Brighton & Hove City Council

Health Overview & Scrutiny Committee

Date:	**23 November 2022**
Time:	**4.00pm**
Venue	**Council Chamber, Hove Town Hall**
Members:	**Councillors:** Moonan (Chair), West (Group Spokesperson), Barnett, Brennan, Grimshaw, John, Lewry, O'Quinn and Rainey **Co-optees:** Michael Whitty (Older People's Council), Geoffrey Bowden (Healthwatch), Nora Mzaoui (Community & Voluntary Sector Representative)
Contact:	**Giles Rossington** Senior Policy, Partnerships & Scrutiny Officer 01273 295514 giles.rossington@brighton-hove.gov.uk

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AGENDA

PART ONE **Page**

18 PROCEDURAL BUSINESS

(a) **Declaration of Substitutes:** Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.

(b) **Declarations of Interest:**

(a) Disclosable pecuniary interests;
(b) Any other interests required to be registered under the local code;
(c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare:
(i) the item on the agenda the interest relates to;
(ii) the nature of the interest; and
(iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

(c) **Exclusion of Press and Public:** To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: *Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls and on-line in the Constitution at part 7.1.

19 MINUTES **7 - 18**

To consider the minutes of the previous Health Overview & Scrutiny Committee meeting held on 19 October 2022 (copy attached).

20 CHAIR'S COMMUNICATIONS

21 PUBLIC INVOLVEMENT

To consider the following items raised by members of the public:

(a) **Petitions:** To receive any petitions presented by members of the public to the full Council or to the meeting itself;
(b) **Written Questions:** To receive any questions submitted by the due date of 12noon on the 17th November 2022.
(c) **Deputations:** To receive any deputations submitted by the due date of the 17th November 2022.

22 MEMBER INVOLVEMENT

No member involvement items have been submitted.

23 SUSSEX INTEGRATED CARE SYSTEM (ICS): PRESENTATION

Presentation from Claudia Griffith, NHS Sussex Chief Delivery Officer, on the Sussex Integrated Care System (Sussex Integrated Health & Care Partnership) (verbal).

24 TRANS HEALTHCARE: SPECIALISED SERVICES 19 - 22

Report of the Executive Director, Governance, People & Resources (copy attached).

Contact Officer: *Giles Rossington* *Tel: 01273 295514*
Ward Affected: *All Wards*

25 CERVICAL AND BREAST SCREENING AND HUMAN PAPILLOMAVIRUS (HPV) VACCINATION 23 - 38

Report of the Director of Public Health, NHS England and NHS Sussex (copy attached).

Contact Officer: *Giles Rossington* *Tel: 01273 295514*
Ward Affected: *All Wards*

26 SUSSEX WINTER PLAN 2022-23 39 - 62

Report of the Executive Director, Governance, People & Resources (copy attached).

Contact Officer: *Giles Rossington* *Tel: 01273 295514*
Ward Affected: *All Wards*

Date of Publication - Tuesday, 15 November 2022

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FURTHER INFORMATION
For further details and general enquiries about this meeting contact Giles Rossington, (01273 295514, email giles.rossington@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

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BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 19 OCTOBER 2022

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Moonan (Chair)

Also in attendance: Councillor West (Group Spokesperson), Grimshaw, O'Quinn and Rainey

Other Members present: Geoffrey Bowden (Healthwatch), Michael Whitty (Older People's Council), Nora Mzaoui (Community & Voluntary Sector)

PART ONE

10 APOLOGIES AND DECLARATIONS OF INTEREST

10.1 There were no substitutes

10.2 Apologies were received from Cllr John.

10.3 There were no declarations of interest.

10.4 RESOLVED – that the press & public be not excluded from the meeting.

11 MINUTES

11.1 RESOLVED – that the minutes of the 13 July 2022 committee meeting were agreed as an accurate record.

12 CHAIRS COMMUNICATIONS

12.1 The Chair gave the following communications:

Firstly, I would like to say a few words about the recent passing away of Cllr Garry Peltzer-Dunn. Garry was one of our longest serving members, having first been elected to Hove Borough Council in 1971. Garry had an illustrious career as a Cllr, service two terms as Leader of Hove, and a year as Mayor of Brighton & Hove in 2008. Amongst the many roles Garry was Chair of HOSC.

Secondly, I would like to encourage everyone who's eligible to get a free flu vaccine or Covid autumn booster to book theirs as soon as possible.

We're seeing a rise in positive Covid cases in Brighton & Hove and unfortunately the number of patients in hospital with COVID-19 is also increasing. Getting an autumn booster will help to improve your protection against severe illness from Covid. They are now available for everyone over 50, as well as people who are more at risk and those that live or work with people who are vulnerable. You can book an appointment online or by calling 119.

And if you haven't had your first or second vaccine, please know that they are still available too.

Alongside Covid, more people are likely to get flu this year as fewer people have built up a natural immunity to it during the pandemic. The NHS is currently offering the flu vaccination for free to anyone who is more at risk. This includes many children, everyone aged 50 or over, those with and underlying health condition and those that live with, work with or care for those who are more at risk. To get yours you'll need to make an appointment with your GP or participating pharmacy.

Thirdly, some comments about today's agenda:

As members will recall, we had a paper on locally commissioned Trans health services at the July HOSC, and were planning a second paper at this meeting focusing on more specialist services commissioned by NHSE. However, the procurement of Sussex-wide Trans services is still ongoing which means NHSE cannot discuss details at a committee meeting. I have therefore deferred this item until November.

At the last meeting we had a member question on cancer screening, and the committee agreed we would have an item on screening at committee. This will also be at the November HOSC meeting – we will cover the national screening programmes for breast and cervical cancer as well as take-up of the HPV vaccination.

It was also agreed at the last HOSC that we would invite the CEO of Southern Water to a future meeting. He has been invited to attend the January 2023 HOSC.

Finally, today's agenda is focused on University Hospitals Sussex, with papers on the CQC inspection of surgery and maternity, on the CQC inspection of urgent & emergency services and on the 3Ts development of the Royal Sussex. I'm pleased to say that we will be joined by the Trust's Chief Executive, Dr George Findlay, for the CQC items. However, Dr Findlay will have to leave at some point for another meeting. To make the most of his attendance, I propose that we hear from Dr Findlay about surgery, urgent & emergency services, and upper gastro-intestinal cancer surgery. There will then be an opportunity to ask Dr Findlay questions about these services. We will subsequently hear from Dr Maggie Davies, Chief Nursing & Midwifery Officer, on maternity and there will be an opportunity to question Maggie.

I appreciate that this is a slightly different order than the one set out in the agenda reports, but I trust it won't prove too confusing.

13 PUBLIC INVOLVEMENT

13.1 There were no public questions.

14 ITEMS REFERRED FROM COUNCIL

14.1 There were no items referred from Council.

15 MEMBER INVOLVEMENT

15.1 There were no member involvement items.

16 CARE QUALITY COMMISSION INSPECTION REPORT ON MATERNITY AND SURGICAL SERVICES AT THE ROYAL SUSSEX COUNTY HOSPITAL: UPDATE

16.1 The Chair told members that she had agreed that items 16 and 17 would be jointly presented, as both concern Care Quality Commission (CQC) inspections of University Hospitals Sussex NHS Foundation Trust (UHSx) services.

16.2 Dr George Findlay, Chief Executive of UHSx, and Dr Maggie Davies, UHSx Chief Nursing & Midwifery Officer, presented on items 16 and 17.

General Issues

16.3 Dr Findlay told the committee that UHSx manages seven hospitals across Sussex, including acute hospitals in Chichester, Worthing and Hayward's Heath and the Royal Sussex County Hospital (RSCH) in Brighton. In September 2021, the CQC undertook an inspection of maternity services in all of these hospitals, and additionally of surgery at RSCH. The CQC published its findings in January 2022, downgrading its rating for maternity at all Trust hospitals, and for surgery at RSCH. The CQC re-inspected in April 2022, and simultaneously conducted an inspection of RSCH urgent & emergency services. It published inspection reports in July 2022, noting some improvements in RSCH surgery but with unchanged ratings; and downgrading its rating of urgent & emergency services at RSCH.

16.4 The downgrading of CQC ratings of hospital services is disappointing, but needs to be seen in the context of national pressures: Sussex hospitals remain comparatively good. Following the CQC reports, significant improvements made to maternity services. There has been less improvement in terms of surgery and urgent & emergency, but the capacity issues at RSCH have a major impact on these services. It is important to stress that staff across the Trust are amazing, a fact recognised by the CQC.

16.5 Cllr Grimshaw asked a question about what the Trust was doing about staff accommodation, noting that she had spoken to an NHS worker who had been unable to find a room in a shared house in the city. Dr Findlay acknowledged that the cost of living in Brighton & Hove poses a significant challenge. The Trust has limited staff accommodation, but this needs to be reserved for newly recruited staff moving in from another area. UHSx is working closely with charities and Housing Associations to support staff through the cost of living crisis.

16.6 Cllr O'Quinn asked why BAME staff experiences were not mentioned in the CQC inspection report. Dr Findlay responded that the CQC had found no issues with BAME staff in its inspection. However, the Trust recognises that, as with any other large

employer, it needs to improve experiences for BAME staff and this is a key improvement workstream.

16.7 Cllr O'Quinn enquired about the UHSx attitude to overseas recruitment, given that there has been criticism by the WHO on the negative impact this has on health systems in the developing world. Dr Findlay replied that UHSussex actively recruits oversees staff, in accordance with Government policy. The Trust is proud of the measures taken to integrate oversees workers into the workforce. The Trust is also proud of the work it does with local universities, including Chichester, to develop local talent in areas such as nursing and allied health professions. Dr Davies added that Chichester runs a more traditional nurse training course than many universities, with a focus on supporting students with an aptitude for nursing rather than people with high A level results.

16.7 In response to a question from Cllr O'Quinn about the Trust's lack of improvement progress in recent years, Dr Findlay argued that this was inaccurate: Brighton & Sussex Universities Trust had seen major improvement in 2018, when its CQC rating was increased. Services remain generally good despite the very severe pressures caused by Covid.

16.8 Cllr O'Quinn asked a question about the Trust's use of agency staff. Dr Davies responded that UHSx aspires to use agency staff only for specialist roles, hence the focus on local and international recruitment of permanent staff.

16.9 Cllr West asked a question about staff retention rates and about support for staff welfare. Dr Findlay responded that staff retention rates are good, although there is more work to be done, particularly with Band 2 Healthcare Associates. The Trust offers all staff wellbeing appraisals and will signpost staff to independent financial advice, foodbanks etc. UHSx provides some limited direct financial support to staff.

16.10 Geoffrey Bowden commented that Healthwatch had contributed to the recently published CQC reports, and also to two further inspections: of leadership across the Trust and of neurosurgery. Dr Findlay told members that neither inspection report has yet been published, but that feedback from the CQC has been positive, particularly for neurosurgical services.

16.11 The Chair asked why RSCH underperforms other UHSx hospitals. Dr Findlay replied that the core problem is that the RSCH site is too small for the level of demand. The hospital is consequently cramped and overcrowded, and this inevitably impacts on care and leads to frustrated staff who are unable to deliver the care they want to. The multi-million pound redevelopment of the front half of the RSCH site, known as 3Ts will help in this respect.

Urgent & Emergency

16.12 Dr Findlay told the committee that urgent & emergency services at RSCH had been downgraded from 'good' to 'requires improvement.' This was because of concerns about safety, largely due to overcrowding in the emergency department. This was a fair comment by the CQC, and is something being seen across the country. UHSx has done what it can to manage emergency department pressures: e.g. by opening an Urgent Treatment Centre (UTC), and remodelling the emergency department; but overcrowding

remains a major issue. Staff have responded positively to the CQC report, and work is ongoing internally to improve flow through the hospital by reducing length of stay, and externally by working with partners to minimise discharge delays.

16.13 Nora Mzaoui asked why such high numbers of people with mental health issues were presenting for treatment at A&E. Was this due to local demographics, or a lack of mental health system capacity? Dr Findlay acknowledged that this is a real problem, both in terms of people presenting for treatment and in terms of the police bringing S136 detainees to A&E as a place of safety. Sussex Partnership NHS Foundation Trust (SPFT) is working to improve city mental health prevention and crisis services, and UHSx is also planning to open a dedicated mental health facility on the RSCH site, to be staffed by SPFT. This is planned to open by Christmas. These measures should help, but the growing number of mental health presentations is also likely to reflect increasing problems with mental health across the population.

