Brighton & Hove City Council

Health Overview & Scrutiny Committee

Date:	**18 October 2023**
Time:	**4.00pm**
Venue	**Council Chamber, Hove Town Hall**
Members:	**Councillors:** Fowler (Chair), Baghoth (Deputy Chair), Asaduzzaman, Evans, Hill, Lyons, McLeay, Nann, Robins and Wilkinson **Invitee:** Theresa Mackey (Older People's Council), Nora Mzaoui (CVS) and Geoffrey Bowden (Healthwatch)
Contact:	**Giles Rossington** Policy, Partnerships & Scrutiny Team Manager 01273 295514 giles.rossington@brighton-hove.gov.uk

Agendas and minutes are published on the council's website www.brighton-hove.gov.uk. Agendas are available to view five working days prior to the meeting date.

Electronic agendas can also be accessed through our meetings app available through ModernGov: iOS/Windows/Android

This agenda and all accompanying reports are printed on recycled paper

AGENDA

PART ONE **Page**

11 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.

12 MINUTES **7 - 16**

To consider the minutes of the previous Health Overview & Scrutiny Committee meeting held on 12 July 2023, (copy attached).

13 CHAIR'S COMMUNICATIONS

14 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 (insert date) 2017.
(c) **Deputations:** To receive any deputations submitted by the due date of 12 noon on the (insert date) 2017.

15 MEMBER INVOLVEMENT

To consider the following matters raised by Members:

(a) **Petitions:** To receive any petitions submitted to the full Council or to the meeting itself.
(b) **Written Questions:** A list of written questions submitted by Members has been included in the agenda papers (copy attached).
(c) **Letters:** To consider any letters submitted by Members.
(d) **Notices of Motion:** To consider any Notices of Motion.

16 PRIMARY CARE NETWORKS 17 - 34

Presentation on Primary Care Networks from NHS Sussex (papers attached)

17 SUSSEX CANCER CENTRE: PRESENTATION FROM UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST

Verbal presentation – TO BE CONFIRMED

18 SUSSEX POLICE & CRIME PANEL LETTER TO SUSSEX HOSCS: SUSSEX POLICE AND MENTAL HEALTH 35 - 66

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, 10 October 2023

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fourth working day before the meeting.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.
Infra-red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.

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

WEBCASTING NOTICE
This meeting may be filmed for live or subsequent broadcast via the Council's website. At the start of the meeting the Chair will confirm if all or part of the meeting is being filmed. You should be aware that the Council is a Data Controller under the Data Protection Act 1998. Data collected during this web cast will be retained in accordance with the Council's published policy.

Therefore, by entering the meeting room and using the seats in the chamber you are deemed to be consenting to being filmed and to the possible use of those images and sound recordings for the purpose of web casting and/or Member training. If members of the public do not wish to have their image captured, they should sit in the public gallery area.

ACCESS NOTICE
The Public Gallery is situated on the first floor of the Town Hall and is limited in size but does have 2 spaces designated for wheelchair users. The lift cannot be used in an emergency. Evac Chairs are available for self-transfer and you are requested to inform Reception prior to going up to the Public Gallery. **For your own safety please do not go beyond the Ground Floor if you are unable to use the stairs.**
Please inform staff on Reception of this affects you so that you can be directed to the Council Chamber where you can watch the meeting or if you need to take part in the proceedings e.g. because you have submitted a public question.

FIRE / EMERGENCY EVACUATION PROCEDURE
If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by council staff. It is vital that you follow their instructions:

- You should proceed calmly; do not run and do not use the lifts;
- Do not stop to collect personal belongings;
- Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and
- Do not re-enter the building until told that it is safe to do so.

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 12 JULY 2023

COUNCIL CHAMBER, BRIGHTON TOWN HALL

MINUTES

Present: Councillor Fowler (Chair)

Also in attendance: Councillors Asaduzzaman, Evans, Hill, Lyons, Robins, Wilkinson, Nann and Davis

Other Members present: Nora Mzaoui (CVS representative), Geoffrey Bowden (Healthwatch Brighton & Hove)

PART ONE

1 PROCEDURAL BUSINESS

1.1 Substitutes

1.1.1 Cllr Davis attended as substitute for Cllr McLeay

Cllr Nann attended as substitute for Cllr Baghoth

1.2 Declarations of Interest

1.2.1 There were none.

1.3 Exclusion of the Press & Public

1.3.1 RESOLVED – that the Press & Public be not excluded from the meeting.

2 MINUTES

2.1 RESOLVED – that the minutes of the 12 April 2023 meeting be agreed as an accurate record.

3 CHAIR'S COMMUNICATIONS

3.1 The Chair gave the following communications:

I'd like to welcome everyone to the HOSC. All of the items on today's agenda are issues that have been considered in one way or another at previous HOSC meetings. I'm conscious that

most of our members didn't sit on the previous HOSC, but hopefully the reports explain the context for the items.

One thing I wanted to explain in a little bit more detail is the background to today's first item on children's cancer services. This initially came to HOSC in March where members were asked whether they wanted to be formally involved in scrutiny of these plans, and members agreed that they did.

Normally, formally scrutiny of a big regional service like this is undertaken by a Joint HOSC of all the committees that want to be involved. This is what was expected to happen here and we took a report to April Council to get permission to set up a Joint HOSC. However, the other committees involved have told NHS England that they wouldn't be able to set up a Joint HOSC in time to meet NHS England's planned timetable, and rather than delaying its plans, NHS England have agreed to consult separately with Brighton & Hove HOSC, with the standing South East London Joint HOSC and with the standing South West London & Surrey Joint HOSC.

On the plus side, this does mean that Brighton & Hove HOSC is able to concentrate on the impact NHSE England's plans will have on local people, and we have NHS England here today to talk us through their plans.

4 PUBLIC INVOLVEMENT

4.1 There were no public involvement items.

5 MEMBER INVOLVEMENT

5.1 There were no member involvement items.

6 RECONFIGURATION OF SPECIALIST CHILDREN'S CANCER SERVICES

6.1 This item was introduced by Dr Chris Streather, Regional Medical Director, NHSE London; Ailsa Willens, Programme Director, Children's Cancer Principal Treatment Centre, NHSE London; and Catherine Croucher, Consultant in Public Health, NHSE London. Also on the meeting call were Dr Christopher Tibbs, Medical Director, Specialised Commissioning NHSE South East; Sabahat Hassan, Head of Partnerships & Engagement, NHSE South East Commissioning Directorate; Fiona Gaylor, Transforming Partners for Healthcare; and Dr Dinesh Sinha, NHS Sussex Chief Medical Officer.

6.2 The NHSE representatives described current services, the rationale for change, and consultation plans to the committee:

- There are 13 Principal Treatment Centres (PTC) for children's cancer across England. The formal catchment areas for the PTC which this service change is about covers south London, Kent, Medway, most of Surrey, East Sussex and Brighton & Hove. Patients from areas such as West Sussex (which is part of the catchment area for the Southampton PTC) may also choose to receive their care from the PTC.
- PTCs operate shared care arrangements with local Paediatric Oncology Shared Care Units (POSCU) (e.g. the Royal Alexandra Children's Hospital, Brighton) ensuring that as

much care as possible is delivered locally, but that care is delivered from the regional hub when necessary.

- Our PTC is jointly operated by The Royal Marsden from its Sutton site alongside, St George's Hospital, Tooting who provides the Paediatric Intensive Care Unit for patients alongside other services, such as surgery.
- However, there are risks inherent in having separate PTC and PICU, and there is now a requirement for all PTCs and PICU to be on a single site to remove the need to transfer patients who need PICU. It would not be feasible to create a PICU on the Royal Marsden's Sutton site, so a new location for the PTC must be found.
- NHSE have considered potential providers and have narrowed this down to a shortlist of two: St George's Hospital, Tooting; and the Evelina Children's Hospital (part of Guy's & St Thomas's).
- Both potential providers have been evaluated by NHSE against four domains (clinical/patient & carer experience/enabling/research); the Evelina currently scores higher than St George's, but both bids score well and both are viable providers. NHSE will consult on both options.
- NHSE will conduct a 12 week consultation with current and former patients and carers, stakeholders and the public. This will include a mid-period review of the consultation process to seek to ensure NHSE hear from as many stakeholders as possible. A final decision on the provider will be made in early 2024.
- There has been extensive clinical input to date and will be more as the consultation progresses.
- It will take around 2 and a half years from contract award to the full launch of the new service, in part because capital works would be required at either of the future PTC providers.
- A full Equality & Health Inequalities Impact Assessment (EHIA) has been conducted. This includes a focus on travel. Both options will, on average, have shorter journey times by public transport for most patients, but longer journey times by car, particularly the Evelina (Westminster).
- A range of mitigations have been identified including helping families to plan their travel arrangements: helping families access national NHS reimbursement schemes for travel costs (including for the congestion charge and ULEZ), or provision of hospital transport. Additional mitigations include remote consultations (where appropriate) and shared care closer to home.
- The consultation will include patients, carers, staff, community & voluntary sector groups (CVS), stakeholder groups etc.
- There is a high percentage of families in the area covered by the PTC for whom English is not a first language, and much thought has been given to developing accessible consultation materials.

