing role to clinically assess and treat patients using expert knowledge of medicines for specific disease areas.

Pharmacy Technicians -

Pharmacy Technicians play an important role within General Practice and complement the work of Clinical Pharmacists through utilisation of their technical skillset.

Dieticians -

Dietitians are healthcare professionals that diagnose and treat diet and nutritional problems, both at an individual patient and wider public health level.

First Contact Physiotherapist -

First Contact Physiotherapists (FCPs) are qualified autonomous clinical practitioners who can assess, diagnose, treat and manage musculoskeletal (MSK) problems and undifferentiated conditions and – where appropriate – discharge a person without a medical referral.

General Practice Assistant -

As part of the wider team in general practice, General Practice Assistants provide a support role, carrying out administrative tasks, combined in some areas with basic clinical duties.

Health and Wellbeing Coaches -

Health and Wellbeing Coaches (HWBCs) will predominately use health coaching skills to support people with lower levels of patient activation to develop the knowledge, skills, and confidence to become active participants in their care so that they can reach their self-identified health and wellbeing goals.

Mental Health Practitioner -

Mental health and wellbeing practitioners (MHWP) provide evidence-based interventions and co-ordinate care plans for adults with severe mental health problems.

Nursing Associate -

The Nursing Associate is a new support role in England that bridges the gap between healthcare support workers and registered nurses to deliver hands-on, person-centred care as part of the nursing team.

Occupational Therapist -

Occupational therapists (OTs) support people of all ages with problems resulting from physical, mental, social, or development difficulties.

Community Paramedic -

Community Paramedics are trained in all aspects of pre-hospital emergency care, including acute problems such as cardiac arrest and major trauma.

Podiatrist -

Podiatrists are healthcare professionals who have been trained to diagnose and treat foot and lower limb conditions.

Social Prescribing Link Worker -

Social prescribing enables all primary care staff and local agencies to refer people to a link worker. Link workers give people time and focus on what matters to the person as identified through shared decision making or personalised care and support planning.

Physician Associate -

Physician Associates (PAs) are healthcare professionals with a generalist medical education who work alongside doctors providing medical care as an integral part of the multidisciplinary team.

Advanced Practitioner -

Advanced Practitioners work at level 7 across the four pillars of advanced practice – clinical, management & leadership, research & education, and offer multiple benefits to the health service and the population.

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Agenda Item 7.

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

Date of meeting: 21 September 2023

By: Assistant Chief Executive

Title: East Sussex Healthcare NHS Trust Building For Our Future Hospital Redevelopment Programme

Purpose: To provide the Committee with an update on significant ongoing or upcoming capital works ESHT is undertaking

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 Secretary of State for Health and Social Care's announcement in May 2023 confirmed £20 billion investment in hospital infrastructure and continued commitment to the current schemes named as part of the New Hospital Programme (NHP). The NHP is a government funded scheme, incorporating 48 Hospital Trusts, of which East Sussex Healthcare NHS Trust (ESHT) is one.

1.2. ESHT is also undertaking a number of other capital development schemes, including those related to service reconfigurations of ophthalmology and cardiology which the HOSC has previously done substantial variation reviews of.

2. Supporting information

2.1. The report, which is attached as **Appendix 1** provides a summary update on the Building for our Future Hospital Redevelopment Programme, as well as other capital developments happening at ESHT, including:

- Bexhill Community Diagnostics Hub
- Emergency Department extension at Conquest
- Discharge Hub at Eastbourne District General Hospital (EDGH)
- Public Sector Decarbonisation Scheme 3 (PSDS3)
- Bexhill Hospital Ophthalmology
- Cardiology at EDGH
- Elective Hub at EDGH

3. Conclusion and reasons for recommendations

3.1. The HOSC is recommended to note the report and consider whether to include any further work, or reports, on the Building for our Future Programme or any specific capital works being undertaken by ESHT in the Committee's future work programme.

PHILIP BAKER
Assistant Chief Executive

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Report to: East Sussex Health Overview and Scrutiny Committee

Date: 21 September 2023

By: Programme Director, Building for our Future Hospital Redevelopment

Title: Building for our Future Hospital Redevelopment Programme update

Purpose of Report: To provide an update on East Sussex Healthcare NHS Trust's hospital redevelopment projects

Recommendations:

The East Sussex Health Overview and Scrutiny Committee is recommended to note the update on the status of East Sussex Healthcare NHS Trust's capital developments and plans for hospital redevelopment as part of the Government's New Hospitals Programme.