16.14 Cllr Grimshaw told members that an elderly resident in her ward had experienced poor care at RSCH, being directed to the UTC after a long wait in A&E and then redirected to A&E after waiting in the UTC. Dr Findlay responded that things had clearly gone wrong for this patient, who should have been either dealt with by primary care services or signposted by the A&E streaming nurses. Work is also needed on a better interface between primary and secondary care services. This will be advanced via the Sussex Integrated Care Board (ICB).

16.5 Cllr Rainey asked whether there was a need for more staff training to deal with people with mental health problems or multiple health needs seeking support. Dr Findlay responded that we are in uncharted waters in terms of the increase in mental health issues. UHSx is working closely with SPFT, and lots of staff training is available. However, the Trust does not want to normalise a situation where A&E becomes the default destination for people in mental health crisis as this is not how the system is intended to function.

16.6 Cllr Rainey suggested that the mental health pressures faced by A&E indicated a need for more acute mental health beds. Dr Findlay replied that he did not disagree, but this was not something for him to determine as UHSx is not the provider of mental health services locally.

16.7 The Chair asked whether this winter was set to be unusually bad. Dr Findlay responded that every winter was challenging, but there were particular concerns for the coming winter in terms of staff resilience. There is a comprehensive winter plan to minimise admissions, provide additional bed capacity and reduce length of stay. Discharge delays are a real problem: at any given point between 10 and 25% of beds are occupied by patients who are medically ready for discharge but who are awaiting care packages. There is also a system focus, led by Sussex Community NHS Foundation Trust (SCFT), on supporting frail people and providing anticipatory care to avoid admissions.

16.8 In response to a query from the Chair on the Trust's performance against A&E targets, Dr Findlay told members that the current focus was on safety rather than targets. For information, the RSCH is currently reporting around 55% against the A&E target of 90% of patients seen within 4 hours. There are also numerous 12 and 24 hour breaches, and patient feedback is poor, with only around 75% of patients who would recommend

urgent & emergency. This is just the reality of the current pressures being faced by the NHS.

Surgery

16.9 Dr Findlay told the committee that there had been improvements in surgery following the CQC inspection report, with particular progress in infection control, incident management and recruitment. UHSx has commissioned external reviews of aspects of surgical services to help identify factors blocking improvement. Dr Findlay also told members that upper GI (gastro-intestinal tract) cancer surgery had been suspended at RSCH following a CQC report. This affects only a small number of patients, with other upper GI treatments continuing as normal. Patients due for surgery have been redirected to the Royal Surrey in Guildford, with no delays to treatment. The CQC had been particularly concerned with levels of staffing at RSCH, although no unit in South-East England meets staffing requirements for upper GI and outcomes at RSCH had been good (the Trust commissioned an independent review of outcomes since 2019 to establish this). UHSx hopes to resume upper GI surgery at RSCH as soon as possible.

16.10 The Chair asked a question about the 3Ts development of RSCH as a tertiary centre, and whether this could be achieved without a negative impact on secondary services for city residents. Dr Findlay replied that he would not have personally chosen to name the development programme 3Ts (tertiary, teaching, trauma) as this gives the impression that it is focused on specialised services, whereas phase 1 of 3Ts is actually mostly focused on improving secondary services. There is a need to grow tertiary capacity in Sussex: currently more than 50% of patients requiring cardiac or neurosurgery have to travel to London or Southampton. However, the Trust is committed to providing secondary services for local people.

16.11 In response to a question from Cllr West on the threat of a ‘twin-demic’ this winter, Dr Findlay responded that this is something that the Trust is modelling. There is a particular focus on protecting planned (elective) procedures: e.g. working with Queen Victoria Hospital, East Grinstead, Eastbourne General Hospital and local independent sector providers to ensure that there is sufficient capacity to run the planned elective programme.

16.12 The Chair thanked Dr Findlay for his attendance, and also thanked everyone working locally in the NHS for their hard work and dedication.

Maternity

16.13 Dr Davies told the committee that there has been significant improvement in maternity services following the CQC report. Staffing levels have improved across the Trust, although it remains more difficult to recruit to Brighton & Hove due to cost of living issues. There is a good career offer for midwives, with the range of different maternity environments across UHSx hospitals, including the Trevor Mann intensive care unit, providing an attractive range of settings. A new Director of Midwifery has been appointed; sickness levels have decreased; weekly listening events have been implemented; a better maternity information system has been launched; there have

been no recent ‘never events’; and staff morale has improved. There is still more work to be done, however.

16.14 In response to a question from Cllr Grimshaw on the role of the Director of Midwifery and on staffing, Dr Davies told members that the Director works across all four hospital maternity units, with a matron in operational charge of each site. The Trust has had recent successes in recruiting nationally and internationally for midwives, maternity support workers and maternity workers. Worthing and Chichester maternity units are currently at establishment. Dr Davies promised to circulate the figures for Brighton & Hove.

16.15 In answer to a query from the Chair about midwife to mother ratios, Dr Davies agreed that this was an important metric. The Trust holds daily huddles and will move staff between sites to maintain a good ratio in each unit, including one-to-one support for mothers in labour etc.

16.16 In response to a question from Cllr O’Quinn about staffing mix, Dr Davies responded that the Trust aims to have a good mix of experienced and more recently qualified staff, with active recruitment at both ends of the experience scale. There is a focus on retaining staff and on ensuring that midwives in training continue to work at the Trust once qualified.

16.17 Geoffrey Bowden noted that Healthwatch had been asked to undertake a pilot study of mental health and maternity.

16.18 In response to a question from the Chair on 24/7 staffing levels, Dr Davies told members that there is a focus on maintaining safe staffing levels at nights and weekends. Staffing levels are not constant throughout the day and week as elective procedures tend to be scheduled for daytime in the working week. The Trust does its utmost to maintain rotas on all its sites, although this can be a challenge, particularly when staff report sick at short notice.

16.19 In reply to a question from the Chair about the institution of a listening culture, Dr Davies told members that there has been a good deal of work in this area, with listening events, senior officers maintaining an open door policy, a Non-Executive Director meeting each month with maternity staff, and a route for all staff to raise concerns directly with the Chief Nursing Officer. There have been concrete improvements in response to staff feedback, including improved staff rest areas.

16.20 The Chair thanked Dr Davies for her presentation.

16.21 RESOLVED – that the report be noted.

17 CARE QUALITY COMMISSION INSPECTION REPORT: ACCIDENT & EMERGENCY AT THE ROYAL SUSSEX COUNTY HOSPITAL

17.1 This item was taken together with item 16 and member comments and questions are detailed in the minute to item 16.

17.2 RESOLVED – that the report be noted.

18 3TS REDEVELOPMENT OF THE ROYAL SUSSEX COUNTY HOSPITAL

18.1 This item was presented by Karen Geoghegan, UHSx Chief Financial Officer, and by Peter Larsen-Disney, Clinical Director for the 3Ts Programme.

18.2 Ms Geoghegan told the committee that the full business case for 3Ts had been agreed in 2015. 3Ts has been a programme to develop the Royal Sussex County Hospital (RSCH) as a regional tertiary, trauma and teaching hospital. The programme has three phases: phase 1 involves the redevelopment of the Barry building to provide a trauma centre and improved wards (due to open in 2023); phase 2, a new cancer centre (opening in 2025); phase 3, a new logistics centre (opening in 2026). In all 3Ts will involve the creation of 100+ new beds and new specialist facilities at an overall cost of around £750 million. 3Ts is part of the Government's 40 Hospitals Programme. Phase 1 buildings will become available in November 2022, with a pre-occupation stage from November to January 2023, followed by services moving across in February/March 2023, and then preparation for phase 2.

18.3 Mr Larsen-Disney told members that he is proud of the new facilities: moving from having the oldest clinical estate in the NHS to the newest is a fantastic thing and will have a massive positive impact on patients, especially in terms of the privacy and dignity that can be accorded to them, with lots more room around beds and around 60% of beds to be in single ensuite rooms, many with sea views. Outpatient facilities have also been significantly improved, with street level access, better waiting rooms, shops, a bus stop directly outside the unit, better car parking (with 150 new spaces for patients and visitors) etc. Lots of thought has been given to the patient journey across the site, with lifts positioned at the front of the building so people can go directly to the floor they require. The new buildings will be very energy efficient.

18.4 3Ts will benefit staff also, creating a much improved work environment as well as offering lots of new job opportunities. There will be a focus on developing smarter job roles with greater opportunities for career progression: e.g. finding innovative uses for pharmacists, physician assistants etc.

18.5 3Ts presents an opportunity to rethink the delivery of acute care and there is an ongoing regional review of critical care capacity, involving a shift-change in thinking about clinical pathways and patient journeys. This will involve more focus on ambulatory care and short-term admissions; the development of a frailty unit; development of better sub-critical care acute respiratory support; and rapid stroke assessment and access to thrombolysis. There has also been a focus on the physical lay-out of services within the

hospital: e.g. a new CT scanner has been located in ITU, which will eliminate the need to move critically ill patients around the hospital to access scanning.

18.6 Ms Geoghegan added that there has been extensive engagement with local people, with a liaison group in operation since 2009. HOSC members will be invited to visit the phase 1 site.

18.7 Cllr West commended the achievement to deliver 3Ts and noted the positive impact it would have. However, he had concerns about pressures caused by additional car journeys to and from the site and about the provision of public transport. It was particularly unfortunate that there was no covered interchange for bus travellers. Mr Larsen-Disney responded that the Trust encourages sustainable travel, but it is inevitable that many sick people will want or need to drive to the RSCH, and it is very difficult for people to do so currently given the limited parking availability. UHSx has made a conscious effort to improve traffic flow around the hospital site, but has limited influence on what is essentially an issue for the city council. Ms Geoghegan added that there was a limit to the facilities for bus travellers that could be provided on the RSCH site, but that there were screens in the foyer providing regularly updated bus information, so people can wait for buses in the warm.

18.8 Cllr West asked a question about the sustainability of the 3Ts build. Ms Geoghegan replied that sustainability has been a core element of the development, with lots of recycling and use of recycled materials. Much of the development has involved modular buildings constructed off site. This significantly reduces traffic in and out of the site.

18.9 Geoffrey Bowden noted that he had been a member of the BHCC Planning Committee that had approved the original 3Ts application. He asked what the building would look like in 10 years' time. Ms Geoghegan responded that really high specification materials have been used in the build which means it will continue to look good for many years. However, it will require maintenance, including a substantial amount of window cleaning.

18.10 Mr Bowden asked a question about use of the helipad. Mr Larsen-Disney responded that there would be around 50-100 flights per year. There are no restrictions on when helicopters can land, although wind factors may restrict landings.

18.11 Cllr Grimshaw asked how a development only providing around 100 new beds could cost £750 million. Mr Larsen-Disney responded that Phase 1 of 3Ts would take patients out of other parts of the hospital, freeing up space in other departments which could be used to expand or otherwise improve services. In addition, the Trust is focused on reducing the length of bed stays: e.g. people typically spent 10 days in hospital recovering from major surgery, but this has now been reduced to an average of 4-5 days. This is of great benefit to patients, particularly to elderly and frail patients where there are real risks associated with being bed-bound for long periods of time. This focus, which will be supported by the new RSCH environment, means that there is not necessarily a need to significantly increase the number of beds at the hospital. It should also be recognised that 3Ts is only one part of the improvement picture. For example, investment in A&E will be needed to deal with overcrowding. Ms Geoghegan added that the improved layout of beds in the Phase 1 rebuild will increase the clinical effectiveness of care and play a part in reducing length of stay. It should be noted that there will not be a short-term increase of 100 beds, as not all will be opened immediately and there will

be issues with staffing etc. However, the completion of Phase 1 will allow the decant of patients from other parts of the hospital which will allow the Trust to move at pace with its plans to redevelop the emergency department.

18.12 The Chair asked how many new beds would be available when Phase 1 comes into operation in Spring 2023, and how many of these would be for city residents? Mr Larsen-Disney responded that on day one of Phase 1 opening to patients there will be around 50 extra unallocated beds. 24 of these will be critical care beds, so could in theory be filled by patients from anywhere in the region. However, most of the decant of patients into the Phase 1 build is from the Barry and Courtyard buildings, which mostly provide local services.

18.13 In response to a question from Cllr O'Quinn on private beds, Ms Geoghegan assured members that there will be no private beds in the new Stage One hospital building.

18.14 In answer to a query from Cllr Rainey on local food sourcing and sustainability, Ms Geoghegan told the committee that there has been lots of focus in 3Ts on ensuring that cafes offer healthy eating options and minimise the use of plastics etc. In terms of patient food, the ambition is to use the kitchen facilities at St Richards Hospital, Chichester, to provide for all UHSx sites. This would mean all hospital food being made in Sussex, a major advance in terms of carbon footprint and localism.

