HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 22 September 2022

PRESENT:

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

WITNESSES in attendance:

NHS Sussex

- Jessica Britton, Executive Managing Director, East
- Maggie Keating, Urgent and Emergency Care Programme Director

East Sussex Healthcare NHS Trust (ESHT)

- Richard Milner, Chief of Staff

Maidstone and Tunbridge Wells NHS Trust (MTW)

- Katherine Holmes, General Manager for Emergency Care

South East Coast Ambulance NHS Foundation Trust (SECAmb)

- Ray Savage, Strategic Partnerships Manager
- Matthew Webb, Director of Strategic Partnerships and System Engagement
- Rhiannon Darling, Operating Unit Manager

University Hospitals Sussex NHS Foundation Trust (UHSussex)

- Harvey McEnroe, Managing Director for UHS

Sussex Partnership NHS Foundation Trust (SPFT)

- John Child, Chief Delivery Officer at Sussex Partnership Foundation Trust
- Rachel Walker, Operational Director, CAMHS, Specialist, Learning Disability/Neurodevelopmental Services
- Dr Alison Wallis, Clinical Director - CAMHS and Specialist Services

East Sussex County Council

- Mark Stainton, Director of Adult Social Care and Health
- Alison Jeffery, Director of Children's Services

LEAD OFFICER: Harvey Winder, Scrutiny and Policy Officer

9. MINUTES OF THE MEETING HELD ON 30TH JUNE 2022

9.1. The minutes of the meeting held on 30 June 2022 were agreed as a correct record.

10. APOLOGIES FOR ABSENCE

10.1. Apologies for absence were received from:

- Cllr Mary Barnes
- Cllr Mike Turner
- Jennifer Twist

11. DISCLOSURES OF INTERESTS

11.1. There were no disclosures of interests.

12. URGENT ITEMS

12.1. There were none.

13. HOSPITAL HANDOVERS

13.1. 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 Emergency Departments (ED) of the three hospital trusts that provide services to East Sussex residents.

13.2. The Committee asked why performance at the Royal Sussex County Hospital (RSCH) was an outlier compared to other hospital trusts, particularly given conveyances to the hospital had not increased recently, and asked whether enough was being done to improve the service when compared to the number of actions being taken elsewhere.

13.3. Harvey McEnroe, Managing Director for University Hospitals Sussex NHS Foundation Trust (UHS), said UHS accepts that the RSCH continues to be an outlier in its handover performance, despite improvements in other hospitals owned by UHS. There are three reasons for this:

1. the challenges with the estate restricting the flow of patients through the ED, made worse by COVID-19 infection prevention measures restricting how the corridors are managed;

2. the increasing acuity of patients presenting at the ED via ambulance makes it more complicated to manage them, having a knock-on effect to admissions, despite the Urgent Treatment Centre (UTC) and Same Day Emergency Care (SDEC) streaming off lower acuity capacity; and

3. the flow of admissions through and out of the hospital, including delays in discharging patients, has a knock on effect on the flow of patients from ambulances into the ED. The hospitals improvement programme is aiming to improve the flow of patients within the hospital, but there is a wider system issue with the number of Medically Fit for Discharge (MFD) patients waiting for discharge, which has not improved as much as other UHS-run hospitals.

13.4. There is an additional issue of the fatigue of staff following an extremely difficult winter and summer and the lingering effects of COVID-19. This limits the extent to which staff can respond to changes in the ED. He clarified they are being helped as much as possible through the process.

13.5. Harvey McEnroe explained that the Trust is developing an Urgent and Emergency Care Improvement Plan for RSCH that will set out plans to improve patient flow. The top priority for UHS is to eradicate the 60-minute handover delays and then prioritise 30-minute handovers. The relationship between the ED Team and SECAmb has dramatically improved over the past 6-8 months, in part driven by the implementation of Fit 2 Sit and the Full Capacity Protocol (which moves people out of ED to prioritise the ambulance crews), and by replacing the culture of seeing the ambulance queue as an extension of the ED and treating them as a priority. Ray Savage confirmed SECAmb is working incredibly hard with UHS to expedite handovers at the RSCH, including embedding a member of staff in the department during busy periods to assist

ED teams. He added that handovers are a system wide issue and often delays in the ED are caused by the delays in the discharge of MFD patients. Ray Savage assured the Committee the ambulance trust would continue to work with UHS in the coming months, during what is expected to be a very challenging winter, to reduce if not eliminate 60-minute handover times and then focus on over 30-minute handovers.