6.3 Dr Dinesh Sinha told the committee that NHS Sussex (Sussex Integrated Care Board) is fully supportive of the PTC consultation process.

6.4 Cllr Evans asked whether the incidence of children's cancer is higher in certain communities. Dr Streather responded that, unlike adult cancers, the incidence of children's cancer does not particularly vary according to deprivation status or ethnicity.

6.4 Cllr Evans asked a question about the involvement of local CVS organisations. Ms Willens responded that NHSE are linking with the local CVS to help target the

consultation. Materials will be available in a variety of languages (most commonly spoken) and there will be scope to do translation on demand also.

6.5 Cllr Lyons asked whether it was true that 23% of the communities being consulted do not have English as their first language. Dr Streather replied that this is accurate, according to a recent survey carried out with families whose children are currently receiving specialist cancer treatment.

6.6 Cllr Evans asked about the relative scores of the Evelina and St George's. Dr Streather responded that he did not have the precise figures to hand, but that there was approximately 4-5% difference overall, in favour of the Evelina London, with around 2% difference on the clinical domain (in favour of Evelina London); and a 1.5% difference on the patient & carer experience domain (in favour of St George's).

6.7 Cllr Evans questioned whether modelling of public transport to the potential sites was all that relevant, given that families were likely to drive if they had the option. Dr Streather replied that the current 75/25 split (in survey data gathered so far) between cars/public transport may reflect the fact that The Royal Marsden in Sutton site has poor public transport links for anyone not living locally, and there could be an upswing in public transport use for either of the new sites. Some communities have expressed strong views about access to one or another of the sites. These views are valid, but they have to be balanced against the access needs of everyone in the catchment area. Ultimately, the decision on the site needs to be principally informed by clinical outcomes; and other factors alongside consideration to the convenience of travel.

6.7 Geoffrey Bowden asked a question about overnight accommodation. Ms Croucher responded that this is part of the mitigation measures that will be put in place. Both sites have the facility for parents to stay on wards, and both have some nearby accommodation for families (e.g. Ronald McDonald House). There may also be opportunities for the providers to partner with local hotels. Another issue that will need to be addressed is how to ensure that all families are made aware of the support on offer.

6.8 In answer to questions from Mr Bowden on problems people might have with having travel costs reimbursed if they are unable to meet up-front costs, and on childcare costs for other children in the family, Ms Croucher responded that both providers have indicated their willingness to explore schemes that provides up-front funding for travel costs. There is potential learning from Surrey Heartlands who have also explored this type of scheme. There is nothing specific available (through the NHS) in terms of childcare costs, but supporting for families to access benefits, charitable help etc. is a key recommendation for mitigation of adverse impacts.

6.9 Cllr Robins asked what ages the service covers. Ms Willens responded that the service is 1-15. Young babies (under the age of 1) receive services at Great Ormond Street Hospital; and there is a teenager & young adult service at The Royal Marsden. There is some flexibility around transition from the children's service to this service.

6.10 In response to a question from Cllr Robins on why West Sussex residents are not part of this service, Dr Streather responded that West Sussex residents have the option to use either the Southampton or the South London PTC. They formally sit in the catchment area to the Southampton PTC.

6.11 In response to a question from Cllr Robins on the most common types of childhood cancer, Dr Streather replied that these tended to be blood cancers and also brain cancer.

6.12 Cllr Nann asked a question about what potential there was to change elements of planning in response to information from the consultation. Dr Streather replied that NHSE has an open mind about the choice of future provider, so the consultation could definitely affect this. There is also a long run-in time before any new service will be operational and this will allow for learning from the consultation to be fed into mobilisation plans by the future provider, particularly in terms of patient experience and access considerations.

6.13 Cllr Hill asked about the research scores for the two sites. Dr Streather replied that St George's has a partnership with the University of London, and the Evelina with King's College, London. The latter is a larger provider offering more research opportunities, so if St George's became the future provider work would be needed to grow research opportunities there. The Evelina scored 3.8% higher than St George's in this domain.

6.14 Cllr Hill asked a question about work that could be done to improve the Evelina's score in terms of patient & carer experience. Differences between the two providers in this domain relate to: quality of facilities (specifically patient privacy and dignity), patient travel times (particularly by road). Dr Streather responded that some of the difference in scoring between the Evelina and St George's may be due to St George's being part of the current service. However, there is also time for learning to be embedded in the new model. Members of the South West London & Surrey Joint HOSC have been invited to visit the Evelina to explore what is being done to improve patient experience.

6.15 RESOLVED - That Committee has reviewed the plans described here to reconfigure specialist children's cancer services and has determined that it does not wish to make specific comments or require additional responses, as it considers that on balance the changes mooted will not be detrimental to the health of city residents; and

That Committee formally agrees that it does not wish to undertake further formal scrutiny of these plans, but asks officers to indicate to NHSE its desire to be kept informed of their progress.

6.16 The Chair thanked guests from NHSE and from NHS Sussex for attending the meeting and for providing such a wealth of information on plans to improve children's cancer services.

7 CARE QUALITY COMMISSION INSPECTION REPORT: UNIVERSITY HOSPITALS SUSSEX (MAY 2023)

6.1 This item was presented by Dr George Findlay, Chief Executive Officer, University Hospitals Sussex NHS Foundation Trust (UHSx). Dr Findlay told the committee that UHSx had recently been inspected by the Care Quality Commission (CQC). The CQC published a summary inspection report in May 2023. The report was mixed, with UHSx services rated outstanding in the 'caring' and 'effective' domains, but with real concerns across other domains.

6.2 Dr Findlay presented ratings for all the Trust's sites. The Royal Sussex County Hospital (RSCH) is an outlier in terms of performance. In part this may reflect the fact that the RSCH has been subject to several recent inspections: the more a hospital is inspected the more faults tend to be found. However, the Trust takes the CQC's findings very seriously and is committed to action. The CQC found particular problems in terms of leadership visibility, support for staff speaking up, and culture at the RSCH. Of particular concern was the fact that a number of staff members had reported concerns direct to the CQC rather than feeling able to use UHSx internal procedures.

6.3 It is important to recognise that the CQC found good as well as bad practice, and that they believe that the right executive team and operating model are in place. There were no surprises in the CQC report: Dr Findlay had commissioned external due diligence when he re-joined the Trust as Chief Executive, and this audit had identified similar problems. It should also be recognised that the inspection was some months ago and at a particularly difficult time for the delivery of healthcare. Subsequent to this, the Trust has seen much improved staff engagement scores.

6.4 The CQC had recommended that the Trust go into what would effectively be special measures. However, this has not been supported by organisations in the local health and care system.

6.5 In response to member questions, Dr Findlay told the committee:

- Surgery at the Trust had seen real improvements in recent months. Clinical outcomes have always been good.

- UHSx takes staff reports of experiencing racism very seriously. The Trust's Equality, Diversity & Inclusion team has been refreshed, and there is a focus on promoting diversity through recruitment and promotion.

- UHSx has outsourced its speak-up guardian service and is also investing in a major leadership programme.

- The Trust would be happy to come back to the HOSC to provide further updates about its improvement planning.

- There is an active police investigation into whistleblowing allegations and it is not possible to discuss these in public at the current time.

6.6 RESOLVED – that the report be noted.

8 UNIVERSITY HOSPITALS SUSSEX: CAPITAL INVESTMENT PROGRAMME

7.1 This item was introduced by Peter Larsen-Disney, UHSx Clinical Director, 3Ts Redevelopment Programme; and James Millar, UHSx Deputy Director Capital Development & Property. Also on the call were Gordon Houliston, UHSx Deputy Divisional Director of Operations; and Dr Maria Grech, UHSx Consultant in Emergency Medicine.

7.2 Mr Larsen-Disney presented on the progress of 3Ts. Stage 1, the Louisa Martindale building, is now open for use, offering state of the art facilities unparalleled nationally. Work is progressing on stage 2, the Sussex Cancer Centre. This will serve city residents as well as operating as a Sussex-wide tertiary centre, supported by cancer hubs across Sussex. Stage 3 of 3Ts will see the development of a new facilities yard. Mr Millar updated the committee on initiatives including paediatric audiology, the completion of the new helideck and improving imaging systems. Mr Houliston and Dr Grech outlined plans to redevelop the emergency department to improve patient experience and help achieve treatment targets.

7.3 The Chair asked whether the opening of the Sussex Cancer Centre would mean fewer city residents having to travel to Hayward's Heath for treatment. Mr Larsen-Disney responded that in the future, all tertiary services would be provided at the Sussex Cancer Centre.