18.15 In response to a question from Cllr Grimshaw on whether there is always enough food for patients, Ms Geoghegan confirmed that there is always enough reserve food and that robust contingency plans are in place for emergencies.

18.16 Geoffrey Bowden asked what the per meal budget was for hospital food. Ms Geoghegan did not have the figure to hand but promised to provide a written response.

18.17 Cllr West noted that he understood the argument that a focus on lessening length of stay would reduce the demand for beds. However, when would the system know that 3Ts is working in this way? Mr Larsen-Disney responded that it was difficult to give a timeline for this, but the principle is widely accepted with lots of evidence of it working from other places.

18.18 In response to a question from Cllr West on fresh air in the hospital, Mr Larsen-Disney confirmed that the new facilities will have much better access to ventilation than the buildings they replace.

18.19 The Chair asked a question about flow through the hospital and problems with discharge delays. Mr Larsen-Disney responded that the Trust works hard with the city council, Sussex Community NHS Foundation Trust and other partners on discharge. 3Ts will assist in this work by reducing length of stay, meaning that patients will be at less risk of becoming deconditioned through lengthy bed stays, and less likely to need extensive care packages on discharge.

18.20 The Chair thanked the presenters for their contributions and noted that, although the local health and care system faces considerable challenges, the 3Ts development offers exciting opportunities for the city.

18.21 RESOLVED – that the report be noted.

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of

Brighton & Hove City Council

Health Overview & Scrutiny Committee

Agenda Item 24

Subject: **Trans Healthcare: Specialised Services**

Date of meeting: **19 October 2022**

Report of: **Executive Director, Governance, People & Resources**

Contact Officer: **Name: Giles Rossington**
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Ward(s) affected: **All**

For general release

1. Purpose of the report and policy context

1.1 This report is in response to a member letter from Cllrs Clare and Powell to the HOSC's April 2022 meeting. The letter requested that the HOSC scrutinise the planning and delivery of healthcare services for local Trans people. The HOSC Chair agreed to pursue this matter, and asked NHS colleagues to provide a report for the July 2022 HOSC on locally commissioned Trans health services, and a report to a later HOSC on Trans health services commissioned by NHS England on a regional or national basis: e.g. specialist services for adults and children & young people services.

1.2 Information provided by NHS colleagues on NHS England commissioned Trans health services is included as Appendix 1 to this report.

1.3 There will be a further update on plans for the new Sussex-wide gender service at the January 2023 HOSC. This service has recently been procured, and commissioners need to undertake community engagement before discussing the service with the HOSC.

2. Recommendations

2.1 That Committee notes the information provided on Trans health services.

3. Context and background information

3.1 Cllrs Clare and Powell wrote to the April 2022 HOSC meeting requesting scrutiny of Trans health services for city residents. The Committee agreed to this request, and the Chair asked NHS colleagues to prepare a report for a future HOC meeting. The issue of Trans healthcare is a complex one, and commissioning arrangements particularly so, with local adult services (e.g. primary care) commissioned by CCGs (and from 01 July 2022 by NHS

Sussex), whilst specialist services for adults and all children & young people's services are commissioned by NHS England. The Chair consequently agreed to split reporting, with locally commissioned services (e.g. primary services for adults) at the July 2022 HOSC meeting, and NHS England-commissioned services (specialist adult services, and all children and young people's services) at the October meeting. A further paper on the launch of a Sussex-wide gender service is scheduled for January 2023 following community engagement.

3.2 Information on NHS England-commissioned services, provided by NHS colleagues, is included as Appendix 1 to this report.

4. Analysis and consideration of alternative options

4.1 Not applicable for this report to note.

5. Community engagement and consultation

5.1 Not applicable for this report to note.

6. Conclusion

6.1 Members are asked to note information on NHS England-commissioned Trans healthcare services.

7. Financial implications

7.1 No implications for this report to note

8. Legal implications

8.1 No legal implications have been identified for this report.

Name of lawyer consulted: Elizabeth Culbert Date consulted 01.11.22

9. Equalities implications

9.1 None directly for this report to note. Members should note that gender reassignment is a protected characteristic in terms of the Equalities Act 2000

10. Sustainability implications

10.1 None identified for this report to note.

Supporting Documentation

1. Appendices

1. Information on NHS England-commissioned Trans healthcare provided by NHS colleagues.

Brighton & Hove City Council

Health Overview & Scrutiny Committee

Agenda Item 25

Subject: **Cervical and Breast screening and human papillomavirus (HPV) vaccination**

Date of meeting: **23rd November 2022**

Report of: **NHS England, NHS Sussex and Director of Public Health**

Contact Officer: **Name:** Sarah Morgan, Consultant in Public Health Screening and Immunisation Lead (Surrey and Sussex), sarah.morgan26@nhs.net
Wendy Young, Programme Director – Planned Care and Cancer, NHS Sussex, wendy.young5@nhs.net
Nicola Rosenberg, Consultant in Public Health, Brighton and Hove City Council, Nicola.rosenberg@brighton-hove.gov.uk

Ward(s) affected: **All**

For general release

1. Purpose of the report and policy context

1.1 The purpose of this report is to provide an overview of the data regarding uptake and access to breast and cervical screening and human papillomavirus (HPV) vaccination, consider how rates compare with other areas, look at barriers to uptake and the work that is underway to address this and plans for the future.

2. Recommendations

2.1 That Committee notes the information provided on breast and cervical screening and HPV vaccinations.

3. Context and background information: Cervical and breast screening

3.1 Screening refers to the testing of an asymptomatic population in order to detect disease at a stage when treatment is more effective. Two of the three cancer programmes in the UK are breast and cervical. Breast screening is for eligible people with breast tissue aged 50 to 71 and saves approximately 1400 lives nationally per year and cervical screening is for eligible people with a cervix aged 25 to 64 and saves approximately 4500 lives a year

nationally[1]. For people who are trans it is important that to ensure GP records are up to date so that they are invited for screening correctly. Brighton & Hove has lower coverage rates for both programmes compared with the South East and England. It also has lower rates than other Surrey & Sussex areas, with the exception of breast cancer screening.

3.2 There is a link between deprivation and cancer screening uptake. Patients from the most deprived GP Practice areas are least likely to access screening. In addition, this difference in uptake is at every point of the screening pathway and there are national and local programmes that aim to address these inequalities.[2]

3.3 In October 2019, NHS England published their independent review of the National Cancer Screening programmes in England, and recommendations including developing new IT systems for screening programmes, implementing evidence-based initiatives to improve screening uptake, and investing in screening equipment and facilities were taken forward as part of the implementation of the NHS Long Term Plan.

3.4 The COVID-19 pandemic has impacted on the delivery of the NHS Long Term Plan and has been a key concern both nationally and locally with delayed and decreased diagnosis, tests and treatment. The system has been engaged in restoration and recovery of this position, with a key focus on continued joint system working and targeted actions to address health inequalities in coverage and uptake of services, (including targeted support for people with protected characteristics).

3.5 The above mentioned work is underpinned by the ambitions of the NHS Long Term Plan, undertaken in accordance with the NHS Planning and Operating Guidance (2022/23), and is closely aligned with the Core20Plus5 objectives for early cancer diagnosis, with 75% of cases diagnosed at stage 1 or 2 by 2028.

4. Breast Screening

4.1 The national programme for breast screening invites eligible people for a mammogram from the age of 50 up to their 71st birthday every three years. People are invited before their 53rd birthday. Coverage data is for the 53 – 70 year old age group. Eligible people over 71 years are not routinely invited but can request a mammography screening. The target is 70%.

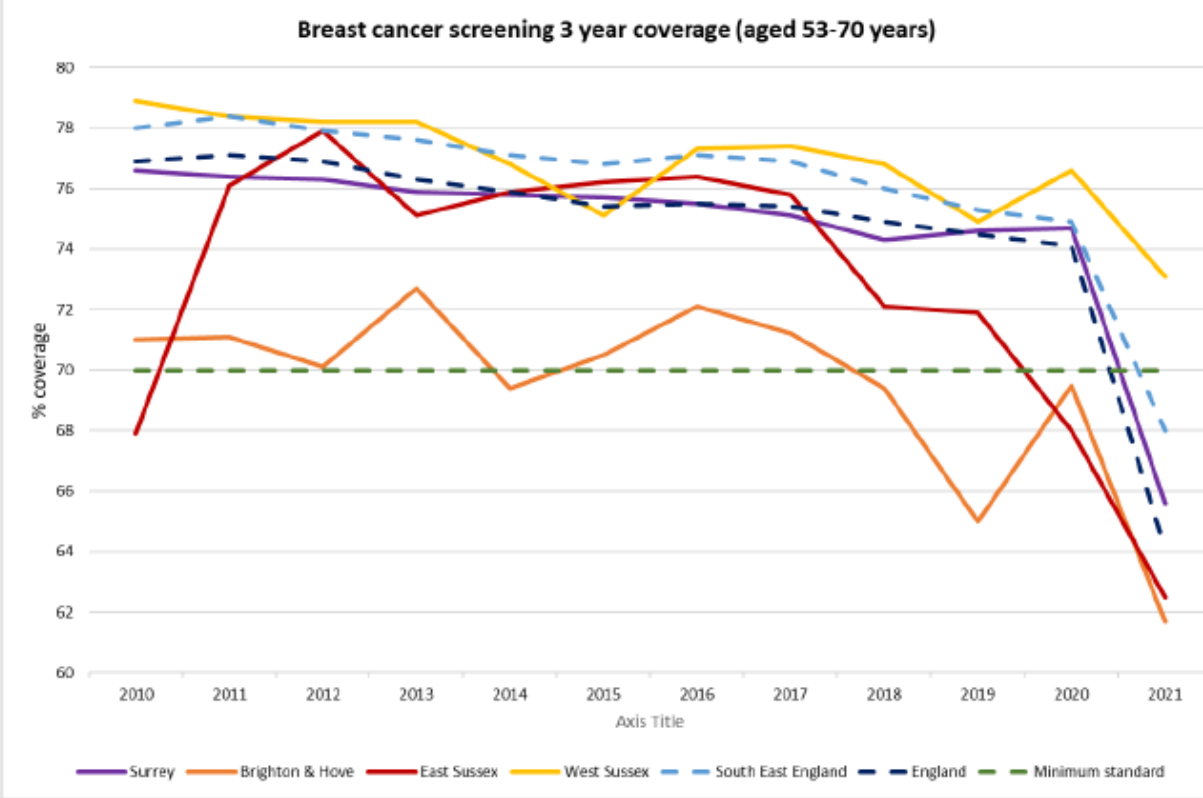
4.2 Brighton & Hove experienced an upward trend in breast screening coverage in 2020, but this dipped in 2021 due to the impact on services from the COVID-19 pandemic. At 61.7% of eligible people aged 53-70 in 2021 with a test recorded in the last 3 years, this was lower than the South East or England average. Although 2020 had seen an upward trend, there were a lower

[1] OHID fingertips data definitions Public health profiles - OHID (phe.org.uk)

[2] NHSEI PHE Screening inequalities strategy. Available at: PHE Screening inequalities strategy - GOV.UK (www.gov.uk) and https://www.gov.uk/government/collections/nhs-population-screening-access-for-all

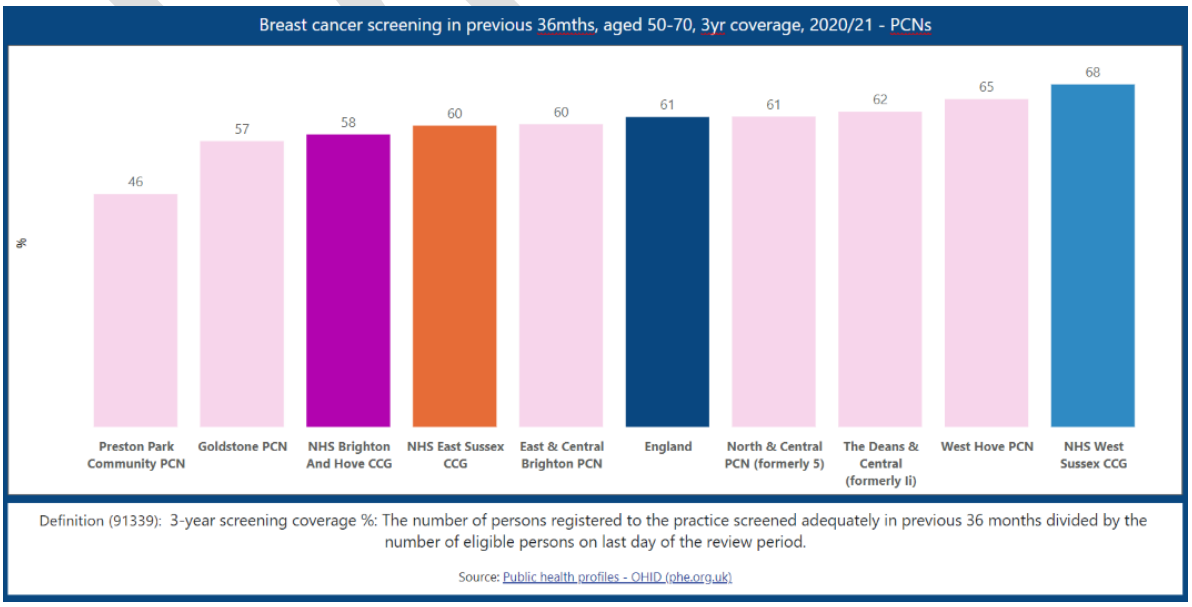
proportion of eligible people aged 53-70 in Brighton & Hove (69.5%) with a screen recorded in the last 3 years than many other areas in the South East and lower than England. This is shown in the below graph:

Figure 1:Trends in breast screening coverage locally, regionally and nationally



Surrey and Sussex Public Health Screening and Immunisation Team
Screening performance report – Jul 2022 V0.1

Figure 2: 2020/21 Breast Screening Coverage at PCN level



4.3 Three of the five PCNs in Brighton and Hove have breast screening levels below the England average (61%) as demonstrated by above chart. Data at PCN level is from a different time frame to annual figures above, so percentages vary slightly

4.4 Breast Cancer incidence rates for Brighton & Hove at 91.6 are higher than the England average (90.3) and lower than East (96.6) and West Sussex (101.5) in 2019.[3] Over 80% breast cancers are diagnosed early at stages 1&2.[4]

4.5 In a 2021 England-wide case-control study, mammography screening plays an important role in lowering the risk of dying from breast cancer by 38%. Women aged 65 or over see a stronger and longer lasting benefit of screening compared to younger women.[5] [6]

4.6 When looking at annual data it should be noted that breast screening is operated on a 36 month round, unlike cervical screening which is based on next test due date. Screening round length is the interval between the date of a person's previous screening mammogram and the date of their next first offered appointment. Brighton & East Sussex Breast Screening provider (UHSX) delivers screening using three mobile screening units and one static site. The mobile units move from one location to another offering screening to GP practice registered populations once every 36 months. When reviewing performance data the position in the current round may negatively identify localities where screening has not yet begun.

4.7 In Brighton & Hove breast screening services were in a state of covid recovery since April 2020 and fully recovered by September 2022. 2020/21 data represents a period when there was significant round length slippage (all women not invited ≤36 months of their previous screen) which will have adversely impacted on coverage data. It will also invalidate many performance measures which are based on a 36-month screening round length. The provider, University Hospital Sussex - East is currently doing well and achieving 95% within 36 month round length. The national target is 90%.

4.8 It is expected that a continued emphasis on joint work and the further development of Primary Care Networks, will enable screening providers to meet the 70% by 2024.

4.9 The uptake rates for breast and cervical screening programmes is increasing but there remains a clear link in terms of areas of deprivation demonstrating lower screening uptake rates. Deprivation has an impact in terms of access and uptake of screening and the data for uptake across GP practice correlates with this. The screening uptake results are dependent upon the timing of the three year round length which operates per practice.

Data Source: PHE Fingertips Annual Cancer Profiles 2021/22

[3] https://www.cancerdata.nhs.uk/incidence_and_mortality accessed 08/7/2022
[4] https://www.cancerdata.nhs.uk/stage_at_diagnosis accessed 08/7/2022
[5] https://www.nature.com/articles/s41416-020-01163-2 accessed 08/07/2022
[6] https://www.nature.com/articles/s41416-020-01163-2 accessed 08/07/2022

4.10 Whilst there are some opportunities through incentivisation within the Primary Care Network Directed Enhanced Service (PCN DES) (to support earlier cancer diagnosis through improving cervical screening uptake), with respect to breast screening uptake, there is no direct role for GP practices to deliver the service. GP practices do deliver cervical screening. The segmentation of data demonstrating gaps in uptake and impact of deprivation is considered and demonstrates the importance of continuing with the system wide collaborative work to support the population effectively, as described in this paper.

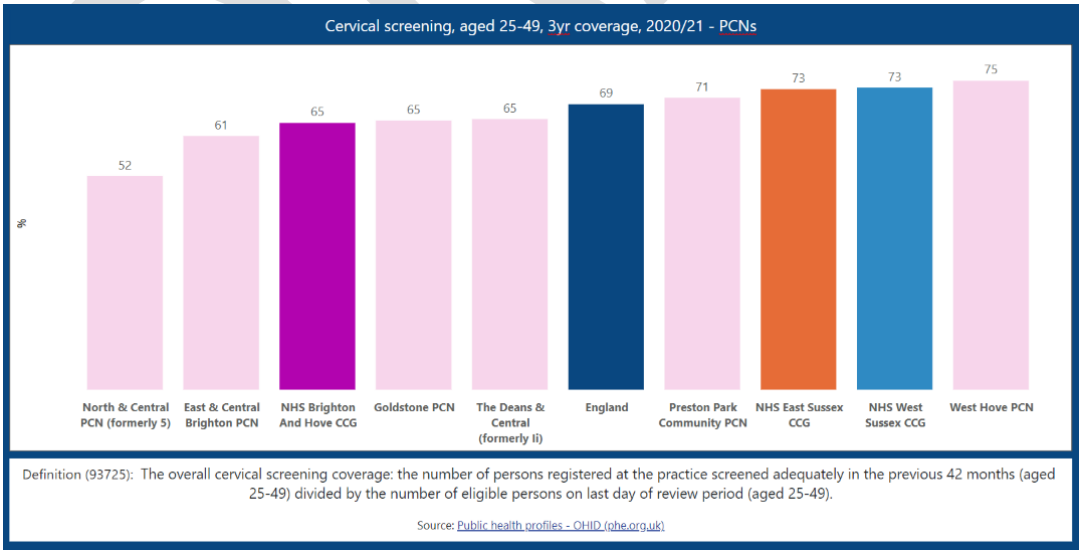
5 Cervical screening

5.1 The national programme has a target for cervical screening coverage of 80% of the eligible population and is managed by General Practice and not by a separate provider. Some Primary Care Networks (PCNs) are undertaking delivery across their PCN and others are supported by the activity taking place within commissioned sexual health clinics.

5.2 There has been a downward trend in eligible people aged 25-49 years attending cervical screening since 2010 across the country, region and locally. In 2021 the proportion of eligible people adequately screened in Brighton & Hove (62.4%)[7] was lower than England (68%), the South East (69.5%) and East & West Sussex (72%).

5.3 Data at PCN level is from a different time frame to above, so percentages vary slightly. In 2020/21 West Hove PCN had a higher proportion of females aged 25-49 attending for cervical screening (75%) than England and the South East.

Figure 3 Cervical screening, attendance, PCNs



5.4 In 2019 the incidence of cervical cancer in Brighton and Hove was 9.9 (n=15), higher than East Sussex (8.6) and England (9.8) but lower than West Sussex

[7] Cancer Services - Data - OHID (phe.org.uk)

(11.4).[8] Of those cancers with identified stages all cases bar one were at stage one.

5.5 It is estimated that screening currently prevents 69.7% of cervical cancer deaths nationally. In 2017-2019 the mortality rate of 2.4 (n=681), in Brighton and Hove, for the same period, the rate is 3.0 higher, n=11 deaths due to cervical cancer[9]. However, if everyone attended screening regularly 82.9% of deaths could be prevented (i.e. half of deaths currently occurring could be prevented), although the data for this evidence is from 2016 this emphasizes the importance of cervical screening and the more recent evidence would be affected by the impact of the Covid19 pandemic.[10]

5.6 The NHS Sussex Cancer Health Inequalities Workplan is focused on supporting achievement of the 80% target for all Sussex PCNs by 2024.

6 Support for increasing uptake of cancer screening, cancer awareness and early diagnosis service

6.1 Public Health and NHS Sussex jointly commissioned a service to raise awareness of cancer, giving people the confidence and tools they need to attend screening appointments, recognise the signs and symptoms of cancer and to overcome barriers to getting help when it is needed. It targets engagement in deprived communities and communications are tailored to specific audiences to address health inequalities.

6.2 In 2017-2018 the provider (Albion in the Community) undertook research to gather insight from people with a cervix living in Brighton and Hove who were or would be, eligible for participation in the cervical screening programme, to determine the barriers to screening, local attitudes and measures that would help more local people to benefit from screening. They conducted a questionnaire for any eligible person living in Brighton and Hove and carried out community engagement - asking people about their experience of cervical screening whilst carrying out outreach work. 272 questionnaires were completed.

6.3 Barriers to Screening were found to be:

- Belief that vaccination against HPV removes the need for screening.
- Belief that people who are not currently sexually active do not need to be screened.
- Worrying about the time it takes for results to come back.
- Concern about pain during the test.
- Anxiety over believing that it is a test for cancer.

[8] An incident case of cancer is a new case of cancer, counted once when the cancer is diagnosed. Data available at: https://www.cancerdata.nhs.uk/incidence_and_mortality

[9] https://www.cancerdata.nhs.uk/incidence_and_mortality

[10] Impact of cervical screening on cervical cancer mortality: estimation using stage-specific results from a nested case–control study. British Journal of Cancer volume 115, pages1140–1146 (2016)

- Previous abuse/sexual violence.
- Embarrassment
- Forgetting to book an appointment after receiving the reminder letter.
- Patients not prioritising their own health in busy lives – booking the screening appointment slips down the “to-do” list!
- Trying to fit in screening appointments around work commitments and the menstrual cycle.
- Body dysmorphia and lack of confidence to take part in an intimate examination.
- Perception of need for more trans-friendly health staff who have been educated about trans people and issues.
- Worrying about being asked about lifestyle risk factors or sexual behaviour/orientation whilst attending screening.
- Lack of understanding of what happens if abnormal cells are found and lack of confidence in secondary care and communication of results.

6.4 Summary results from the questionnaires were as follows:

- Overall, 1 in 5 gave ‘worrying about pain and discomfort and forgetting to make an appointment’ as the reasons for not attending their last cervical screening appointment with 1 in 8 too embarrassed to attend.
- More than half of respondents would like more flexible arrangements at their GP practice to allow for appointments at times to suit them and over a third would like to have the option to have their screening somewhere other than the GP practice. More information about the screening procedure and why it is needed was requested by 1 in 5 of the respondents.

6.5 Suggested improvements:

- Having a DIY kit to save embarrassment and time.
- More awareness that an abnormal result does not necessarily mean cancer.
- Regular reminders to book a screening after the initial letter. There is a strong trend towards this being delivered as an email or text rather than printed materials.
- More understanding of trans issues and trans friendly clinics.
- More understanding of sexual violence issues and a separate screening clinic for people who have suffered this.
- Raising awareness of steps to be taken to reduce fear/embarrassment among young women.
- The introduction of steps to create a relaxing space for screening including people bringing in music or a meditation with them.
- A short questionnaire at the screening appointment enabling discrete information about past sexual trauma or other concerns which potentially make the screening more difficult.

- Raising awareness in BAME communities of the importance of cervical screening.
- Raising awareness amongst young women alongside immunisations and then later.

7 Key actions to support improvement to increase uptake of cancer screening

7.1 Members of the NHS Sussex team work closely with the Surrey and Sussex Screening and Immunisation Team, as well as other system partners such as Cancer Research UK, Local Authorities through the place-based **Cancer Action Group**, and **Community Networks** to take direct action to improve access and uptake, especially in seldom heard groups and those living in areas of deprivation.

7.2 With a continued emphasis on joint working and the further development of PCNs, it is expected that this will enable the screening providers to close the gap toward meeting the 70% breast target by 2024. NHSE (formerly PHE) as commissioners are working across both Breast Provider Services in Sussex to drive improvement in the screening provision with more access and better siting of mobile units. The ICS has mapped inequalities of access to units and is supporting the Providers to devise location plans.

7.3 The team also continue to work collaboratively to support PCNs to deliver improvements in cervical screening, which are remunerated to practices via the Quality Outcomes Framework and PCN Directed Enhanced Services (DES) elements for improving cancer screening uptake.

7.4 A population health management approach is being taken to the 'segmentation' of data to produce a cancer screening dashboard that is able to effectively target activities to local super output area (LSOA) level.