13.6. The Committee asked for further details on the number of MFD patients waiting for discharge.

13.7. Mark Stainton, Director of Adult Social Care and Health, said that ambulance delays are a manifestation of a system under pressure, but are not a new problem and will not be solved overnight. All organisations present at the meeting will have staffing challenges to some extent and for the East Sussex County Council (ESCC) Adult Social Care Department (ASC) it is care workers in the independent sector. The current challenge around discharge of MFD is around the availability of beds in care homes and other alternatives to residential care in the community. Whilst under pressure, there is less challenge in the non-residential care sector, as ESCC took steps to increase the volume of home care workers, including the successful overseas recruitment of over 100 home care workers from two Eastern European countries and the Far East.

13.8. Mark Stainton added that there is a need to prevent people going to hospital in the first place through admissions avoidance and prevention, and providing alternative pathways for SECAmb to ambulance conveyance, such as the rapid response community nursing service, joint community rehabilitation service, and access to GP appointments within 24 hours. There is an expected announcement of further financial support from the new Secretary of State over the winter period to support discharges.

13.9. However, funding is only part of the issue and getting people into the roles and working effectively is not something that can be achieved overnight. In addition to overseas recruitment, some of the initiatives to address the recruitment challenges include offering apprenticeships; schemes supported by the Department of Work and Pensions to provide the long-term unemployed on Universal Credit with trial employment whilst protecting their benefits for a period of a month; and working with veterans associations to offer positions to ex-military personnel seeking an alternative career.

13.10. The Committee asked what could be done to improve patient flows within hospitals.

13.11. Richard Milner, Chief of Staff at East Sussex Healthcare NHS Trust (ESHT), said the Rapid Assessment and Triage areas would be reopened (through resolving staffing issues) in Eastbourne District General Hospital (EDGH) in October and Conquest Hospital in early November. The purpose of them is to rapidly assess lower acuity patients in a separate area to free up the flow through the wider ED. Mark Stainton added that ASC staff are present in the EDs and gateway wards at ESHT and their role is, where possible, to help avoid admissions into an inpatient bed. This is achieved through the use of block-purchased home care hours, enabling the patient to receive rapid support at home.

13.12. Harvey McEnroe said UHS has a robust model of alternative support for patients who fit the criteria of admission avoidance, including the Fit 2 Sit area where patients with more moderate acuity are streamed to within the ED, creating capacity for ambulance flow into the majors area. There is also the Stream Away pathway for patients who arrive and are assessed but are not deemed to need ED treatment. He said around 8 patients a day at RSCH, 3 in Princess Royal Hospital and 6-7 in Worthing and Chichester Hospitals attend who would not

have needed to come to ED if there was something in the community to help them. UHS is continuing to work with SECAmb to develop these alternative pathways.

13.13. Katherine Holmes, General Manager for Emergency Care at Maidstone and Tunbridge Wells NHS Trust (MTW), said that in Tunbridge Wells Hospital there is a 14-bed Rapid Assessment and Treatment (RAT) area where ambulance attendances to the department are managed, avoiding the usual triage process. COVID-19 measures can make dealing with patients in a timely manner more challenging in this space, however. There is a community team in the ED that treats patients where appropriate, and a frailty department that can take direct ambulance admissions. The ED also allows SECAmb to take appropriate patients directly to the Same Day Emergency Care (SDEC) area to prevent them waiting in the ED. The Trust also works with SECAmb to analyse the cause of any 60-minute wait time breaches and takes into consideration any learning from it.

13.14. The Committee asked what the effect will be on discharge rates of patients from the new social care reforms, including the cost cap, increased eligibility rate and the assurance framework.