7.4 Cllr Robins enquired whether the Sussex Cancer Centre could be used for young people, rather than them being referred to a Primary Treatment Centre in London. Mr Larsen-Disney replied that the incidence of children's cancers is too low for a Sussex-based service to be feasible, hence the need for a regional service for South London and the South East.

7.5 Cllr Hill asked whether the redesign of the emergency department would solve current problems with the Royal Sussex A&E. Mr Houliston responded that the changes will provide much more space for activity which will definitely help with current capacity issues. However, improvement in discharge is also required.

7.6 Cllr Hill asked about issues with x-ray systems, and was told that this will be addressed as part of diagnostic improvements.

7.7 Cllr Hill asked a question about the helipad, and was told that the helipad was not yet in operation.

7.8 Cllr Evans asked a question about whether lung cancer surgery would continue to be delivered outside the city, and was told that this would remain the case: there is insufficient local demand to make anything other than a regional surgical service for thoracic cancers feasible. However, all wrap-around care for lung cancer will continue to be locally delivered.

7.9 The Chair thanked all the presenters, and noted that members would appreciate the opportunity to visit the Louisa Martindale building. A tour had been arranged for

members of the HOSC earlier in the year and had been greatly appreciated, but there were now a number of new members on the committee.

9 WINTER PRESSURES 2022/23: UPDATE

8.1 This item was introduced by Ash Scarff, Deputy Managing Director, NHS Sussex (Brighton & Hove); Rob Persey, BHCC Executive Director, Health & Adult Social Care; and Dr Rob Haigh, UHSx Medical Director.

8.2 Mr Scarff told the committee that:

- The Sussex Integrated Care System winter plan for 2022-23 had been presented to the November 2022 HOSC
- Additional national funding for winter 22-23 had been received and used to provide more capacity
- Community & Voluntary sector organisations had played a vital role in winter services (e.g. St John's Ambulance providing podiatry and wound care services)
- The Brighton Urgent Treatment Centre, walk-in centre and GP capacity had all been utilised to help manage pressure on acute care
- The system was required to cope with lots of mental health need, but had nonetheless managed to reduce out of area placements
- There has been concentrated work on infection prevention.

8.3 Dr Haigh told the committee that:

- Integration with BHCC adult social care and with community and voluntary sector organisations had been key to successfully managing winter demand
- Elective stays had been reduced despite this having been a challenging winter because of covid, flu, strep in children and the impact of industrial action
- The level of system integration bodes well for future years, particularly given the additional capacity that will be provided by 3Ts stage 1.

8.4 Nora Mzaoui asked what more primary care could do to support systems over the winter. Dr Haigh responded that primary care had played a really effective role in providing an alternative to hospital care, via the Urgent Treatment Centre, the walk-in centre, virtual wards, support provided to ambulance crews etc.

8.5 RESOLVED – that the report be noted.

10 HEALTHWATCH BRIGHTON & HOVE ANNUAL REPORT

9.1 This item was presented by Geoffrey Bowden, Chair of Healthwatch Brighton & Hove.

9.2 Mr Bowden outlined the statutory role of Healthwatch, explaining that it operates as a critical friend for local NHS and care services. Healthwatch endeavours to support services, but ca be a robust critic when it needs to be. Healthwatch has only 5 full time employees, and relies heavily on its dedicated volunteers. Healthwatch works very closely with the Care Quality Commission (CQC), contributing to the CQC's provider inspection programme.

9.3 Mr Bowden told members that issues of particular local concern include access to GP and dental services.

9.4 Members thanked Healthwatch for the excellent work it had carried out in the past year.

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of

Item 16

Primary Care Networks: Improving access to services

An overview for Brighton and Hove Health Overview and Scrutiny Committee

October 2023

---

1. Introduction and Background

What is a Primary Care Network?

1.1 Primary Care Networks (PCNs) were introduced in July 2019 to improve access to primary care and expand the range of services available. This is achieved through better integration with community services and greater involvement of a wider, integrated primary care team.

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

1.3 NHS England has stipulated that networks should 'typically' cover a population of between 30,000 and 50,000 people (the average practice size is just over 8,000). There are 39 PCNs across Sussex (6 of which are in Brighton and Hove) and approximately 1264 across England.

1.4 There are 31 practices that make up 6 PCNs in Brighton and Hove. The largest PCN in Brighton and Hove is Goldstone PCN. This is made up of three GP (General Practice) practices and has 78,744 registered patients, followed closely behind by East and Central PCN which is made up of nine practices and has 74,460 registered patients as of July 2023.

1.5 The smallest PCN is Deans and Central PCN which has five practices and 37,109 registered patients. This PCN also provides services to the registered patients of Brighton Station Health Centre as well as the Primary Care Hub (previously known as the Walk in Centre) as of April 2023. All six PCNs are classified as being in areas of significant deprivation and are part of the Core 20+5 approach to drive targeted action in healthcare inequalities improvements.

2. PCN Structures and Governance

2.1 Practices are contractually signed up to deliver the PCN DES (Directed Enhanced Service) at the beginning of each financial year unless they actively choose to opt out. A Core Network Practice participating in the Network Contract DES may end its participation in the Network Contract DES by first notifying the commissioner of its intention to opt out.

2.2 If a practice chooses to withdraw, the ICB (Integrated Care Board) has responsibility for ensuring that the practice's patients have access to PCN services and this is often done by allocating the patients to another PCN, however there are instances where alternative providers of primary care have been sourced to provide PCN services to a practice's registered patients list.

2.3 In cases where a practice wishes to move between PCNs, then a proposal is submitted to the ICB's Primary Care Commissioning Group for approval and would need to demonstrate benefits to patients from the new configuration.

2.4 Practices within a PCN are expected to collaborate, agree and set their PCN's Terms and Conditions including agreed processes for how they manage finances, decision making, how they will work together, and how their services will operate through a document called the Mandatory Network Agreement (MNA). Governance arrangements for PCNs and the content within their MNAs cannot be mandated by their local ICB i.e., PCNs have the autonomy to agree and set out their own internal governance and financial arrangements, making interpretations from the guidance set out in the PCN Contract. ICBs (Integrated Care Boards) however are encouraged to work closely with their PCNs with a view to influencing and encouraging them to make appropriate plans and choices that meet the needs of their local population.

3. PCN Contractual Responsibilities and Services

3.1 The main nationally set ambitions for PCNs are to:

- Take collective action – with system partners – to address the wider determinants of health
- Provide increased levels of joined up and coordinated care
- Become more proactive; using predictive tools to better support people to stay healthy
- Provide a differentiated support offer to individuals, thus reducing inequalities and supporting them to take charge of their own health and wellbeing, and
- Attract and retain a multidisciplinary workforce, supported by the Additional Roles and Responsibilities PCN funding scheme (ARRS).

3.2 To achieve the above ambitions, PCNs have contractual responsibility for delivering nine national service specifications:

- Anticipatory Care
- Cardiovascular Disease (CVD) Prevention and Diagnosis
- Early Cancer Diagnosis
- Enhanced Access
- Enhanced Health in Care Homes
- Personalised Care
- Social Prescribing Service

- Structured Medication Review and Medicines Optimisation
- Tackling Neighbourhood Health Inequalities

Impact and Investment Fund

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

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

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

Figure A

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

Capacity and Access

3.5 In addition to the standard contractual requirements of the PCN DES Contract as outlined above, April 2023 saw the implementation of the Primary Care Recovery Plan, aimed at supporting local systems and their PCNs/Practices to drive and deliver increased transformation, and resilience across primary care general practice.

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

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

3.7 The Plan included a series of changes made to the GP and PCN contracts and associated funding for 2023/24 which saw the simplification of the PCN Investment & Impact Fund (IIF) i.e., reducing from 36 IIF targets during 22/23 to 5 targets during 23/24 to create opportunity and investment for a new scheme called the "Capacity & Access Improvement" Programme (CAIP). The CAIP requires PCNs and their core practices to plan, develop and deliver several improvements across areas against the following headings:

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

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

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

- 70% of the new CAIP funding will be paid unconditionally to PCNs*, over a 12-month period during 23/24 equating to an average payment across Sussex PCNs of £0.131m.
- The remaining 30% will be retained within ICBs and will be released to PCNs post 23/24 subject to evidenced improvements as pledged in the PCN's CAIP plans.

4. An overview of Brighton and Hove PCN Progress

4.1 Further to the April 2023 PCN Report presented to the Brighton and Hove Health and Social Care Committee, progress, and development across the six Brighton and Hove Primary Care Networks continues, with a key focus on improving access to general practice underpinned by the CAIP scheme as outlined above, as well as maximising all available opportunities for delivering the Primary Care Recovery Plan.