7.5 Examples of actions taken at local level include:

- A task and finish group set up with commissioning colleagues for Learning Disability and Autism to enable a focus on improving all cancer screening uptake to these groups *(incl. Brighton & Hove place)*.
- Presented to the learning disability and supported living forums to engage staff and raise awareness of the Learning Disabilities Mortality Review (LeDeR) programme and their complementary role in improving screening awareness.
- Transgender webinar held with primary care colleagues and FAQs document produced to 'debunk' common assumptions and address key areas of need. *(incl. Brighton & Hove place)*
- Deep dive by Community Researchers (Community Participation in Action Research in 2021-2022 by the Hangleton and Knoll Project focusing on cervical screening uptake, undertaking critical path analysis and identifying case studies. *(specifically Brighton & Hove place)*
- Working with Screening and Immunisations Team to address errors in ***cervical screening*** and investigating/addressing areas of commonality – supported by the production of a Standard Operating Procedure to support

practices to avoid common errors, resulting in significant improvement in the sample rejection rate. *(incl. Brighton & Hove place)*

- Working with the Screening and Immunisations Team to address the recommendations of the 'Healthwatch insight into ***Breast Screening*** services in West Sussex' within the Brighton and East service.

7.6 The new partnership for the cancer awareness and early diagnosis programme comprises of three local organisations: Trust for Developing Communities (TDC) as lead partner, The Hangleton and Knoll Project (HKP) and the Horizon Centre. They began their contract on September 1st 2022 and the contract runs for 3 years with the option of extending for 2 years. In response to the Equalities Impact Assessment, the service specification was amended to link some key performance indicators (KPIs) to engagement with specific target groups.

7.7 To achieve outcomes they will:

- Take a citywide approach: outreaching to all who would benefit from cancer awareness guided by data and local intelligence.
- For priority neighbourhoods: develop community-led cancer action plans.
- Establish a Steering Group of strategic stakeholders.
- Employ 'peer-advocates' building on: TDC's successful peer-educator model that increased BAME vaccine uptake and HKP's pilot cancer awareness project with Macmillan
- Recruit a team comprising: new Health Equalities Manager, Co-ordinators, Peer Advocates, Volunteers and Communications Manager.
- Work with Macmillan to develop bespoke training and campaigns materials.

7.8 A campaigns calendar and action plan has been developed by the partnership. The campaigns calendar links with national campaigns and the Partnership plan is to use these as a hook onto which the team will focus on priority groups and communities using data and information from local insight reports. The Partnership will work at a strategic level to address issues such as transport; where possible guide on community venues for screenings; enhance buddying support through social prescribing and provide training to voluntary sector partners. A specific action planned to address the barrier of transport for some is to translate materials into appropriate languages and arrange peer-led minibus trips for groups to attend either screenings (where opportunities exist) or information sessions together.

8 Human Papilloma Virus (HPV) Vaccination

Background

8.1 There are 100+ types of HPV human papilloma virus which sits on and in the skin; the vast majority are harmless and most HPV infections do not cause any symptoms and clear up on their own. Some do not clear up and can lead to oral-genital cancers, whilst others cause genital warts.

8.2 The first HPV vaccination is given in year 8, (age 12/13), and the second one 6 to 12 months later, mostly in year 9 (age 13/14). The evidence indicates that

to give the best protection, the vaccine should be given before people become sexually active.

8.3 The HPV vaccination programme has been running for 10 years in the UK and over that time there has been a big decline in HPV infections and in the number of young people with genital warts. Young women have been vaccinated from 2012 and in young men were offered the vaccination from 2019.

8.4 The current vaccine is given in two doses, but there are plans for combining the vaccination into one dose. The vaccine will prevent up to 90% of cervical cancer cases, but women should still attend for cervical screening when invited to do so.

8.5 National research has determined that women who are vaccinated against the human papillomavirus (HPV) have a much lower risk of developing cervical cancer than those who are not vaccinated, and that the effect is even greater for women at a young age. In 2021 research was published in the Lancet indicating that the HPV immunisation programme has successfully almost eliminated cervical cancer in vaccinated women born since Sept 1, 1995[11].

HPV uptake

8.6 In September 2020, schools across the UK reopened for general in-person attendance. During the 2020 to 2021 academic year, students were required to stay at home and learn remotely if they tested positive, or if they were a contact of a confirmed COVID19 case. In England, as part of a wider national lockdown in January 2021, schools were closed to all, except children of keyworkers and vulnerable children. From early March 2021, primary schools reopened, with a phased reopening of secondary schools. All of this led to some disruption of school-based immunisation programme delivery and the impact varied by region and local authority. HPV vaccine coverage in 2020 to 2021 has improved significantly from the low levels reported for the 2019 to 2020 academic year but is still not back up to pre-pandemic levels.

8.7 The published[12] uptake data for school year 2020/21 for Brighton and Hove is as follows:

[13]	Denominator	Vaccinated with at least 1 dose	% uptake	Vaccinated with 2 doses	% uptake
Year 8 Female	1465	1068	72.9	30	2

[11] The effects of the national HPV vaccination programme in England, UK, on cervical cancer and grade 3 cervical intraepithelial neoplasia incidence: a register-based observational study - The Lancet

[12] https://www.gov.uk/government/statistics/human-papillomavirus-hpv-vaccine-coverage-estimates

[13] Female / Male is the way that the national data is presented and hence using the terms here.

Year 8 Male	1468	956	65.1	40	2.7
Year 9 Female	1511	1184	78.4	1053	69.7
Year 9 Male	1530	1111	72.6	936	61.2

Across England in the 2020 to 2021 academic year HPV vaccine coverage was 76.7% for dose 1 in year 8 females, 81.8% for dose 1 in year 9 females, 60.6% for dose 2 in year 9 females, 71.0% for dose 1 in year 8 males , 77.3% for dose 1 in year 9 males, 54.7% for dose 2 in year 9 males.

Compared to national figures in 2020/21 Brighton and Hove coverage was lower for one dose in males and females aged 12/13 years but better for coverage for females with 2 doses aged 13/14 years [14]. Compared to the South East Region Brighton and Hove had lower coverage across all these groups in 2020/21.

HPV and Colposcopy

8.8 Collaborative work between NHS Sussex and Brighton and Hove City Council has enabled links to be made between the HPV vaccination programme with communications and education work on prevention of cervical cancer (recognising the impact of the pandemic on vaccination rates in schools).

8.9 However, it should be noted that there has been a direct impact on the increased need for colposcopy procedures, as a result of implementation of HPV primary screening. This is because HPV primary screening is a test to identify the presence of HPV which leads to more people being referred for Colposcopy, including those with no abnormal cells (which was the prior test in the screening programme).

8.10 This has resulted in an increased demand on Colposcopy services to support patients to prevent cervical cancer with and increased waiting time (from 6 weeks to 16 weeks currently) for Colposcopy appointments, predominantly affecting patients with a 'low grade squamous intraepithelial lesion' usually caused by an HPV infection.

8.11 The provider (University Hospitals Sussex NHS Foundation Trust) has advised that some additional capacity has been secured to provide an additional colposcopy clinic one weekend per month in order to recover the backlog of patients and bring waiting times back into line with the commissioned service, however further capacity to clear the backlog is needed.

8.12 It is recognised that workforce development is required and this has been escalated to the national Operational Delivery Team, with agreement to commence a focused review. The regional Screening and Immunisations team will conduct a local review of training requirements in support of this.

[14] Public health profiles - OHID (phe.org.uk)

HPV vaccination delivery and actions for improvements

8.13 The Sussex Immunisation Service (SIS) delivered by Sussex Community Foundation Trust is commissioned to offer HPV vaccination to the eligible cohort, predominantly delivered within schools.

8.14 Locally, dose 1 is offered in Yr 8 & dose 2 offered in Yr 9, local SEN and Prep schools are offered both doses in Yr 8. Home educated and those that are not in school are contacted and offered the vaccine via a clinic or in some instances home visiting service. Catch up for missed vaccinations is available from SIS for those young people that are under 20 years of age.

8.15 Since the start of the Covid pandemic there has been a decline in uptake of all vaccinations at a national level and this has been reflected in the local uptake of HPV due the following:

- From March – July 2020, SIS was unable to access schools due to lockdown
- From Sept 2021, SIS experienced difficulty accessing some schools due to covid testing within schools
- Increased cancellations of booked sessions, due to school staff absence.
- In 20/21 the introduction of the flu programme and Covid vaccination for children aged 12 plus has impacted on uptake of other school based vaccination programmes as fewer consent forms for HPV were received.

8.16 For all school sessions the SIS offer:

- School Pack with session information sent by email to schools
- Material to promote the upcoming vaccinations on school websites and school electronic info boards
- Information leaflet and online consent information, including FAQs, sent via schools to parents
- Parent consent reminders sent via school two weeks prior to vaccination date
- For those parents that need a paper consent, this is provided once schools provide the info to SIS
- Verbal consent obtained in advance by phoning parents (as required) for those with no consents received
- Gillick[15] consent of young person taken on the day, if appropriate
- Low uptake schools an extra member of staff (staffing levels permitting) to spend the session phoning for verbal consent, using details provided by school
- Outstanding positive consents in years 10 upward are offered to catch up at each school visit
- SIS staff member to assist parents with completing consent forms where indicated by schools
- Additional visits to Alternative Provision and SEN schools, as appropriate. Clinics in these settings are adapted to address the needs of the students

8.17 For those not in School or hard to reach SIS offer:

[15] Gillick competency is used to assess whether a child is mature enough to make their own decisions regarding vaccinations and to understand the implications of those decisions

- Home Educated: links are sent by BHCC, including consent information, for each programme to all eligible young people that are on home education roll
- Traveller site visits by link nurses several times per term
- For Looked After Children - link nurses in each team promote uptake and immunisation status is noted at Initial Health Assessment and catch up will form part of the health care plan
- Dedicated clinics with longer appointments for anxious children
- Community mop-up clinics available and promoted for those that cannot access school service
- Home visits offered when required

Post School Session SIS offer includes the following:

- Mop up session for those with a high DNA (Did not attend) numbers
- Email sent to all who DNA with clinic link and SIS contact information
- Email via schools to whole year groups with consent link informing them they can still consent with clinic booking link
- Community clinics held at Brighton General Hospital & Hove Polyclinic, additionally children can book on to any available clinic in Sussex. There were 187 catch-up clinics held between 01/04/20 and 31/08/22

Annually each July the SIS provide the following:

- Clinic booking information email sent to all who remain unvaccinated but consented
- Those who have consented for one type of vaccination and not another, emails sent informing them of other available vaccines for their child and consent links included
- 'Missed Vaccinations' information flyer sent to years 8-11 via schools, containing vaccination and clinic information.
- 'Missed Vaccinations' information flyer sent to all venues we use, health visitor and school nurse teams and other relevant contacts, to be displayed during the year
- 'Missed Vaccinations' information flyer sent to Brighton and Hove City Council (BHCC) link for sharing with Children and Family Centres and Libraries etc.
- 'Missed Vaccinations' information flyer sent to UKHSA for sharing.
- 'Missed Vaccinations' flyer' sent via schools to all students in year 12.
- Share a top tips document to support improving uptake in schools

Potential next steps and future actions include:

- To send reminder clinic emails immediately following DNA, now that the system is in place to do this.
- To send invites to non-attenders in areas of the city with lower uptake for catch up clinics
- To share communications in local area magazines to promote Missing Vaccines poster
- Use banners at venues to improve visibility of the immunisation team at sites
- HPV vaccination leaflets to be shared in different languages with communities
- SIS to promote in a parent letter and via schools the functionality of viewing the e-consent in the language their phone is set to.
- SIS to promote access to leaflets in other languages for HPV.
- Link with other areas on best practice ideas to increase uptake

9 Analysis and consideration of alternative options

9.1 Not applicable for this report to note.

10 Community engagement and consultation

10.1 Not applicable for this report to note.

11 Conclusion

11.1 Members are asked to note information presented.

12 Financial implications

12.1 The cancer awareness and early diagnosis programme is joint funded by Health and the ring-fenced Public Health grant (Health & Adult Social Care directorate). The budget for financial year 2022/23 is £0.077m funded by the Public Health grant and £0.023m from NHS Sussex.

No financial implications have been identified for this report.

Sophie Warburton, Principal Accountant, BHCC
28.10.2022

13 Legal implications

13.1 No legal implications have been identified for this report, which is for noting only.

Sandra O'Brien, Senior Lawyer, BHCC
27.10.2022

14 Equalities implications

Equalities implications are addressed throughout the report.

15 Sustainability implications

Plans for improving action on sustainability and climate change are included in NHS Sussex, NHSE and BHCC commissioning plans.