13.15. Mark Stainton said a report to ESCC's Cabinet on 29th September will set out the impact of the social care reforms due to come into effect in October 2023 on ESCC, both in terms of cost to cover the cap and the number of staff needed to undertake social care and financial assessments of the around 3,000 additional people likely to be eligible for subsidised care support. ESCC is in a reasonable position compared to other councils in England and the Council, in anticipation of this additional demand, has begun a comprehensive programme of preparation. This includes developing software that enables people to self-service their care accounts, with remote support from ESCC, and beginning the recruitment of the additional roles needed to create 3,000 additional care accounts. Mark Stainton said ASC already has a well-established internal quality assurance framework and welcomes the national assurance framework, from April 2023, as it will provide external validation of the work of the Department – as is already the case for the NHS and Children's Services Departments.

13.16. The Committee asked when each Trust might return to the 15-minute handover target.

13.17. Richard Milner said that there is no firm timeline for achieving this target. The purpose of developing the changes in handover practices is to build a model that is designed to reduce handover times and to monitor their impact to ensure they are the right actions and improve if not. After that point, a timeline may be developed.

13.18. Katherine Holmes said the mindset of zero tolerance to over 60-minute delays is already embedded, as at MTW all over-60 minute handovers are discussed and investigated with SECAmb.

13.19. Harvey McEnroe confirmed that the Urgent and Emergency Improvement Plan will include internal trajectories for the eradication of 60 and 30-minute handovers. All 60-minute delays are treated as a serious incident and reviewed accordingly.

13.20. The Committee asked why Conquest Hospital appeared to have longer handover delays than Eastbourne District General Hospital (EDGH).

13.21. Richard Milner said that most efforts are focussed on over 60-minute delays, which are greater in EDGH due to the type of patients seen at that ED. Due to the specialisation of the two hospital sites, more elderly and complex patients are taken to EDGH, whereas Conquest Hospital receives less complex patients and is able to treat a larger number of them in the Fit 2

Sit areas. Rhiannon Darling, Operating Unit Manager, SECAmb, said that the streaming of patients means patients who have experienced trauma are more likely to go to Conquest, and these patients are unwell but relatively non-complex. The patients taken to the EDGH, on the other hand, do not have such a clear medical pathway and on arrival the correct pathway to stream them to is not as simple or obvious as it is for someone with a traumatic injury. This means that it takes more time to diagnose and move the patient to either the SDEC or the Acute Medical Unit (AMU). Based on data from last week, the handover times were roughly the same, but Conquest has had quite a few more patients than EDGH.

13.22. Ray Savage explained that SECAmb's conveyances to hospital have generally reduced over the past two months due to new, non-conveyance pathways that are available to paramedics following assessment of a patient. Around half of patients who call 999 are treated on these non-conveyance pathways. The pathways include patients being given advice and support, or an intervention by the ambulance crew and left safely at home, or the ambulance crews call Health and Social Care Connect (HSCC) and refer the patient to community-based teams such as the urgent community response teams. The upcoming virtual wards will also mean ambulance crews can contact the clinical team who are responsible for the patient to speak to them about an alternative to conveyance. Paramedic practitioners also sit within the ambulance hubs and can speak to paramedic crews about the best course of action for a patient. Ray Savage explained that the capacity of these other services, or the time of day the intervention takes place, means that sometimes conveyance is the only option available.

13.23. The Committee asked to what extent hospital trusts are speaking with each other about sharing good practice to solve the problems at UHS.

13.24. Harvey McEnroe confirmed that UHS is eager to take system learning from other hospital trusts both directly and in collaboration with commissioners and SECAmb. The Trust is also seeking to implement national guidance with assistance from the Urgent Care Improvement scheme, with members of the national team due to attend to support the ED team shortly. He added that a lot of the good practice would need to be implemented elsewhere in the hospital, as patient flow through wards and the patient discharge process are often the causes of delays in moving patients through ED.

13.25. Jessica Britton added that there is a comprehensive whole-system programme from NHS Sussex to manage hospital admissions over the winter period and its outcome will be reported to HOSC in the new year.