Support opportunities available to Brighton and Hove PCNs

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

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

Figure B

Name of initiative	Details
GP Improvement Programme (GPIP)	• Introduced as part of the delivery plan for recovering access to primary care in May 2023. • Two-year programme running between 2023-2025 • The programme supports practices and PCNs over to make changes and improvements to how they work, maximising the use of all staff roles and local services, meeting the needs of patients, and providing safe, equitable care.
Redmoor – Digital Solutions for advancing telephony.	• Programme of support aimed at developing digital telephony systems, to improve access, manage demand and operational flows.
Care Navigation	• Training for reception staff and care navigators who will be involved in triaging requests to the correct clinician or service for the patient.
Clinical and Estates Strategy Development Programme	• The programme aims to bring population health improvement and integration into estates planning. The focus is on identifying the information needed to create a Population Health Vision which covers population health challenges and inequalities. • PCNs will then develop and deliver the models of care needed to deliver the changes in population health.
PCN Leadership Programme (NHS Confederation)	• A Leadership Development Programme for PCN leaders, run by the Health Systems Innovation Lab (London South Bank University) in partnership with the NHS Confederation. Participants learn and apply new knowledge with their peers to the challenges they face both immediately in the coming winter but also for the future. Focus is on: • Developing the relationships needed for local and system integration. • Working collaboratively on PCN and cross-PCN level system change to support improved population health. • The programme focuses on the development of a model of primary care, in line with the Fuller Stocktake review, to secure the benefits of integration for our local populations.
Kings Fund Programme	• The King's Fund have been commissioned to undertake some action learning sets for staff within a PCN to explore how they work together on a range of projects and to agree actions to take forward, examples include making the most of the ARRS roles, the utilising the Investment and Impact Fund, and successfully delivering implementing Capacity and Access.

4.4 Across Brighton and Hove, the majority of PCNs are either signed up to one, or more, of the above opportunities. A review of how these programmes have directly impacted the participating PCN and increased successful delivery of services will be included as part of a six-month evaluation of PCNs across Sussex that is due to take place later this year. Further details on this can be found on page 14.

4.5 In the meantime, the PCN spotlight story below demonstrates a good example of how a Brighton and Hove PCN is progressing and taking advantage of available offers to support them in their development and maturity, resulting in an innovative and proactive PCN that is consistently seeking to improve services and patient satisfaction.

PCN SPOTLIGHT – East and Central Brighton PCN

4.6 East and Central Brighton PCN are committed to the Five Ways to Wellbeing – Connect to Others; Stay Physically Active; Keep Learning; Help Others; Be Present.

4.7 They have developed a programme of weekly activities ranging from art, Tai chi, yoga and crafts aimed at helping patients increasing their wellbeing and improving their mental and physical health. The activities are free and take place at locations across the city. They are operated on a 'drop in' basis and facilitated by expert tutors and teachers. The Activities provide opportunities for patients to chat to a range of PCN Staff such as physiotherapists, pharmacists, mental health advisors and occupational therapists. If the team of specialists are unable to help with a matter that requires an alternative clinical or social care opinion/treatment, they also provide onward signposting to the other professional or service.

4.8 One example activity is the free *Mindful Movement Outdoors* (Qi Gong) and *Talks on Trauma/Mental Health*, every Tuesday held in East Brighton Park. A brief description of the drop-in Qi Gong session is that it is a form of gentle exercise composed of movements that are typically repeated. It is suitable for beginners and the sessions are led by a qualified tutor and take place outdoors at East Brighton Park.

4.9 After the mindful movement session, local GP and PCN Clinical Director (Dr A. Fazakerley) gives talks on trauma and mental health support.

4.10 This PCN also commissions several charities, such as those highlighted below:

- Amaze -A charity for families with disabled children and young people living in Sussex, offering a weekly cuppa, cake, and chat at St Cuthmans Church, BN2 5HE and Parish Church of the Holy Cross, BN2 6BD
- ADHD Aware - A charity supporting adults impacted by attention deficit hyperactivity disorder. Sessions are held monthly offering peer support drop ins and group discussions.
- Cascade Recovery - A peer led community of recovering people, offering recovery coaching and drop-in groups, including peer support, yoga, mindfulness, art, drama, and choir.

Enhanced Access Services

4.11 All Brighton and Hove PCNs continue to offer Enhanced Access Hours to registered patients of their PCN's practices. PCNs are commissioned to provide appointments between the hours of 6.30pm to 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. The services are currently in their infancy and are being closely monitored to ensure that that there are no gaps in provision and that the Sussex population can easily access these services.

4.12 The Enhanced Access Service delivers an additional 329 hours of appointments per week across Brighton and Hove, beyond core hours of 8am-6:30pm, which includes:

- a mix of face-to-face and remote (telephone, video or online) appointments.
- appointments delivered by a multi-disciplinary team of healthcare professionals, including GPs, nurses and other "additional roles" such as mental health practitioners, physician associates, physiotherapists, and Social Prescribers.
- a blend of appointments offered on the same day or pre-booked for a future day.

4.13 These flexibilities enable patients to be offered targeted interventions in addition to regular appointments, such as specific screening clinics, support for patients' groups as well as support for the system in times of surge demand, i.e., winter.

5. PCN workforce update including ARRs overview

Recruitment and Workforce Development

5.1 The expansion of advanced practice (AP) roles continues. Advanced Practitioners (APs) are advanced clinicians who are autonomous practitioners able to deliver care without the supervision of GP's, enabling not only career progression but the retention of an experienced multi-professional workforce. There are currently 3 AP trainees in Brighton and Hove with a further 4 starting their MSc from September 2023. NHS Sussex currently supports 32 AP trainees.

5.2 The Sussex Training Hub runs an education and training programme which upskills and updates the Primary Care Workforce to deliver evidence-based care to their population alongside access to clinicalskills.net (an online educational development service) and has successfully recruited 3 academic, 3 multi-professional and 1 simulation fellows which gives the workforce the opportunity to expand their skills, starting in September 2023.

5.3 To support further, the Primary Care Workforce Training Hub Team has been working closely with practices and PCNs across Brighton and Hove, focusing on expanding placement capacity to increase workforce. Below is a summary of progress to date:

- Multi-Professional Student taster days, which enable pre-registration healthcare professionals an opportunity to see patient care delivery in Primary Care by spending a few hours in practice and virtually receiving an educational session regarding the primary care speciality. The August 2023

Cohort had 27 students who spent half a day across practices in Sussex, 19 of the attendees are now looking for first career opportunities in Primary Care.

- Increase Learner Placement capacity & the number of practices supporting learners. This is to increase the numbers of GP's who are trained in Brighton and Hove and enable as many other learners as possible to experience Primary care with the purpose of encouraging an increased number of qualified professionals to take up roles in primary care. 22 Brighton and Hove Practices are currently supporting learners.
- Apprenticeships - Apprenticeship programmes are available for a range of clinical and non-clinical roles and can be undertaken by both existing and newly recruited staff. 70 apprentices are on programme or have completed the scheme as of September 2023, of which 8 apprentices work within practices in Brighton and Hove. A further 14 learners are due to start on programme at the end of the month (of which 2 are in B&H) and a further 15+ are in the pipeline for the coming 6 months (of which 2-3 are in B&H). Most apprentices are on pathway to practice programmes including the Senior Healthcare Support Worker, Trainee Nursing Associate and Registered Nurse Degree Apprenticeship.

5.4 In addition to the above opportunities, the PC Sussex Training Hub continuously supports practices and PCNs with workforce development and recruitment opportunities, through running a series of targeted visits. These visits support practices struggling with recruitment or retention of any of their workforce, offering workforce solutions and training opportunities.

PCN Education Leads

5.5 PCN Education Lead teams across Brighton and Hove have been established to provide evidence based, innovative and accessible education to primary care, to advance the quality of patient care, promote professional collaboration and foster a culture of lifelong learning within PCNs. In Brighton and Hove there is 100% sign up from PCNS, and 92% sign up across all of Sussex.

5.6 The recruitment, retention and workforce development opportunities detailed below are examples of the workforce activity delivered by Sussex Training Hub and are supported by utilising the PCN Education Leads to encourage engagement in opportunities and programmes offered as follows:

New to Primary Care Programmes

5.7 The new to practice Fellowships and the Preceptorship programme are to embed, train and support new to primary care workforce.

- **New to Practice Fellowships -** The New to Practice Fellowship recruits' new starters on to appropriate programmes to include newly qualified GPs, newly qualified nurses and nurses who are new to primary care. Since the programme has commenced, 16 GPs and 4 Nurses have joined from Brighton and Hove, with 10 GPs and 2 Nurses currently active on the programme. The next steps are to develop a 'New to Primary Care Programme' with menu options to cater to staff needs whilst meeting the NHSE (NHS England) mandate and guidance for the new to practice GPs and nurses.