Supporting Documentation

None

Brighton & Hove City Council

Health Overview & Scrutiny Committee

Agenda Item 26

Subject: **Sussex-Wide Winter Plan 2022-23**

Date of meeting: **23 November 2022**

Report of: **Executive Director, Governance, People & Resources**

Contact Officer: **Name: Giles Rossington**
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Email: giles.rossington@brighton-hove.gov.uk

Ward(s) affected: **All**

For general release

1. Purpose of the report and policy context

1.1 This report, and the appendix provided by NHS Sussex, outlines the development of the NHS Sussex Winter Plan 2022-23 and includes details on planning specific to Brighton & Hove.

1.2 The report sets out the system's strategic approach to dealing with seasonal demand surges in line with the expectations of NHS England.

2. Recommendations

2.1 That Committee notes the contents of this report.

3. Context and background information

3.1 The overall purpose of the winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period. The Winter planning period covers the period October 2022 to 31 March 2023. The plan should ensure that the local systems remain resilient and are able to manage demand surge effectively, maintain patient safety and support delivery of the relevant business plan objectives and locally agreed system improvements during this period.

3.2 Health and care systems typically experience increased demand pressures during the winter months due to a number of factors including:

- Seasonal illnesses (e.g. flu, norovirus)
- Potential Covid-19 waves
- Extreme weather (e.g. falls in icy conditions)

- Exacerbation of respiratory illnesses and a range of long term conditions due to cooler weather.

3.3 Adding to pressures in 2022/23 are the threat of a resurgence of Covid 19; the potential for a challenging flu season with reduced community immunity; continuing impacts of NHS elective backlogs built-up during the Covid waves of recent years; and the potential for the cost of living crisis to increase risks for people already clinically vulnerable to colder weather if they are unable to keep warm or well fed.

3.4 Health and care systems have been planning systemically for winter surge pressures for a number of years, and typically a key part of this process is assessing how well the previous year's plans met demand, using learning from this to inform the subsequent year's planning. The HOSC will schedule an update report in Spring/Summer 2023 to better understand the success of the current winter plan and the lessons learnt for succeeding years.

4. Analysis and consideration of alternative options

4.1 Not relevant for this information report.

5. Community engagement and consultation

5.1 None directly for this report. However, the Sussex-wide winter plan is a partnership endeavour, with input from partners across the system including the Local Authority, providers and commissioners.

6. Conclusion

6.1 Members are asked to note health and care system plans to deal with winter pressures.

7. Financial implications

7.1 There are no financial implications for this report for information.

8. Legal implications

8.1 No legal implications have been identified in this report.

Name of lawyer consulted: Elizabeth Culbert Date consulted (01/11/22):

9. Equalities implications

9.1.1 The aims of effective collaborative winter plan arrangements are to ensure that local health and care systems are able to continue to deliver the totality of services that have been developed to meet the needs of the local population which would be in line with agreed local and national strategies and priorities. An Equality Impact Assessment is not appropriate for this

paper. Where services are further developed to support delivery during the winter period EIAs will be undertaken.

10. Sustainability implications

10.1 The Sussex-Wide winter plan considers how best to use NHS and local authority resources across Sussex in order to cope with seasonal demand surges for health and care services. Any negative carbon impacts of these plans (e.g. through people potentially having to travel further from home to access services where local capacity is stretched) need to be considered. However this needs to be balanced against the risks to individuals of not being able to access appropriate health or care.

Supporting Documentation

1. Appendices

1. NHS Sussex Winter Plan, Report for HOSC, November 2022

NHS Sussex

NHS Sussex Winter Plan

Report for Health Overview and Scrutiny Committee

November 2022

Better health and care for all

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NHS Sussex Winter Plan

1.0 Introduction

This report provides a summary of the overall Sussex Winter Plan. The plan spans the period from October 2022 to April 2023. The report highlights the Sussex wide and Brighton and Hove specific elements of the plan for assurance for the Health Overview and Scrutiny Committee.

The Sussex Winter Plan is a whole system health and social care plan, recognising the interdependencies of the system to meet the needs of the local population. It is an annual national planning requirement and provides assurance that the system and partners have the necessary measures in place to deliver health and care for the local population.

2.0 Background

The Sussex health and care system faces an extremely challenging winter. Locally and nationally, the health and care systems are experiencing significant operational pressure across many of their services. Some patients are experiencing delays in accessing both planned and unplanned healthcare, despite the best efforts of our workforce. There has been no reduction in operational pressures over the summer months and providers are entering winter with significant capacity pressures (availability of workforce and service capacity) for all organisations.

In addition to the current pressures, we face a range of hard to quantify risks such as the potential for further waves of Covid-19, high incidence of flu cases mirroring the Southern Hemisphere, increases in respiratory illnesses and the impact of the cost of living on both our workforce and our patients.

Recognising this risk, on 12 August 2022, in the letter titled '*Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter (*B1929_Next-steps-in-increasing-capacity-and-operational-resilience-in-urgent-and-emergency-care-ahead-of-winte.pdf (england.nhs.uk)). NHS England described the actions they expected all systems and providers to take to increase capacity and operational resilience in urgent and emergency care ahead of winter.

Since the receipt of that letter on 12 August there have been two further national communications relating to winter. The Secretary of State for Health's 'Plan for patients', issued on 22 September (Our plan for patients - GOV.UK (www.gov.uk)), and a further communication on 18 October titled 'Going further on our winter resilience plans' (NHS England » Going further on our winter resilience plans). Both set out additional measures which systems and providers are expected to implement to improve service delivery this winter.

The NHS Sussex Winter Plan addresses the requirements of the national letters and plans, and has been built bottom up, to respond to the capacity challenges surfaced through the modelling of expected pressure for this winter. In addition to locally agreed actions to address the capacity challenges, we have established rapid improvement workstreams that are being applied across the system, led jointly by NHS Sussex executives and executives from partner organisations. These workstreams are drawing on best practice examples, to ensure people receive the right care from the right organisation at the right time and are supported to return to their normal place of residence at the earliest opportunity.

3.0 Development of the NHS Sussex Winter Plan

NHS Sussex has developed its Winter Plan in conjunction with partners to ensure that we can deliver safe and effective services for Sussex residents throughout the winter. It has been developed taking into account feedback and learning following evaluation of the Winter Plan for 2021/22.

Contributors to the Plan include:

- East Sussex Healthcare NHS Trust (Acute and Community).
- University Hospitals Sussex NHS Foundation Trust (Acute).
- Sussex and Surrey and Sussex Healthcare Trust (Acute).
- Sussex Community NHS Foundation Trust (Community).
- Sussex Partnership NHS Foundation Trust (Mental Health).
- Local Authorities (Adult Social Care, Children's Services, Public Health) and District Councils.
- South East Coast Ambulance Service NHS Foundation Trust.
- Primary Care.
- The Voluntary Sector.

The plan incorporates the requirements set out within these national communications. There are three key elements to our approach:

- The establishment of a system wide winter operating model.
- The development of our winter operational plan for delivery, incorporating the use of the National Urgent and Emergency Care (UEC) Assurance Framework – a framework developed by NHS England, designed to be a helpful tool to support Integrated Care Boards (ICBs) in managing winter pressures.
- The mobilisation of several targeted rapid improvement workstreams targeting admission avoidance and timely discharge from hospital.

These three elements are described in more detail in the remainder of this paper.

4.0 The Winter Operating Model

Considering the significant operational challenges and associated risks anticipated this winter, it is important that the system's winter operating model delivers a responsive, well-coordinated, and effective approach to delivery of the winter plan and management of surge

pressures. While our Winter plan outlines **what** it is that we intend to deliver, the Winter Operating Model describes **how** we will deliver it.

4.1 System Operations Centre

The national 'Going further on our winter resilience plans' letter issued on 18 October 2022 (BW2090-going-further-on-our-winter-resilience-plans-letter-october-22.pdf (england.nhs.uk)), sets the requirement for all systems to have in place a System Control Centre from 1 December 2022. NHS Sussex recognised the importance of having a Control/Operations Centre in supporting the management of a safe winter, and so has already instigated the establishment of its System Operations Centre (SOC) in September 2022.

The SOC went live on 3 October. The core team are supported by 'subject matter experts' (SMEs) from across NHS Sussex, including finance, nursing, medical, communications, transformation, digital, primary care, workforce, and operations. This team will co-ordinate the system response to any emerging pressures and work to help unlock issues and identify solutions.

4.2 Governance

The Winter Operating Model has a weekly cycle of system wide executive level meetings, supported by the outputs of the SOC, to ensure we have a mechanism for taking executive decisions on critical issues, in a joined-up way across system partners. Along with daily data insights there is a weekly data information pack which facilitates the monitoring and responding to emerging risks and trends.

A weekly Winter Board has been established, chaired by the ICB Chief Executive, and attended by NHS Provider CEO's, System Executives and Local Authority colleagues. The purpose of the Winter Board is to ensure we take leadership decisions in a joined-up way in response to any issues being escalated by the SOC, or through National or Regional bodies. We recognise that there will be challenging decisions to be taken over the course of this winter and the Winter Board ensures that we have a mechanism to do that in a way that considers the needs of our entire population and the needs of staff working across both health and care.

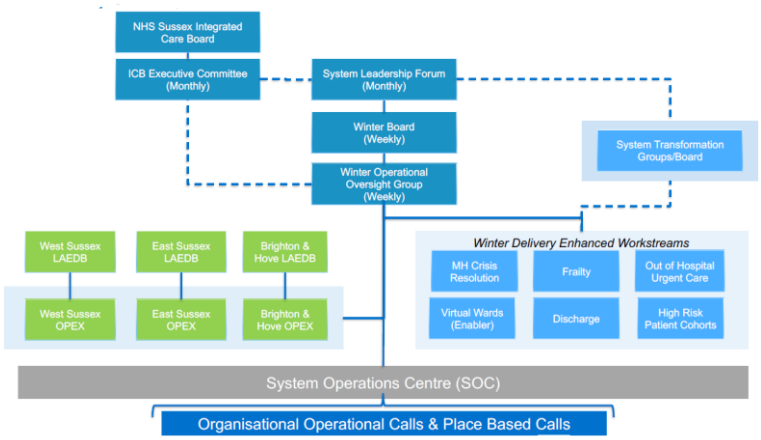


Figure 1: System Winter Governance and Oversight

5.0 The Winter Operating Delivery Plan

The NHS Sussex winter plan has been developed by building on individual provider and partner plans, and aligning with the areas covered by the NHSE assurance framework across the following core domains:

- aligning demand and capacity,
- discharge,
- improvements in ambulance service performance,
- improving NHS 111 performance,
- avoiding admission and alternative 'in hospital' pathways to improve flow,
- preparing for new Covid-19 variants/respiratory challenges,
- workforce, and
- communications.

The process for developing the system winter plan was agreed by the three place Sussex Local A&E Delivery Boards and covers all service areas across health and care, including the Voluntary Sector.

5.1 Aligning demand and capacity

The system has undertaken detailed demand and capacity modelling, informed by public health intelligence and seasonal trends, incorporating likely known pressures such as Flu and Covid, to understand the likely pressure on service capacity. Work is ongoing with UK Health Security Agency (UKHSA) to understand the potential health impact of the cost-of-living crisis so that this can also be incorporated into the modelling.

The Plan includes a range of actions being taken to mitigate the capacity risks identified by the modelling and our approach to delivering safe and effective care.
The impact of the agreed winter plan actions will be monitored through the system SOC throughout the winter period to understand whether these actions are delivering the expected impact or whether we need to increase our focus in particular areas where we continue to see pressures build or new issues emerge.

5.2 Discharge

Timely discharge is essential in supporting the right care in the right place. Discharging patients, with the right support, once they have no further need for acute medical is key to the quality of care received and ensuring a good experience for local people. It also supports improvements in flow through the hospital and a reduction in waiting times for patients in the Emergency Department (ED). This helps reduce the time ambulances may need to handover safely to hospital in a timely way and ensure people are admitted to the right wards where they receive care by the specialists they need to see.

The system has committed additional investment to fund discharge to assess pathways, supported by voluntary sector home support provision, and we are working to optimise workforce capacity through technological innovations including the implementation of a virtual care and virtual ward model.

All providers have local plans to address the '100 Day Discharge Challenge', which is a national initiative of 10 key actions to improve flow through hospitals to support timely safe and effective discharges.

A system wide workstream to further improve discharge and system flow, building upon the continual improvement programmes at place, has been established as a key area for rapid improvement focus over the winter period. Detailed process mapping and evaluation of current pathways has been undertaken to inform the programme of improvement work.

While the majority of patients will be discharged back to their own home with no further care requirements, a number of patients will need additional support from community services or social care. Consequently, the work described above is a multi-agency approach involving all health, social care and voluntary sector organisations who play a role in supporting patients to be discharged from our acute, community or mental health beds.