13.26. The Committee RESOLVED to:

1) Note the report;

2) Request that UHS circulates via email its Urgent and Emergency Care Improvement Plan for the RSCH; and

3) Request a further report on hospital handover performance, including evidence of how trusts have worked together to make a difference, for the 29 June 2023 meeting, following the end of the winter period.

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

14.1. The Committee considered a report providing an overview of SECAmb's Care Quality Commission (CQC) report findings, following a rating of inadequate in the well-led domain, and the Trust's Improvement Plan.

14.2. The Committee asked how staff are involved in the improvement plan.

14.3. Matthew Webb, Associate Director of Strategic Partnerships and System Engagement, confirmed SECAmb is absolutely listening to staff and not just transmitting to them. The Trust has now spent the last 6 months listening to staff, as it began its improvement journey last year through the 'Better By Design' programme prior to the release of the CQC report in June. Matthew Webb said that Better By Design did not address all the concerns identified by the CQC Report but demonstrated there was a recognition of the fundamental concerns and issues that needed to be addressed as an organisation. He confirmed the Trust recognises staff can contribute to each of the four improvement pillars and are helping to co-design them. There are also leadership visits being undertaken by middle managers and Board members to meet staff and listen to their challenges and concerns, as well as opportunities for staff to communicate via email with executives and receive a response to their concerns. Cultural change will take time, so in the short term ahead of winter, the Trust is aiming to ensure staff have the right toolset, resources and support to enable them to respond to patients effectively.

14.4. The Committee asked when SECAmb is aiming to exit the Recovery Support Programme (RSP).

14.5. Matthew Webb explained the Trust has worked through a number of criteria with NHS England covering how it will exit the Recovery Support Programme (RSP). It is working towards a period of 9-12 months before it will leave the RSP, at the earliest. However, a target end date is currently being agreed with NHS England and commissioners. The CQC has also issued warning notices that must be achieved by November 2022. Issues around culture, however, will likely take 24 months or more to fix.

14.6. The Committee asked why the Trust's CQC rating slid backwards to inadequate following achieving good in 2019, and asked what reassurance could be given it will not happen again.

14.7. Matthew Webb agreed that the Trust made a number of improvements between 2016 to 2019, however, it did not as an organisation maintain or sustain them. This is because at the time SECAmb developed a CQC Action Plan to rectify the issues raised by the CQC, which it treated it as a transactional plan to satisfy the CQC's warning notices. This time, however, SECAmb has developed an Improvement Plan, which is a long term plan recognising the significant journey the Trust is on not just to address the cultural issues raised by the CQC, but also to improve the quality of care it provides and develop the best support it can to staff. The Improvement Plan aims to ensure these changes are embedded and sustained over the long term.

14.8. The Committee asked whether the training for managers outlined in the Improvement Plan is sufficient and whether enough is being done to embed whistleblowing and other measures that allow staff to raise concerns.

14.9. Matthew Webb said SECAmb recognises the position it is in, including the disconnect between the board and senior leadership team and staff, but it is by no means an outlier amongst ambulance trusts in terms of the pressure it is under.

14.10. Matthew Webb said that the Trust will adopt national frameworks for the National Culture Transformation Programme and Freedom to Speak up, rather than develop its own. The Trust is working with NHS England to implement the frameworks, including developing comprehensive training that will be rolled out to staff.

14.11. Matthew Webb said the Trust is engaged with subject matter experts nationally who will deliver that training to ensure it is tailored to the needs of the staff.

14.12. The Committee asked what effect bullying culture has on staff recruitment and retention.

14.13. Matthew Webb said SECAmb is not an outlier amongst ambulance trusts in the difficulties it faces recruiting and retaining staff. He agreed it was the case, however, that the culture is not where it needs to be and more than likely it is having an impact on retaining staff. One of the four improvement pillars includes a workstream on recruitment and retention, and the Trust is focussing on the retention of staff together with recruitment, because of the difficult recruitment market. Work around retention includes understanding why people leave and what can be done to make SECAmb the employer of choice, and providing clinical staff with the opportunity for portfolio working that helps to expand their knowledge of different clinical areas.