- **Preceptorship -** The purpose of preceptorship is to provide support, guidance, and development for all newly registered practitioners (NRPs) to build confidence and competence as they transition from student to autonomous professional. This has been developed to support multi-Professional clinicians new to primary care. There have been 51 preceptees in Sussex. In Brighton and Hove 30 clinicians have joined the programme since it commenced and 18 are currently active.

ARRS roles from a workforce perspective

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

5.9 NHS Sussex has also commissioned a PCN ARRS advisor for one session a week, to offer support around supervision and development of personalised care and ARRS roles, and how to embed them into practices and PCNs.

5.10 There is a dedicated webpage for educational resources and planned webinars and there is scope to develop a training package for non-clinical staff around Personalised Care.

5.11 The training hub has progressed other retention initiatives which include FCP (First Contact Practitioner) supervision support and the example of Personalised Care roles peer support groups.

ARRS overview

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

5.13 ARRS is the most significant financial investment within the Network Contract DES and is designed to provide reimbursement for PCNs to build the workforce, establishing MDT (Multi-Disciplinary Team) models of care required to deliver the national service specifications.

5.14 ARRS roles that PCNs can recruit as part of this scheme currently are as follows:

- Clinical pharmacists
- Pharmacy technicians
- First contact physiotherapists
- Physician's associates
- Dietitians
- Podiatrists
- Occupational therapists
- Community paramedics

- Nursing associates and trainee nursing associates
- Social prescribing link workers
- Care coordinators
- Health and wellbeing coaches
- GP Assistants
- Digital Transformation Leads

5.15 Full details of the ARRS scheme can be found via the link below. Network Contract Directed Enhanced Service - Contract specification 2023/24 – PCN Requirements and Entitlements (england.nhs.uk)

5.16 In 2023/24 the following changes were made to the ARRS scheme:

- Increasing the cap on Advanced Practitioners from two to three per PCN where the PCN's list size numbers 99,999 or fewer, and from three to six where the PCN's list size numbers are 100,000 or over.
- Reimbursing PCNs for the time that First Contact Practitioners spend out of practice undertaking education and training to become Advanced Practitioners.
- Including Advanced Clinical Practitioner Nurses in the roles eligible for reimbursement as Advanced Practitioners.
- Introducing Apprentice Physician Associates as a reimbursable role.
- Removing all existing recruitment caps on Mental Health Practitioners and clarifying that they can support some first contact activity.
- Amending the Clinical Pharmacist role description to clarify that Clinical Pharmacists can be supervised by Advanced Practice Pharmacists.

Personalised Care Roles

5.17 Personalised care represents a new relationship between people, professionals and the system. It happens when we make the most of the expertise, capacity and potential of people, families and communities. There are three roles within Personalised Care of Social Prescribing Link Worker, Care Coordinator and Health & Wellbeing Coach. These aim to reduce and support the workload of GPs and other staff by supporting people to take more control of their health and wellbeing and addressing wider detriments of health, such as poor housing, debt, stress and loneliness. These roles are intended to become an integral part of the core general practice throughout England, embedding personalised care within PCNs and supporting all professionals to take a personalised care approach.

5.18 Social Prescribing Link Workers connect people to community-based support, including activities and services that meet practical, social, and emotional needs that affect their health and wellbeing.

5.19 Care Coordinators help to co-ordinate and navigate care across the health and care system, helping people make the right connections, with the right teams at the right time.

5.20 Health and wellbeing coaches support people to increase their ability to self-manage, motivation levels and commitment to change their lifestyle.

5.21 To meet the PCN DES around Peer Support for these roles, NHS Sussex has commissioned a year-long Sussex wide offer of peer support to social prescribers, care coordinators and health and wellbeing coaches, with a view to then providing training to continue this support and embed it within the PCNs to be sustainable long term. The offer will also provide clinical supervision, support and training.

5.22 Across Sussex there has been a 40% up take to date, 34 staff, which is broken down into specific roles as below:

- 19 Social Prescribing Link Workers
- 9 Care Coordinators
- 6 Health and Wellbeing Coaches

5.23 For Brighton and Hove, the breakdown of the 16 expressions of interest are as follows:

- 9 Social Prescribing Link Workers
- 5 Care Coordinators
- 2 Health and Wellbeing Coaches

5.24 This offer is still available, and a second reminder has gone out via PCN Education Leads, Federations Newsletters and websites as well as reminders sent to the original 68 expressions of interest to encourage take-up.

The ARRS picture across Brighton and Hove Workforce -

5.25 The PCN employed ARRS roles across Brighton and Hove

- As of July 23, the total ARRS workforce has increased by 46.3 FTE (Full Time Equivalent) (51%) to 136.9 FTE compared to staff levels in July 2022. The clinical ARRS workforce is 135.1 FTE; non-clinical 1.8 FTE.

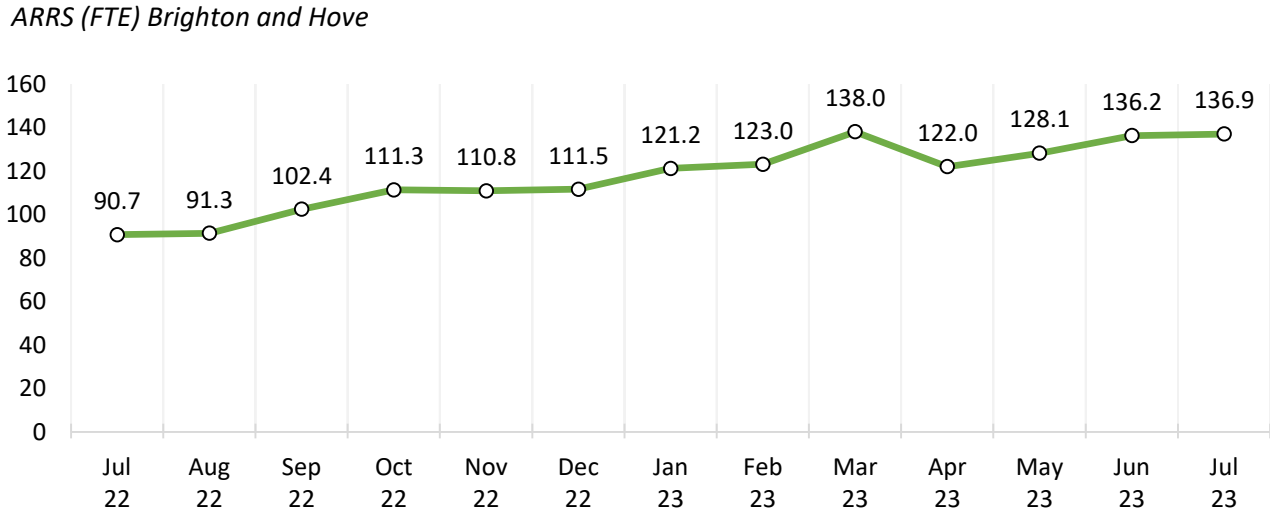
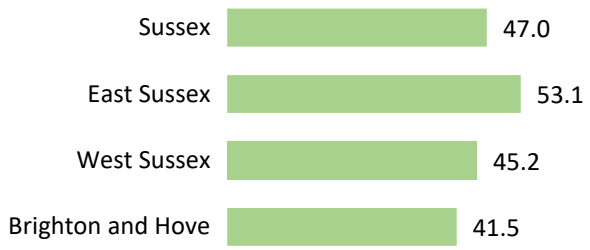


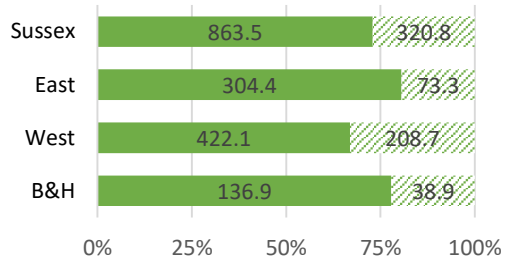
Chart 1 – ARRS Staff Recruited in FTE per 100,000 Registered Patients

Chart 2 – ARRS Staff FTE Recruited & Planned

FTE/100k patients Jul 2023



Hired Jul 2023/planned 23/24



5.26 Chart 1 above, shows that PCNs in Brighton & Hove recruited the equivalent of 41.5 FTE ARRS staff per 100,000 registered patients as of July 2023.

5.27 Chart 2 above, shows that Brighton & Hove PCNs recruited 77.9% ARRS staff as of July 2023 (136.9 FTE of a planned 175.8 FTE).

5.28 Key Points of Note for Brighton and Hove**:**

- In July 2023, Brighton and Hove primary care workforce numbers totalled 875.9 Full Time Equivalent (FTE) employees, with a clinical workforce of 487.7 FTE and a non-clinical workforce of 388.2 FTE. Compared to July 2022 the total workforce grew by 23.3% (165 FTE): clinical by +27.1% and non-clinical by 18.7%.
- There are currently 137.3 FTE Fully Qualified GPs. This is an increase of 10.3 FTE (8.1%) since July 2022. Compared to March 2019, staff levels have increased by 12.3%.
- Current nursing staff numbers in Brighton and Hove total 107.8 FTE. This is an increase of 21 FTE (24.2%) since last year. Since March 2019, nursing staff levels have increased by 31.6%.
- Direct Patient Care (DPC) staff employed by practices has increased to 82.6 FTE, a growth of 19.5 FTE (30.8%). Since March 2019, staff levels have increased by 102.5%.