5.3 Improvements in ambulance service performance

Improvements in ambulance service performance are a key area of focus for this winter, with a particular focus on reducing handover delays and improving ambulance response times.

In respect of reducing handover delays, a clear system escalation framework is in place, which identifies actions for acute providers to take – if there are handover delays at the hospitals. In addition, the Sussex Winter Board has committed to significantly reduce long ambulance delays and the system escalation framework has been amended to reflect this as a key metric.

In respect of improving response times, South East Coast Ambulance Service (SECAmb) have fully implemented their 2018-23 fleet strategy and fleet requirements, in line with their current delivery model. St Johns Ambulance (Ambulance auxiliary service) are in place to support SECAmb and a Care Home line supporting direct access to NHS111CAS to reduce avoidable conveyances.

Within our system plan rapid improvement workstreams there are areas of focused work to improve the response of urgent community services, including the falls response service to reduce the number of category 3 and 4 conveyances, which will in turn improve ambulance response times.

5.4 Improving NHS 111 performance

To support the improvement in NHS 111 performance, additional investment has been made to enable SECAmb to recruit an additional 111 whole-time-equivalent call handlers, which should enable the service to ensure that 95% of calls are answered in 60 seconds and to reduce call abandonment rate to <5%. Recruitment plans are in place and progress is being regularly monitored.

Action is also being taken to improve NHS 111 in respect of Mental Health (MH) crisis response, ensuring that 24/7 MH Crisis lines are in place and integrated with NHS111. SECAmb have seven embedded MH professionals across their footprint, working in their Emergency Operations Centres (EOC) and Clinical Advisory Service (CAS), providing specialist advice and support for people with mental health concerns who access services via both 111 and 999 routes.

5.5 Avoiding admission and alternative 'in hospital' pathways to improve flow

Action to avoid unnecessary admission and alternative' in hospital' pathways to improve patient experience, ensure the right service is available to best support people, and to improve flow, is a key component of the NHS Sussex Winter Plan, with rapid improvement workstreams mobilised to focus on out of hospital urgent care and the establishment of a consistent single point of access to urgent community response services across the whole county being implemented ahead of winter. In addition, there is a focus on strengthening existing community falls response to reduce pressure on the ambulance service where no acute medical support is required, and additional action is being taken to provide preventative personalised care to individuals at high risk of hospital admissions. Further examples of admission avoidance actions include:

- Expansion of Acute Same Day Emergency Care (SDEC) pathways in acute and community services including links to acute multi-disciplinary assessment teams in emergency departments.
- A system wide clinical model for 'virtual ward' (VW) care has been agreed for patients with frailty, respiratory and heart failure conditions. There are currently 54 virtual ward beds available across Sussex and this will increase to 125 by January.
- Urgent Community Response (UCR) to deliver streamlined admissions avoidance pathways to help support people in their usual place of residence.
- Consultant access for advice and guidance to health care professionals in Community and Primary Care services to support decision making and avoid unnecessary referrals to secondary care.
- Self-management advice materials for patients.
- Long Covid services and treatment services for those particularly vulnerable to Covid are in place including supply of oximeters for at risk patients in primary care.

5.6 Infection Prevention and Control

Given the challenges identified for this winter it is critically important that we maintain the highest standards of infection prevention control across our system, and the following core prevention and control measures are in place:

- Provision of Infection Prevention Control (IPC) teams across acute and community settings.
- Daily Covid-19 monitoring.
- Established infection prevention governance monitoring and reporting.
- Specialist infection prevention support across Sussex to provide outbreak management across health and social care providers.

Additional controls being implemented across Winter 2022/23 include:

- Development of an updated Seasonal Infection Prevention Surge Plan.
- System infection prevention cell meeting weekly.
- NHS support to social care providers via local authority Public Health teams.
- Provision of additional specialist training for new infection risks identified.
- Provision of specialist FFP3 mask FIT testing to ensure compliance with National requirements.
- Mutual aid support across IPC teams such as personal protective equipment (PPE).
- Updated Respiratory Syncytial Virus (RSV) and Paediatric Surge Plan for managing increased activity in paediatrics caused by seasonal RSV.

5.7 Seasonal vaccination programme:

Ensuring that we maximise the update of both the flu and Covid-19 vaccination in eligible members of the population and our workforce ahead of winter is a key priority, ensuring that we continue to work with system partners and local communities to improve uptake in parts of our community where there is lower uptake identified.

As of 8th November 2022 53.4% (B&H 41.9%) of the eligible Sussex population have taken up an offer of the Covid-19 autumn booster vaccination with 94.3% (B&H 90.4%) of care home residents and residential workers, and 79.5% (B&H 77%) of over 80s, having taken up the offer.

To support vaccine uptake across Brighton & Hove, we are working with system partners on:

- Focused communication and engagement following the eligibility for 50+ age group including a media release, social media, and newsletter content.
- Developing the programme's communication and engagement plan for autumn, which has been circulated to appropriate stakeholders.
- Key area of focus continues to be ensuring clear public information about the programme, current eligible cohorts, and delivery models – who, what, how, where.
- Developing areas of focus for hyper local activity to ensure equity of uptake. A specific approach has been taken for groups, which have seen lower uptake to date

across the programme, including translated materials, work with trusted intermediaries, work through VCSE partners, and identifying community leaders to share information and gain support.

- An insight summary is being produced to have a clear understanding across the programme and at Place (e.g. Brighton and Hove) of the insight we have on barriers, challenges and hesitancy, and operational and communication solutions needed. A survey closed on 25 September to understand current attitudes towards the vaccination programme.

As of 30 October 38% (B&H 20.2%) of the eligible population have taken up the offer of a flu vaccination with 64.4% (45.7%) of all 65 and over having been vaccinated. Practices and providers continue to plan and host flu clinics at practice sites. Flu vaccinations are widely available for eligible patients at community pharmacists, local vaccination centres, and practices. Plans for Mobile Vaccination Units in each area are underway to provide additional capacity for the delivery of both Covid-19 and Flu vaccination in areas showing low uptake.

5.8 Workforce

Workforce capacity over winter is an identified risk within our system plan. Therefore, whilst we have been able to increase our workforce number, it is important that we continue with recruitment and retention activity, including overseas recruitment, and ensure that processes are in place to support the health and well-being of our workforce during the winter period and beyond.

The following measures are in place to ensure that optimum workforce levels are in place.

- Robust safe staffing escalation processes in place within each provider.
- System wide mutual aid systems and processes in place to enable the sharing of workforce across providers to maintain safe staffing levels and service provision.
- Sharing of pay rates across the system.
- Assessment of staffing levels daily, and implementation of local response actions to meet shortfalls in capacity.
- New roles and ways of working are being explored, for example the virtual ward programme.
- As a system we are a vanguard nationally in a violence reduction and prevention programme to keep colleagues safe in the workplace
- Our workforce vaccination programme commenced in September to support protection of colleagues from contracting flu and covid infection in support or sickness absence position.

5.9 Communications

To support the NHS Sussex Winter Plan, a Sussex communications and engagement approach has been agreed by all system partners. This aims to provide clear information about services and how people can access the health and care they need, influence

behaviour change, maintain public trust and confidence and gain insight to support further operational solutions and responses.

The overarching approach follows the national 'Help Us Help You' campaign, and is structured over four key focus action areas:

1) Behaviour change campaigns – We will run a series of campaigns under the 'Help Us Help You' banner to signpost to services to encourage greater understanding and usage
2) Public Engagement – We will carry out targeted engagement with identified communities and groups to gain a greater understanding of their barriers/motivations to support operational interventions and delivery
3) Workforce – We will focus on specific communications and engagement with our workforce to support morale and wellbeing
4) Public confidence – We will develop a series of communications that outlines progress and issues in a honest and open way to help maintain public confidence

For each there is a focused action plan to share clear and effective communications with the public, stakeholders and patients. Materials and resources will be shared with all health and care partners, and wider VCSE and community partners to ensure wider sharing to the public and our communities.

Effective communication both with our citizens and our staff is key to ensuring that we can deliver high quality services and treat patients in the most appropriate service and setting for their needs.

5.10 Planned Care Recovery Programme

As a system, our priority is to ensure that the recovery of elective and cancer care services continues, by securing capacity across Sussex which will not be impacted by emergency admissions. This will include using mutual aid between NHS providers, use of the independent sector where necessary, and the further development of Community Diagnostic Hubs. This will help us to continue with our elective recovery plan to diagnose and treat both the most clinically urgent and those that have waited the longest.

There is a Planned and Cancer Escalation Framework which sets out the underpinning principles, key triggers, and actions at each stage of escalation to protect the continuity of planned care and cancer services.

5.11 Mental Health

Mental health services have seen a rapid increase in need, which has placed considerable pressure on the services that are available. Children and Adolescent Mental Health Services have seen particularly significant rises in need as a consequence of the pandemic.

One of the main objectives of the mental health winter plan is to reduce the number of patients having to receive inpatient support outside of the county, recognising the challenges that this creates both for the patient and their families. The plan aims to do this by:

5.11.1 Reducing the need for admission to hospital by:

- Creating 2 new Mental Health Havens (Worthing and Crawley).
- Creating a new Mental health clinical decision unit at Worthing.
- Developing plans for a Mental Health emergency cohort facility at the Royal Sussex County Hospital.

5.11.2 Supporting better clinical decisions at the point of admission.

5.11.3 Reducing length of stay (LoS)

- Creating an Assessment / Triage Ward.
- Developing a clinically led complex case review processes.
- Tackling unwarranted variation in length of stay.

5.11.4 Reducing delays in discharging patients by:

- Maximising the use of Discharge to Assess model in Brighton & Hove.
- Review of the SPFT approach to bed management and patient flow from admission to discharge.
- Expanding the West Sussex Discharge Hub model to Brighton & Hove.
- Engaging staff in the new 'Let's Get You Home' Policy.

6.0 Enhanced Work Streams (Rapid Improvement Pathways)

The third component of the system winter plan relates to five rapid improvement pathways, which have been agreed by the senior leadership of the Sussex Health & Care system including local authority colleagues, which are summarised below:

6.1 Out of hospital urgent care

The focus of the out of hospital workstream is to improve ambulance response times

Objectives:

- To improve access to and utilisation of community pathways including a consistent single point of access.
- Develop clear standardised referral and handover pathways into consistent admissions avoidance and other community pathways, to increase direct referrals, and reduce conveyances where appropriate.
- Identify alternative pathways to safely convey suitable patients to destinations other than ED.

6.2 Frailty pathways

The focus of the Frailty workstream is to ensure we have clear and effective frailty pathways, including falls services in place, Sussex-wide with a focus on enhanced admission avoidance through early support and intervention in the community, in care homes and in Emergency Departments.

Objectives:

- To improve access to, and utilisation of community pathways to keep patients closer to home.
- Establish core clinical principles of frailty pathway for Sussex.
- Deliver agreed targeted actions across the Frailty Pathway.

6.3 Discharge

The focus of the Discharge workstream is to ensure full implementation of each Place's discharge plan aligned to the Sussex agreed model, delivering the 100-day discharge challenge.

Objectives:

- To evaluate and optimise the current agreed discharge model.
- To agree and establish a set of system metrics across the end-to-end pathway.
- To agree and identify the high impact areas of focus, which will deliver improvements to ensure patients who are 'medically ready for discharge' can be safely discharge in a timely way.

6.4 High Risk Cohorts

The focus of the High Risk cohorts workstream is to identify and support people who maybe at high risk of hospital admission over winter, for example people with long term conditions.

Objectives:

- To offer proactive, personalised care for individuals at high risk of hospital admissions.
- Maximise support through social prescribing link workers, health and wellbeing coaches, and care coordinators.
- Improve symptom and condition self-management.
- Increase access to a broader range of support options in their communities.

6.5 Mental Health crisis resolution

The focus of the mental health workstream is to reduce the number of patients, adults, children, and younger people who are receiving their acute inpatient psychiatric care outside of Sussex

Objectives:

- Reduce number of inappropriate out of area placements (acute psychiatric care).
- Reduce length of stay within acute adults and older adults' inpatient units.
- Reduce number of patients who are identified as medically ready for discharge and not yet able to be discharged.

7.0 Local Plans – Brighton and Hove

All the Sussex wide elements of the NHS Sussex Winter Plan apply to all parts of Sussex. The section below provides details that are additional actions Brighton and Hove are taking.

7.1 Local Plans – Brighton & Hove

Partners across health and social care have collaborated to develop detailed place-based plans to address the current and expected challenges in demand across the winter months.