14.14. Matthew Webb added that, whilst not responsible for the culture of the trust, a number of changes to the senior management have taken place. This includes a new Interim Chief Executive, Interim Chief Finance Officer, Executive Director for Planning and Business Development, and Chief Nursing Officer. There has been some positive feedback from staff about the visibility of the Leadership Team and the opportunities to engage with them.

14.15. The Committee asked for confirmation whether staff pay for their own training, as outlined in the CQC report, or whether there is a lack of communication about the available opportunities.

14.16. Matthew Webb said he was not aware of staff needing to pay for their training where it relates to their primary role and SECAmb, like others in sector, has a mechanism for professional development. However, the governance procedures around how staff undertake continuing professional development (CPD) was not clear, resulting in disparities and variation in staff training. The policy for CPD, including sign off and funding, is being developed as part of the Improvement Plan.

14.17. Ray Savage added that there is statutory and mandatory training for all clinicians that involves a 2-day classroom-based training session. Online mandatory training is also required for clinical and non-clinical staff. Registered clinicians must also engage in CPD in order to maintain their registration. Where the CPD is related to their role it is funded by the Trust, including some external training run by acute and community trusts. However, applications for CPD less relevant to the role may not be funded by SECAmb.

14.18. Matthew Webb argued there was a need to acknowledge that when the CQC undertook the inspection in February 2022 the country was only just transitioning from the COVID-19 response recovery. During the COVID-19, the Trust was working to the highest level of escalation an ambulance trust can operate at, REAP 4. When operating at this escalation level, there are certain actions that an ambulance trust must undertake to ensure it remains as responsive as it can for patients. This includes cancellation initially of non-mandatory training

but potentially all training for staff to make sure they can be reassigned to service delivery. This meant the feedback the CQC received would have been reflective of this period of the COVID-19 response.

14.19. Matthew Webb said the Trust has continued to operate at REAP 4 and REAP 3 during recent months and demand on the Trust is high, but statutory and mandatory training has been preserved since the Trust moved into COVID-19 recovery. This ensures that clinical and non-clinical staff have the skills they need to undertake the job to the best of their ability.

14.20. Matthew Webb added that the Trust is committed to ensuring staff receive their statutory and mandatory training, but its Improvement Plan involves doing more around the provision of CPD training and how the Trust supports its staff in undertaking it. There is also a need to ensure non-clinical staff, who do not need to undertake CPD to retain a professional registration, have the same opportunities to develop and progress.

14.21. The Committee asked whether staff-side union representation is involved in developing the four improvement pillars.

14.22. Matthew Webb said the four pillars have been informed by the CQC inspection, the key challenges and concerns identified in the NHS Staff Survey, and the feedback and intelligence of union colleagues. He added that there is a need to include staff members and their union representatives in the improvement journey and the communications and engagement plan includes opportunities for staff and union colleagues to contribute and codesign the workstreams of the four pillars.

14.23. The Committee asked for details of the current staff turnover and vacancy rates.

14.24. Matthew Webb said this information was not available to hand but could be provided to the Committee. He agreed an improvement in these two factors would be useful metrics to indicate an improvement in the culture of the Trust, however, the NHS is not in a good place currently with regards to workforce and the systemic challenges to the healthcare services.

14.25. Ray Savage added that there were still a good number of staff applying for internal development from other roles to become registered paramedics. This showed that staff were keen to work within the organisation. There is also an issue of paramedics leaving for other parts of the healthcare system, meaning they are not leaving just because they are unhappy with SECAmb but they want to broaden their clinical expertise, such as in a GP Practice.

14.26. The Committee asked how the Trust will measure its improvements.

14.27. Matthew Webb said the Trust will measure quantitative improvements via a newly developed dashboard that contains key metrics to measure significant improvement. For example, an increase in staff reporting incidents and a reduction in the number of staff coming to detriment as a result of the reporting or incident in the first place. The Trust Board is also monitoring the improvements the Trust is making on a monthly basis. The Staff survey will also show quantitative improvement, although it is not likely to be significant in the upcoming staff survey, as cultural changes take time. The themes and trends of the various listening activities undertaken by the Trust's leadership will also be reported back and listened to.