Service development opportunities linked to multi-disciplinary ARRS workforce models

5.29 The drive to broaden the professionals who can work in Primary Care teams is intended to take pressure from GPs and Practice Nurses but also to develop the services that are offered. Examples of new clinical models, and approaches through maximising ARRS are explained in the sections below.

Preston Park Community PCN Frailty Team

5.30 Preston Park Community PCN has nine care homes within its PCN with circa 250 patients. There are also at least 300 patients with moderate to severe frailty living in their own homes within the PCN (measured using the Electronic Frailty Index).

5.31 To address this, the PCN has formed their own frailty service. This team includes ARRS roles consisting of Advanced Nurse Practitioners, First Contact Physiotherapists, and Care Coordinators. The service involves regular

multidisciplinary meetings held within care homes and at GP practices where health professionals help ensure that residents receive the additional care they need. The team manages the Frailty needs across the PCN, provides training to practice and Frailty team staff, and ensures the workload under the Enhanced Health in Care Homes framework, and any new care home beds, are shared across all practices. The Frailty Team consisting of clinical and non-clinical roles focused on providing personalised, preventative, and proactive care to targeted patient groups.

5.32 Brighton and Hove's Joint Strategic Needs Assessment states that by 2030, Brighton and Hove's age profile is predicted to get older, with 29% more people aged 75 or older (5,200 people) compared with 2017. Life expectancy in Brighton and Hove was 83.0 for women and 79.1 for men in 2015-17. Healthy life expectancy, however, has fallen, meaning that on average, a large proportion of life is spent in poor health, increasingly with multiple long-term health conditions. Brighton and Hove have more adults with Multiple Long-Term Conditions (MLTCs) <65 years old (54.4% or 28,000 people) than those 65 or older (45.6%, or 23,500) - this group has higher health and social care needs in later years, highlighting the need for a focus on prevention and well-being. In Brighton and Hove, 88% of 65-year-olds and over have some degree of frailty, with 11% categorised as having moderate or severe frailty (9% moderate and 2% severe).

5.33 The Frailty Team work with this targeted cohort to meet key objectives for anticipatory care; mental health service provision, and planned care, and to improve health outcomes across the PCN's practices whilst progressing its strategic and operational development. The service also enables further development and embedding of joint systems of working both between the practices and with community services and the voluntary community sector.

5.34 The key aims of the service are:

- To improve Primary Care Resilience by enabling practices to work in new and collaborative ways through embedding value for money models of service delivery and robust workforce planning based on empirical evidence.
- To promote further integration of services through the creation and development of best practice models in back-office systems and maintain impactful key stakeholder partnerships with NHS, local government, third sector organisations, network colleagues and service users.
- To improve quality of care and patient access to services by achieving targets for service provision including maximisation of service uptake and co-produced service development with Patient Participation Groups.
- To reduce demand for secondary care through the development of services and successful achievement of objectives as set out in PCN's Network DES and LCS specifications.
- To play an integral role in achieving overarching aims of reducing demand for GP appointments, supporting quality improvement measures, and contributing to the Quality and Outcomes Framework and enhanced services.
- The PCN report improvements in meeting patient needs, clinical leadership, and sharing best practice for clinical and non-clinical processes. The team are delivering impactful service developments to the PCN's patient population which align with the NHS values of working together for patients, respect and dignity, commitment to quality of care, compassion, improving lives, and everyone counts.

Emotional Wellbeing Services

5.35 new models are being developed for population based mental health care built around PCNs. They bring clinical Mental Health Practitioners alongside non-clinical Mental Health Support Coordinators within every PCN. They aim to establish individual Emotional Wellbeing Services that work at a neighbourhood level to provide easy and timely access to mental health support for a wide range of individuals.

5.36 In Brighton and Hove, PCN depending on their population size, will have 0.5 – 1.0 whole time equivalent Mental Health Practitioners alongside 1.0 - 2.0 whole time equivalent Mental Health Support Coordinators. Currently these professionals are working in East and Central Brighton, Deans and Central Brighton, West Hove, and Preston Park Community PCNs.

6. Brighton and Hove PCN Activity and Audit

6.1 Plans are currently being developed to carry out a 5 year stocktake of Sussex PCN development, delivery of services, impact on population health, patient satisfaction and value for money. This exercise is expected to commence later this year, with a target end date of completion and published summary of findings, expected in June 2024.

6.2 In the meantime, NHS Sussex is actively monitoring the performance and delivery of PCN services through regular contact between delivery managers and PCNs, along with specific reporting on implementation of Personalised Care and Tackling Neighbourhood Inequalities, Enhanced Access performance, Capacity and Access plans and Impact and Investment fund indicators.

6.3 Monitoring continues regarding the recruitment of ARRS roles and ongoing recruitment plans within each PCN.

7. Development of Integrated Community Teams (ICTs)

7.1 The development of Integrated Community Teams (ICTs) is a key ambition in NHS Sussex' system's Integrated Care Strategy *Improving Lives Together* and as such is one of a number of priorities for health and care partners in Sussex over a five year period, commencing this year.

7.2 Improving Lives Together sets out the ambition across health and care in Sussex over the next five years. Its aim is to improve the lives of local people by supporting them to live healthier for longer and making sure they have access to the best possible services when they need them.
Priority areas are focused on:

- Long Term Improvement Priorities of building Integrated Community Teams, growing and developing our workforce, and making better use of digital technology and information.

- Immediate Improvement Priorities to improve our operational performance in primary care access, urgent and emergency care, planned care and discharge.

- Continuous Improvement Priorities on health inequalities, mental health, clinical leadership and making the best use of our financial resources.

- Place-based Priorities and the implementation of the Health and Wellbeing Strategies in Brighton & Hove, East Sussex and West Sussex.

7.3 Also known in other areas as 'Community Neighbourhoods' or 'Neighbourhoods Teams', the NHS Sussex Community Integrated Team model is built on the founding principles of stakeholders and partners in local communities, working together to deliver joined up care to local populations via a range of co located multi-disciplinary team models and pathways that are delivered by integrated health, social, local authority and voluntary sector teams. Local populations will be supported to stay well for longer through a joined-up approach to increasing health and wellbeing and proactive prevention.

7.4 In May 2023, the ICB held an ICT stakeholder engagement event in Brighton introducing the initial thinking and approach to the development of ICTs across Sussex.

7.5 The event was attended by a number of stakeholders, including colleagues from Brighton and Hove PCNs and their practices, who contributed significantly to the day and provided valuable feedback along with other stakeholders from across health and social care, the voluntary sector and public health. The workshop helped to shape and define the importance of co-producing the development of ICT's.

7.6 Following this event and working in partnership with working with the system's ICT Programme Team, work continues across Brighton and Hove to develop in the planning and future development of the ICT model, with four ICT footprints established across Brighton and Hove and a further 12 footprints located across other parts of Sussex. A map setting out the Brighton and Hove footprints can be found at Appendix A.

7.7 A Brighton and Hove ICT co-design steering group has been implemented with two primary care providers having a place on the group, West Hove Primary Care Network and Wellsbourne Healthcare CIC.

7.8 Steering group members are responsible for actively championing the development of ICTs across their networks, mapping our community assets and developing early frontrunner programmes to test integrated models of health and care within the four ICT footprints across Brighton and Hove.

7.9 Our Community Oversight Board is currently the formal Place-based governance for ICTs in Brighton & Hove and current reviews of governance are seeking to ensure strong primary care membership on the Board, with a focus on driving and improving engagement with primary care, ensuring they are a key stakeholder in the development of local ICT's.

8. Conclusion and next steps

8.1 The continued development and sustainability of PCNs and their position in the development of Integrated Community Teams across Brighton and Hove is essential in improving and driving positive health outcomes to our local population.

8.2 NHS Sussex will continue to focus on the following key areas to support the on-going development and innovation of Primary Care Networks and their role within integrated communities by providing:

- time and support for collaboration with wider stakeholders
- organisational development and leadership support.
- meaningful monitoring, support and advice packages aimed at struggling networks.