The general principles that have been agreed across Brighton & Hove will help to support resilience across all partners to secure delivery of, and access to, health and care services.

The primary aims are to ensure patients have the right support at the right time, and in the right place to maximise reablement and minimise the risk of harm. The system is working together to redirect as many patients as possible away from Emergency Departments by increasing alternative options such as Urgent Treatment Centres and Urgent Community Response. The system will do all it can to support the timely discharge of patients and reduce the number of patients that are currently in acute and community beds, who are medically ready to be discharged.

Local system oversight arrangements are in place across the Brighton & Hove health and care system partners with senior operational touchpoint calls increased to daily (from twice weekly) during winter to help support the delivery of urgent and emergency care and discharge objectives. There is also weekly joint Executive oversight through the Operational Command Group (OCG), to solve any escalated issues or make timely decisions on new proposals so that we can remain responsive and flexible throughout the winter.

7.2 Acute Hospital Urgent Care Services

The main acute emergency department used by the city's population is at the University Hospitals Sussex Royal Sussex County Hospital (RSCH) site. The RSCH also provides services for East and West Sussex populations, with up to 60% of patients coming from outside of the Brighton and Hove area.

The emergency department at the RSCH has seen a significant drop in performance through the Covid pandemic. An increasing number of patients are choosing emergency departments as their first port of call with medical conditions that could often be treated in a different urgent care setting. As such, work is ongoing to improve flow to the co-located and stand-alone Urgent Treatment Centres to maximise the number of patients that can be seen there. In addition, there is close work with a remote GP provider, offering on the day appointments daily, accessible through the Urgent Treatment Centres, therefore freeing up

more time for the Emergency medics to treat the seriously unwell.

The challenge to maintaining performance is also associated with an increased number of people who are ready to be discharged but are delayed, which reduces the ability to admit patients through the emergency department. The RSCH Emergency Department is small and often congested with challenges admitting patients into hospital beds. This also results in long waits for patients before they are transferred to the wards. The department and patients will benefit from the opening of the 3Ts development that will improve capacity, and the configuration within the hospital will help support the timely transfer of care from the ambulance service to the hospital. Ambulance handover escalation triggers and actions have been agreed to provide a mechanism that all partners can react to provide support during times of challenged handovers.

University Hospitals Sussex has an Urgent and Emergency Care Improvement Programme which focusses on improving flow through the organisation to support the decongestion of the emergency departments. Escalation areas are open to increase the amount of bedded capacity to admit into, with further capacity to come online in the peak of winter. Working in partnership with key system colleagues, the introduction of an 'Admission Prevention Team' within the acute front door will also support this. Staffed by therapists and social care, this team can offer more appropriate alternatives and support to patients whose needs are not best resolved through the Emergency Department.

The system in Brighton & Hove is therefore working together to support as many patients as possible to be treated away from an Emergency Department and on our collective discharge arrangements. This will allow the Emergency Department to focus on treating those that are most unwell or injured and support local people in the right way for them.

7.3 Admission Avoidance

The Sussex wide enhanced work stream is developing an enhanced admission avoidance access point. The enhanced workstream is also developing the frailty response that will help support patients to remain in their own home rather than being treated in an Emergency Department. This will build on and enhance existing Urgent Community Response Services (UCR) provided by Sussex Community NHS Foundation Trust (SCFT). The UCR services are developing improved access and responsiveness to non-injurious falls, including supporting call outs to Care Homes to support them with assessing residents who have fallen but have not sustained any obvious injury. The UCR teams are working closely with the Ambulance Trust and its crews to increase awareness of the service offer and enable direct clinician to clinician decision making to support referrals into community as an alternative to conveyance.

An enhanced offering in the Urgent Treatment Centres (UTCs) will help direct patients away from the main Emergency Department if their condition is better suited to treatment there. The Admission Prevention Team and Care Navigators will focus on ensuring that patients whose needs can be best met through Primary Care will be streamed through to primary care, and any available capacity in the UTC is to be directed toward supporting 'walk in' attenders to the Emergency Department. In addition, the onsite GP's hold bookable

appointments in the UTC which means that patients, where it is safe and appropriate to do so, can be given a set appointment for later in the day – allowing them to leave the ED and return for a face-to-face appointment, avoiding a wait.

LIVI is a remote GP service which has been commissioned to provide remote consultations to 111 patients to prevent them having to attend face-to-face appointments. LIVI have successfully completed 70-80% of these consultation through remote consultation, saving the patient having to attend in person, and freeing up this valuable resource to be directed to those with more urgent needs. The RSCH will also support those patients who are 'walk in' and can be best supported via Livi, to return home with a pre-arranged phone appointment with one of their GP's.

There is a nurse led 'walk in centre' model in the centre of Brighton (by the station), which is open 7 days and work is underway to ensure that patients with minor injuries, where appropriate, know that this facility is running and how its accessed.

Same Day Emergency Care access will be expanded with mechanisms for direct referral from SECAmb crews developed. A set of clinical condition criteria is being developed with each acute medical service to allow SECAmb to directly convey patients with predefined medical conditions. These are patients who would benefit from the experience of an acute medical consultant, but who otherwise would have had to go through ED and potentially have led to an unneeded overnight stay. This will by-pass ED and take the patient to the right clinician the first time with the goal to treat the patient and discharge within the same day, thus avoiding an overnight stay, whilst also freeing up more capacity within ED.

Finally, working closely with the British Red Cross, Brighton and Hove has expanded its 'High Intensity User' service. This is a specialist team that works with patients who frequently attend the Emergency Department, to support them and their family, carers, and Primary Care to reduce the number of times they need to come in.

7.4 Discharge

In Brighton & Hove there are well established discharge pathways for people who are able to go straight home with no or very little further health or social care support; for people who can go home with some immediate health and social care assessment through "Home First" service before being referred onto core community services; and for people who first need a period of rehabilitation in a bedded setting or who may need to go into longer term residential or nursing care. Brighton and Hove launched a new Discharge Transformation Programme in the summer, which will support better ways of working over the coming 18 months and 2 years. As a system, this is a key tool to the ongoing development and reviewing all these pathways.

Brighton & Hove commission services with the Voluntary Sector who play an essential role in the local health and care system. These are being strengthened further over the winter and provide support to patients who may need a little bit of extra help to get home (but don't need formal support), or to avoid coming into hospital. These include the Ageing Well service, linking people into a range of community-based groups and classes, the British

Red Cross 'Take Home and Settle Service' – which also extends to the Emergency Department and work with Possibility People, Age UK, and Impact Initiatives who all work in a flexible way to allow people to go home and stay independent at home – whilst linking them into community networks.

Brighton & Hove will continue to prioritise Home First as a preferred discharge pathway, aligning to the strategic principle to allow patients to return to their own homes following an acute hospital stay, wherever safe and practical, with funding going into the service for both clinical and domiciliary care capacity. A full pathway review of Home First is underway with health and social care colleagues to identify areas of process improvement to help increase efficiency.

In addition to Home First, there is also a requirement for rehabilitation beds to allow patients to be discharged from an acute bed to continue their rehabilitation journey in a community bed. There will be a review of the criteria for these rehabilitation beds to make best use of capacity and ensure that all patients who could benefit from a period of rehabilitation in a bedded environment are considered. This is working closely with a review of the way that therapeutic interventions are delivered to patients. Brighton and Hove are leading this review and will increase the capacity of Occupational and Physio therapists to target interventions to get people back on their feet faster and reach their goals- allowing them to go home sooner and stay at home longer.

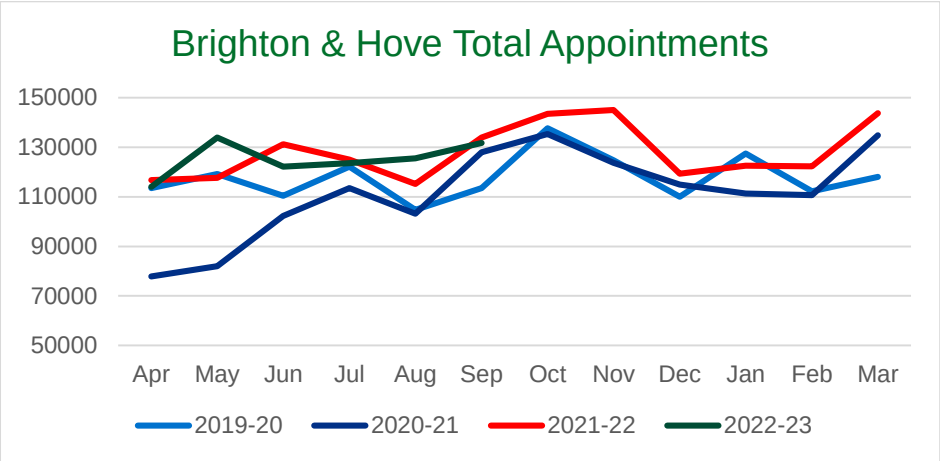
Over winter a new process has been developed whereby the existing discharge hubs will escalate any patient that needs a senior level review to support timelier discharge. The discharge hubs will meet twice daily to highlight the current patient lists for discharge. In addition, there will be regular senior meetings to consider those patients who have been waiting the longest for their next steps, to consider other opportunities for them. Senior operational group meetings will review and monitor this to ensure maximum efficiency.

7.5 Primary Care Winter Planning

The approach to this winter has been influenced by patient feedback highlighted, and the experience of last winter. A £1.5m winter fund has been made available to those areas with the highest health inequalities to ensure better access to primary care. The key areas of focus will be to increase capacity; maximise its effectiveness; and improve communication between providers and with patients as set out below:

7.5.1 Increasing capacity

Appointment data is published by NHS Digital, and though still experimental and non-standardised, it gives NHS Sussex an indication of performance against this trajectory utilising a consistent methodology. What is clear is the number of appointments now exceed those offered in 2019, before the pandemic, as illustrated in table one



Source. NHS Digital, available at https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/august-2022

Figure 2: total number of GP appointments in Brighton by year

We will use the 1.5m winter fund to deliver an additional 86,000 appointments across Sussex. This has been offered to those PCNS facing the highest inequalities in Sussex, including all six in Brighton, who will receive c.£3.27 per head of weighted population to increase capacity.

Increased roll out of the Community Pharmacy Consultation Service (CPCS) will enable GP practices to book patients with a minor illness for a same day consultation with their local pharmacy where appropriate.

We will support PCNs to recruit additional staff, including new GP Assistant, and digital and transformation roles, to ensure patients see the right clinician at the right time, rather than every patient having to go through the GP for a referral to them.

7.5.2 Optimising capacity

Same day data from GP practices will be automatically extracted to highlight where there are pressures in the system and offer support as soon as possible to ensure they can continue to meet patients need.
Improved Business Intelligence Systems will be commissioned for practices so they can identify those patients most at need and plan their appointments and workforce rotas accordingly.
Recognising the problems patients had contacting their practice (that was reported in the patient satisfaction survey), all practices will be supported to purchase advanced cloud telephony systems which will improve the patient experience, ensuring patients are informed on progress throughout the call and linked with the right healthcare professional.

7.5.3 Improve links / communications across the primary care system

The new Integrated Care System will encourage PCNs to integrate more fully with Community/Mental Health providers, Local Pharmacies, Adult Social Care, and the voluntary sector.

NHS Sussex will continue to work with Brighton Healthwatch, patients, and practices to codesign website ‘good practice’ templates and offer funding to those practices whose websites have been identified as being the most 'in need of improvement’, based on self-selection, Healthwatch ‘Mystery Shopper’ surveys, and a review by the Digital First team. Digitally Excluded Groups will be supported to learn how to better use digital health technologies, but promoting use of the NHS App, online consultations and NHS 111 Online where digital exclusion is a recognised issue.

7.6 Public Health

The Brighton & Hove winter plan includes ongoing joint work with Public Health. This includes the work of the Brighton & Hove vaccination cell to maximise vaccine uptake among target groups such as those living in deprivation, minority groups, homeless people and migrant workers. They are also maximising uptake of shingles and pneumococcal vaccines in eligible older adults. Public Health protection team and the ICB infection control teams also work closely together to prove support to the Brighton & Hove care provider market with infection prevention control support.

8.0 Summary

There has been significant engagement from all system partners to develop a robust winter plan for the system, support local people to have access to the right services to support their need, and to put in place the mechanisms necessary to support delivery and respond in an agile way to pressures experienced across our services. Consequently, we are well placed both to deliver on the requirements set out in the national letters and plans issued in recent months, and to manage winter as effectively as possible with the resources available to us.

The plans set out the mechanisms through which we will remain sighted on the key issues, respond in an agile way to pressures and ensure that system leadership remains aligned on the key actions that we take.