14.28. The Committee RESOLVED to:

1) Note the report;

2) Request that details of the current staff turnover and vacancy rates are circulated via email, including numbers of staff leaving to other clinical roles in the healthcare system;

3) Request a further report on the progress of SECAmb exiting RSP at its 29 June 2023 meeting;

4) Request that any future SECAmb CQC reports, and SECAmb's monthly Board assurance updates are circulated via email.

15. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

15.1. 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.

15.2. The Committee asked how young people on the waiting list are monitored and kept safe whilst they await an assessment.

15.3. Jessica Britton explained that significant resources have been prioritised locally in 2021/22 and 2022/23 to support specialist CAMHS services, particularly eating disorder services and the neurodiversity assessment pathway. There is a programme of work to understand the resources and staffing required to meet the demands of the waiting list and there will be a significant piece of work to support it.

15.4. Alison Wallis said that CAMHS is a needs-led service meaning those young people who are most unwell do get seen more quickly. This results in a number of young people who are not as high priority being on the routine waiting list. All referrals are via the Single Point of Access and Advice (SPoA) and if there is not sufficient information from the referral to prioritise the patient, the referrer, patient, or their parents will be contacted to understand how quickly they need to be seen. Alison Wallis set out some of the support provided to children and young people, and their families, once on the waiting list, including:

- SPFT sends clear information to the family about who they should contact if they become more concerned about their child;

- NHS Sussex has also commissioned AMAZE to provide navigation support for parents for the support they can give their children whilst they wait;

- SPFT sets clear expectations of the service families will receive and how CAMHS will meet them;

- If someone is concerned about the deterioration, they can contact the Duty Team that have slots available for longer consultations with the child, both over the phone or face to face;

- Families are proactively contacted every six months to see if there are any concerns or change in their child's presentation; if so, it will be reviewed;

- A lead practitioner is assigned to a young person who is waiting if there are concerns about them. The Lead Practitioner regularly contacts the child, their family and those in close contact with both, such as social workers or schools, to develop an understanding of how the child is functioning to see if there is a need to do something about that child's priority within the waiting list;

- CAMHS has multi-agency conversations with social care, schools and youth offending services to discuss how best to support a child if necessary, including an evidence-based intervention from CAMHS, or community support that can reduce their symptoms;

- Work is also underway as a partnership with a local university to develop training on how to support people with neurodevelopmental disorders in their home setting, in order to help understand how best support people whilst they are waiting.

15.5. Alison Wallis added that not all patients on the waiting list will benefit from one-to-one interventions. Some will benefit from an evidenced based transdiagnostic intervention delivered in a group that enables more targeted but fewer sessions for those who have more mild acuity.

15.6. Two new roles have been piloted to help increase the clinical capacity of CAMHS:

- administrative assistants who support clinicians by carrying out much of their administrative work and reduce the "child not brought" numbers by contacting the family the week before an appointment; and

- "sticky workers" who stay working with a specific young person to support them from an acute setting into the community, stabilise them and help them with school and other activities that support them in the community.

15.7. The Committee asked what can be done to increase the number of schools that receive support from the Mental Health Support Teams (MHSTs).

15.8. Jessica Britton said MHST is a national programme and there are national expectations on the rollout of it locally into schools. The schools targeted locally are based on an Equality and Health Inequalities Impact Assessment (EHIA) determining where funds will have best effect. Alison Jeffery, Director of Children's Services, explained the Government has outlined the number of schools that should receive MHST and there is no expectation that it will become a universal service, with the current target being 51% of schools being covered, although ESCC has lobbied for there to be funding for a comprehensive service. Funding is ring fenced and ESCC oversees the service and employs and manages the MHST staff. ESCC also employs two additional staff to work with all schools on developing a whole-school approach to the promotion of mental health.

15.9. The Committee asked what the levels of vacancies were like in CAMHS.

15.10. Rachel Walker said East Sussex CAMHS has the least recruitment challenges out of the areas covered by SPFT and the service has managed to recruit to the majority of vacancies created through the increased funding. Alison Wallis added that a retention strategy is something SPFT has spent a lot of time on and includes the new roles that will reduce administrative burden on staff, greater support for clinicians to help them feel more supported,

and CPD and a robust internal training programme for clinical and operational staff to help ensure there are opportunities for promotion and career development.