Appendix A

Demographics: Brighton and Hove

Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland - Office for National Statistics (ons.gov.uk) (2021)

Lower layer Super Output Area population estimates (National Statistics) - Office for National Statistics (ons.gov.uk) (2020)

ICT FOOTPRINT POPULATION	TOTAL	M	F	Age <18	Age 18-64	Age >=65	IMD Decile 1-2 (most deprived)	IMD Decile 3-7	IMD Decile 8-10 (least deprived)
West	59,795								
East	57,889								
Central	74,313								
North	87,547								
		135,355	140,979	47,118	189,986	39,230	59,822	213,562	18,354

Improving Lives Together

Brighton & Hove City Council

Health Overview & Scrutiny Committee

Agenda Item 18

Subject: **Sussex Police & Crime Panel Referral to Sussex HOSCs: Policing and Mental Health**

Date of meeting: **18 October 2023**

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

Contact Officer: **Name: Giles Rossington**
Tel: 01273 295514
Email: giles.rossington@brighton-hove.gov.uk

Ward(s) affected: **All**

For general release

1. Purpose of the report and policy context

1.1 In May 2023, the Chair of the Sussex Police & Crime Panel (PCP) wrote to the Chairs of the three Sussex HOSCs to bring to their attention issues relating to mental health and policing.

1.2 Subsequently, the Chair of Brighton & Hove HOSC asked Sussex Partnership NHS Foundation Trust (SPFT) for more information. In response, SPFT offered to present on this issue at a HOSC meeting. East Sussex HOSC and West Sussex HASC are pursuing this matter separately.

1.3 The letter from the PCP is included as Appendix 1 to this report; and a PCP report on policing and mental health in Sussex is included as Appendix 2.

2. Recommendations

2.1 That Committee notes the contents of this report and the presentation from SPFT.

3. Context and background information

3.1 The Sussex Police & Crime Panel (PCP) scrutinises the actions of the Sussex Police & Crime Commissioner. The PCP comprises elected members from upper and lower tier local authorities across Sussex plus some additional independent appointees. In January 2023 the PCP received a report on the role of the Police & Crime Commissioner in ensuring that Sussex Police provide an effective response to mental health (see Appendix 2). The report included evidence that a disproportionate amount of police time was being spent providing care and support for people with mental health problems, to the detriment of other elements of policing.

3.2 The PCP agreed that the PCP Chair would write to the CEO of Sussex Partnership NHS Foundation Trust (SPFT), Dr Jane Padmore, detailing the

PCP's concerns. Dr Padmore responded to this letter, acknowledging that this was an issue, and outlining some of the measures being undertaken to address the problem. The PCP has no remit to hold NHS trusts to account, so in May 2023 the PCP Chair wrote to the Chairs of Brighton & Hove HOSC, East Sussex HOSC, and West Sussex HASC to alert them to the issue and to propose that they monitor the implementation of SPFT and health and care system improvement measures (see Appendix 1).

3.3 In response, the Brighton & Hove HOSC Chair invited SPFT to attend a HOSC meeting to update members on the issue and on improvement planning. East Sussex HOSC and West Sussex HASC will each separately respond to the PCP request.

4. Analysis and consideration of alternative options

4.1 None for this information report.

5. Community engagement and consultation

5.1 None for this information report.

6. Conclusion

6.1 Members are asked to note information provided by SPFT in their presentation to the committee.

7. Financial implications

7.1 Not relevant to this information report.

8. Legal implications

8.1 There are no legal implications to this report.

Name of lawyer consulted: Elizabeth Culbert Date consulted: 21/09/23

9. Equalities implications

9.1 None for this information report.

10. Sustainability implications

10.1 None for this information report.

Supporting Documentation

1. Appendices

1. Letter from the Sussex Police & Crime Panel Chair to Sussex HOSC Chairs
2. Police & Crime Panel report on policing and mental health in Sussex
3. Presentation slides from Sussex Partnership NHS Foundation Trust

SUSSEX POLICE & CRIME PANEL

Councillor Christian Mitchell
Chairman
Sussex Police and Crime Panel

County Hall
West Street
Chichester
West Sussex
PO19 1RQ
Switchboard: 033 022 22542
pcp@westsussex.gov.uk

To – Chairs of Sussex Health Overview Scrutiny Committees

Date: 19 May 2023

Dear Chairs,

I am writing to you on behalf of Sussex Police and Crime Panel (PCP). The role of the Panel is to scrutinise the actions and decisions of the Sussex Police and Crime Commissioner (PCC).

At its meeting on 27 January 2023, the Panel considered a report on "The role of the Sussex Police and Crime Commissioner in ensuring Sussex Police provide an effective response to mental health". A copy is attached to the covering email for your reference.

The Panel heard evidence around the extent to which Sussex Police officers were providing care and support to people suffering with mental health issues, to the detriment of frontline policing work. At the conclusion of the item, the Panel agreed that I write to the Chief Executive of Sussex Partnership NHS Foundation Trust (SPFT), Dr Jane Padmore. My letter and Dr Padmore's response are attached.

In her response, Dr Padmore sets out several initiatives underway within the Trust to address the issues.

Sussex Police and Crime Panel has no statutory role in holding NHS trusts to account. I am therefore writing to request that you have due regard to the Trust's work in this area, and that you consider holding the Trust to account for its progress in implementing remedial measures. The Panel recognises that your respective geographical areas of remit are not individually coterminous with that of the Trust, and that a collaborative approach to scrutiny may present resource challenges, but any recognition within your individual work programmes would be very helpful. The Panel will continue to monitor progress from the perspective of the PCC.

Best wishes,

Christian Mitchell

Cllr Christian Mitchell

Chairman of Sussex Police and Crime Panel

CC:

Sussex PCP members

HOSC Support Officers

Office of Sussex Police and Crime Commissioner

PCP Website

Attachments:

Sussex Police and Crime Commissioner's Report to the Police and Crime Panel - The role of the Sussex Police & Crime Commissioner in ensuring Sussex Police provide an effective response to mental health

Letter from Sussex PCP to SPFT

Letter from SPFT to PCP

To:	The Sussex Police & Crime Panel.
From:	The Sussex Police & Crime Commissioner.
Subject:	The role of the Sussex Police & Crime Commissioner in ensuring Sussex Police provide an effective response to mental health.
Date:	27 January 2023.
Recommendation:	That the Police & Crime Panel note the report.

1.0 Introduction

1.1 This report sets out the scale, threat and challenges associated with mental health for Sussex Police and provides a summary of the mental health strategy and mental health portfolio introduced by the Force to respond to these incidents in Sussex.

1.2 The report also summarises the role of the Sussex Police & Crime Commissioner (PCC) in ensuring that Sussex Police demonstrate an efficient and effective response to mental health, alongside the measures used by the PCC to hold the Chief Constable to account for performance in this area.

2.0 Scale, Threat and Demand of Mental Health on Policing

2.1 The National Police Chiefs' Council (NPCC) and the College of Policing define a mental health incident as "any police incident thought to relate to someone's mental health where their vulnerability is at the centre of the incident or where the police have had to do something additionally or differently because of it."

2.2 It is recognised that a greater number of individuals are suffering from mental health in our communities than ever before. This means that frontline officers are regularly exposed to and deal with increasingly challenging and complex individuals, at times of personal crisis.

2.3 In November 2018, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) published their 'Policing and Mental Health: Picking up the Pieces' report which stated that whilst the police service is doing a good job in difficult circumstances, there are concerns over whether the police should be involved in responding to mental health problems at the current level.

2.4 The HMICFRS report also highlighted that there needs to be "a radical rethink and urgent action to guarantee a timely response to people with mental health problems" and that a "longer-term solution" is required, with the police service the last resort, and not the first port of call." Since then, the impact of mental ill-health has arguably worsened in England and Wales due to the COVID-19 pandemic and the ongoing economic crisis which has placed unprecedented demand on the National Health Service (NHS) and welfare service provisions.

2.5 Mental health data can be challenging to capture and calculate accurately due to the complexity of how mental health incidents present and are categorised. It may also not be immediately obvious that an incident is mental health-related when police officers are first dispatched and/or the incident may be categorised as something else entirely.

2.6 A 'snapshot' exercise of mental health demand on policing [undertaken in 2019] highlighted that 5.1% of all police recorded incidents are mental health-related, with the police service in England and Wales attending an average of 54 mental health-related incidents every hour, although this was acknowledged to be significantly higher in reality [NPCC – Mental Health Strategy 2021/25]. Sussex Police recently participated in another NPCC snapshot exercise in this area, although the data and results are still to be published.

2.7 The current demand analysis for Sussex Police predominately consists of manual audits and interface work with frontline officers. The provisions of Section 136 of the Mental Health Act 1983 – which provides police officers with the power to take someone suffering from mental health to a place of safety – are acknowledged to have created one of the biggest areas of demand for frontline officers and is regularly cited as a cause for concern [see section '4.0 Section 136 Pathway' for further information].

2.8 Sussex Police introduced a 'mental health' marker in summer 2022 to obtain accurate data and develop a more in-depth appraisal of mental health demand for incidents that meet the NPCC definition. Whilst this qualifier will only demonstrate officer deployment time at a scene and not any ancillary activities related to the incident, it will provide a good 'snapshot' of mental health demand on the Force.