1 Background

- 1.1 The Secretary of State for Health and Social Care's announcement in May 2023 confirmed £20 billion investment in hospital infrastructure and continued commitment to the current schemes named as part of the New Hospital Programme (NHP). The NHP is a government funded scheme, incorporating 48 Hospital Trusts, of which East Sussex Healthcare NHS Trust is one. The NHP forms part of the wider Health Infrastructure Plan, a strategic rolling long-term investment in hospital infrastructure to ensure our healthcare system is fit for the future.
- 1.2 The Trust has a dedicated team, who alongside colleagues will support the programme throughout its lifetime. We have continued to progress our hospital redevelopment programme within the parameters set out by the NHP.
- 1.3 The Trust's hospital redevelopment programme is more than a building programme, patients and sustainability are at the heart of the Trust's plans. This includes refining clinical pathways and development of three hospital sites at Conquest Hospital, Eastbourne District General Hospital and Bexhill Community Hospital and will be a long-term programme over the next decade.
- 1.4 Additionally, the Trust is making progress with other capital development projects that are aligned to the Trust's long-term vision for improving hospital facilities. This update report sets out the progress being made.

2 Update on the Building for our Future Hospital Redevelopment Programme

- 2.1 **Business case development:** The Trust continue to work with the NHP on its prioritisation and preparedness process to review and refine the scheduling of the programme including optimising NHP requirements for maximising new builds and single bedrooms across the sites, timescales for delivery of the business cases and overall scheme.
- 2.2 **Enabling Works:** The NHP have recently approved £4.7m of fees funding to support the development of business cases in 2023/24 for three enabling schemes at Conquest hospital. If successfully approved, the business cases will secure over £65m of capital funding to construct two new build departments and a multi-storey car park.
- 2.3 **Developing clinical models of care:** Work is progressing involving clinical and non-clinical stakeholders to refine the future clinical models of care to ensure that the plans reflect best practice in clinical care nationally and internationally.
- 2.4 **NHP Demand and capacity modelling:** The Trust has collaborated directly with the NHP team to test and develop a model and approach for demand and capacity modelling with the aim of improving quality, consistency and transparency in demand and capacity modelling across the NHS.
- 2.5 **NHP Clinical workstream:** A consultant in Emergency and Urgent Care has been collaborating with the NHP and supporting the team in the development of clinical standards for new hospitals.

3 Update on other Trust capital developments

- 3.1 **Bexhill Community Diagnostics Hub:** The brand new state of the art diagnostic centre located on Beeching Road in Bexhill-on-Sea was opened to patients in January 2023.
- 3.2 **Emergency Department Extension at Conquest:** This has improved staff facilities.
- 3.3 **Discharge Hub at EDGH:** A dedicated discharge hub was opened to patients in April 2023 to enhance patient flow and free up acute beds.
- 3.4 **Public Sector Decarbonisation Scheme 3 (PSDS3):** extensive work is being undertaken at EDGH. A new fascia with additional insulation, will significantly reduce energy costs. These works also include new windows, roof insulation, electric heat pumps and a new solar farm. The power generated by the solar array will provide approximately 50% of the current energy use for the Eastbourne DGH site.

- 3.5 **Bexhill Hospital Ophthalmology:** The works to expand the ophthalmology department service as part of the reconfiguration will commence in October 2023.
- 3.6 **Cardiology at EDGH:** The works to enable the reconfiguration at EDGH have commenced with the project due to be complete in 2024/2025.
- 3.7 **Elective Hub at EDGH:** Building work is underway for a new dedicated day surgery building on the Eastbourne DGH site which is planned to open in early 2025. This will comprise 4 new operating theatres and associated support facilities.

4 Conclusion and reasons for recommendations

- 4.1 The East Sussex Health Overview and Scrutiny Committee is recommended to note the update on the status of East Sussex Healthcare NHS Trust's capital developments and plans for hospital redevelopment as part of the Government's New Hospitals Programme.

TRACEY ROSE

Programme Director, Building for our Future Hospital Redevelopment, East Sussex Healthcare NHS Trust

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Health Overview and Scrutiny Committee (HOSC) – Work Programme

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

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

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

Scrutiny Reference Groups

Reference Group Title	Subject Area	Meetings Dates
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
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
NHS Sussex Virtual Wards programme	An evaluation report on NHS Sussex's Virtual Wards programme, to subsequently decide whether to schedule an item at a future meeting on the topic.	2023
Admissions Avoidance programme	To provide information on the outcomes of the Admissions Avoidance programme which was part of the NHS Sussex Winter Plan.	2023

Training and Development

Title of Training/Briefing	Detail	Proposed Date
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.	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
14 December 2023		
NHS Sussex Winter Plan	A report on the NHS Sussex Winter Plan 2023/24 and associated risks covering the preparations that are being made for the coming peak demand winter season.	Representatives from NHS Sussex
SECamb CQC report	A report on the progress of South East Coast Ambulance NHS Foundation Trust (SECamb) improvement journey and exiting the Recovery Support Programme (RSP).	SECamb
Hospital Handovers at RSCH and UHSx CQC report	A report to give an update on Hospital Handovers at the Royal Sussex County Hospital (RSCH), combined with a report on University Hospitals Sussex NHS Foundation Trust's response to the recent CQC report (with a particular focus on the actions being taken at RSCH).	Representatives from UHSx and SECamb
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
6 June 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

19 September 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
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12 December 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
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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.
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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