15.11. The Committee asked about the impact of the cost-of-living crisis on mental health.

15.12. Rachel Walker said there has been an increase in the number of young people not brought to appointments across all services. Work is underway to establish whether the cost of living is contributing to this, for example, whether parents cannot afford to bring their child. Whilst assessments are normally face to face, alternatives would be offered if they are not practical, such as remote consultations.

15.13. The Committee asked whether iRock would be expanded, particularly in the rural areas of the county.

15.14. Rachel Walker said she would support an expansion of iRock given its support of young people who may not need specialist interventions, but additional funding would be required. There is an increasing digital offer for young people to engage with that does not rely on geographical location and includes a recent, successful Instagram Live session on the different presentations of mental health issues like anxiety and depression, and how to cope with them.

15.15. The Committee asked how discharge rates could be improved.

15.16. Alison Wallis agreed discharge is something SPFT focuses on a lot and is very important for patient flow and the clinical outcomes of patients. CAMHS sets goals with a young person when they first meet clinicians and this is used as a point of reference that enables the review of goals with the family and young person later on, in order to show positive and sustained changes. It has been more difficult to do this consistently during COVID-19, and as a result, the length of time in the service became longer, especially as people coming into service during COVID-19 were often more unwell and in crisis – making getting them back to normal functioning more difficult. The Trust is now focusing on restoring this mechanism and focusing on discharge more widely through weekly team discussions and undertaking discharge planning during one-to-ones on clinical case load.

15.17. The Committee asked why waiting times are generally longer for people with neurodevelopmental disorders

15.18. Alison Jeffery explained that ESHT's paediatricians undertake Autism Spectrum Condition (ASC) diagnosis for 0-11 and CAMHS clinicians do ASC diagnosis for over 11s and Attention Deficit Hyperactivity Disorder (ADHD) diagnosis for the whole age range. Some of the particularly long waits that the Committee members hear about from residents are for under 11 year olds waiting for an ASC diagnosis. There is a separate NHS Sussex project to streamline the process involving all the services, but it is quite complex and the demand on the services is very high.

15.19. The Committee asked when the additional investment may result in a downward trend in the number of young people waiting for an assessment.

15.20. John Child said the peak in referrals for neurodevelopmental disorders has not necessarily been reached yet, with increased demand so far outstripping the investment in additional resources. It is therefore hard to define a date with any confidence at this point in time. Rachel Walker added that overall, for all mental health needs there had been a 27% increase in resources but 54% increase in demand. John Child said the system wide waiting time transformation programme, designed to quantify the amount of resource needed to bring

down waiting times to a clinically suitable timeframe, will hopefully provide more clarity. This should include more resources, pathway redesign, particularly around ASC diagnosis, and potentially greater outsourcing of assessment to independent sector organisations for children and young people on the waiting list.

15.21. The Committee discussed the need to make further representations on the assessment waiting times.

15.22. Alison Jeffery said the national access standards for CAMHS is a third of children who need specialist support receiving it, which the national Association of Directors of Children's Services believes is too low and would not be expected for any other condition. If the Committee wanted to lobby about funding it might also be appropriate to raise the issue of the target. John Child welcomed the approach of articulating the current levels of need, and the winter demand and cost of living crisis.

15.23. The Committee RESOLVED to:

1) Note the report;

2) Request a future report on the progress of the waiting times for CAMHS, including progress on the development of the neurodevelopmental pathway, figures for the numbers of young people waiting more than 52 weeks, and how long young people wait between assessment and the beginning of treatment; and

3) Request that the Chair of the Committee writes to the Leader of the Council requesting they undertake further lobbying through all available channels for greater CAMHS funding, highlighting the pressure on the system particularly over the upcoming winter period, and recommending an increase in the national access standards for CAMHS above the current target.

16. HOSC FUTURE WORK PROGRAMME

16.1. The Committee considered its work programme.

16.2. The Committee RESOLVED to agree its work programme.

17. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

17.1. There were none.

The meeting ended at 12.45 pm.

Councillor Colin Belsey

Chair