2.9 Often mental health incidents can manifest as complex incidents where officers invest more time trying to respond and manage the vulnerability as opposed to policing the incident. For example, in November 2022 one mental health incident alone accounted for 17% of all policing response time in Eastbourne over a six-day period. This figure does not include the time spent by the Force Contact Command and Control Department (FCCCD), use of specialist resources and the cost and time of frontline police officer deployments.

2.10 The Force is also looking at how it can better use Microsoft Power BI – a data analytics and visualisation tool – to determine exactly how much police officer time is being spent responding to mental health related issues locally. The introduction of a mental health marker will ensure that this information is more readily available and should provide Sussex Police with a more comprehensive understanding of demand in this area.

3.0 Mental Health Strategy

3.1 Sussex Police established a Mental Health Strategy for 2022/23 to develop the collective Force response to mental health and policing through three key strategic objectives:

- Understanding and reducing inappropriate demand.
- Improving the police response to mental health incidents.
- Supporting the transformation of emergency mental health care pathways.

3.2 These strategic objectives function as a 'golden thread' for the Mental Health Portfolio (MHP) within the Force which includes ongoing work to prioritise, adopt and deliver improvements to the policing response to mental health across these three areas.

3.3 The development and creation of a Mental Health Strategy and MHP has highlighted the need to invest and enhance the resources available to support the Force in the delivery of its strategic objectives around mental health and policing. From October 2022, three police officers and one member of police staff are now deployed to provide dedicated support to the MHP and to address the scale of the policing challenges in this important area. Previously, only one member of police staff had been responsible for this work.

3.4 The three police officers are known as Mental Health Liaison Officers (MHLOs) with the primary function of supporting the delivery of key strategic objectives through the MHP and reducing the overall demand placed on response officers. The MHLOs have received enhanced training to provide tactical advice to frontline officers, support work with partner agencies around complex mental health cases and to review cases where there are opportunities for Force-wide learning and development.

4.0 Section 136 Pathway

4.1 Section 136 of the Mental Health Act 1983 provides a police constable with the power to deprive someone of their liberty and take that person to a place of safety if:

- the person is in a place that is not their home.
- the person appears to be suffering from a mental disorder and is in need of immediate care or control.
- it is in the interests of that person or for the protection of other persons.

4.2 The amount of time that an individual can be detained through Section 136 is 24 hours, but this can be extended by a further 12-hours where a medical extension is authorised by a doctor. This means that two police officers could, in theory, be committed to looking after the detained person for 36 hours throughout an extended period of detention.

4.3 The legislative changes introduced by the Policing and Crime Act 2017 direct when the Force will and will not take individuals experiencing a mental health crisis to police custody.

4.4 There was a 2% reduction in the number of Section 136 detentions recorded in Sussex across the rolling year period November 2021 to October 2022, in comparison to the same period in 2020/21. However, there has been a year-on-year increase in the percentage of those detentions where the Accident & Emergency (A&E) department was the only dedicated health-based place of safety with available capacity.

Rolling Year Period	**Number of Section 136 detentions**	**Number of detentions where A&E was the only available health-based place of safety**	**Percentage of detentions where A&E was the only available health-based place of safety**
November 2021 to October 2022	921	735	80%
November 2020 to October 2021	951	500	53%
November 2019 to October 2020	1,202	556	46%

4.5 There are five designated places of safety in Sussex where police officers can take persons suffering from mental health under Section 136, operated by the Sussex Partnership NHS Foundation Trust. These current arrangements are recognised to be insufficient for the demands in Sussex, with A&E departments used as alternative health-based places of safety when these five locations are either at full capacity and/or unavailable.

4.6 A&E departments in Sussex are often not able to assume responsibility for individuals detained under Section 136 which means that Sussex Police are unable to simply hand over individuals to healthcare professionals and leave. As a result, individuals are detained with police officers for a significant amount of time which has a direct impact on police officer availability.

4.7 Sussex Police undertook a manual review on East Sussex Division across the three months of May, July and August 2022 to understand how many hours were spent by officers responding to Section 136 detentions. This review did not include incidents where there was no Section 136 detention, nor any additional time required to complete the paperwork.

Month	**Total estimated hours spent by officers deployed to a Section 136 detention**	**Average time spent by each officer deployed to a Section 136 detention**
May 2022	1,004	13 hours
July 2022	1,032	14 hours
August 2022	1,450	20 hours

4.8 Sussex Police is currently unable to deliver a solution to release police officers as the Force does not provide or commission clinical services for members of the public. Discussions are ongoing with NHS Sussex to develop a solution that could significantly remove this demand from Sussex Police and provide a better level of care to patients. These discussions are ongoing and subject to NHS commissioning arrangements, so remain commercially sensitive.

4.9 The impact to Sussex Police of prolonged Section 136 detentions is difficult to calculate and quantify. There is a direct impact on response officer time spent providing care and support to patients who are in hospital, combined with the opportunity cost that the Force is unable to respond to other crimes, disorder and policing incidents across Sussex because of these deployments.

4.10 Whilst Sussex Police is limited in its ability to transform the Section 136 detention pathway, it remains engaged in a significant programme of work to improve how it manages Section 136 incidents and further improvements that could be made to the pathway.

4.11 The Force is keen to ensure that it consistently evidences all attempts to consult with individuals prior to using its formal policing powers under Section 136 to maximise opportunities to divert patients away from the Section 136 pathway. There was evidenced consultation in 61% of all Section 136 detentions in the first seven months of 2022, which increased to 76% for the data recorded across August, September and October 2022. It is recognised that there will always be situations where Section 136 may need to be used without consulting with individuals, although maintaining a consistently high consultation rate is acknowledged to be essential to ensure that the police service is not adding any unnecessary pressures on the health system.

4.12 Sussex Police has provided dedicated training around mental health and policing to all call handers within the FCCCD and delivered additional training around appropriate escalation to senior leaders to enable them to provide better support to their teams. Further training is also being planned for response officers alongside further improvements to the guidance material made available to support the decision-making of frontline officers on the Force intranet.

4.13 The MHP currently reviews all Section 136 detentions where an electronic handover form has been used to identify any significant areas of concern and/or good practice. The portfolio uses any themes or learning identified to inform and task further quality improvement work.

5.0 Partnership Management

5.1 One of the key responsibilities for the delivery of the MHP is maintaining and improving relationships with internal and external partners. This is recognised to include internal stakeholders such as police custody, response and the FCCCD, alongside the following external health partners in Sussex:

- Sussex Partnership NHS Foundation Trust.
- East Sussex Healthcare NHS Trust.
- South East Coast Ambulance Service.
- Brighton & Hove City Council.
- East Sussex County Council.
- West Sussex County Council.
- University Hospitals Sussex NHS Foundation Trust.
- Various private healthcare providers.

5.2 These organisations represent a combined five A&E departments, nearly twenty different inpatient psychiatric units and psychiatric facilities, numerous community mental health teams, various local authority services and a medium-security forensic psychiatric facility.

5.3 The three main internal partners for the Mental Health Portfolio are police custody, response and the FCCCD. Police officers and staff from these areas regularly highlight issues of concern and/or request further information, advice and guidance from the four individuals responsible for delivering the MHP. The portfolio also provides tactical advice and guidance to officers and staff responding to mental health incidents when capacity allows. The outcomes and achievements delivered against the MHP are held to account by the Vulnerability Board, with update reports provided to several different boards and working groups within Sussex Police in the interim.

5.4 A critical component to the portfolio is working with a variety of partners to improve the urgent and emergency mental health pathway in Sussex. This has involved supporting partners to achieve their strategic goals where police interface is a key component, with the aim of reducing the demand for policing services in Sussex.

5.5 The MHP is also actively involved in supporting partners to develop policies and/or multi-agency agreements around police interface. This approach ensures that Sussex Police are represented in these discussions to provide a police-focused perspective and ensures that the Force is not committed to delivering any areas of business outside of its core responsibilities.

6.0 Providing Specialist Support

6.1 In addition to partnership management, the MHP resources provide specialist support and expert advice on programmes and workstreams that have a mental health component and/or interface point.

6.2 The MHP fundamentally exists to support the strategic direction of Sussex Police around areas of business related to mental health and policing, alongside offering expert tactical advice and guidance. This is achieved by providing specialist advice to decision makers and portfolio holders around mental health, conducting and managing a review into specific areas, supporting the police response to serious incidents and investigations and/or by providing appropriate data and analysis to inform decision-making.

6.3 Tactically, the team responsible for the delivery of the MHP has also provided specialist advice and guidance that has assisted complex investigations, supported the management of complex incidents and assisted in releasing police officers from incidents where it was inappropriate for frontline officers to remain deployed.

7.0 Accountability

7.1 It is a statutory responsibility for the PCC to hold the Chief Constable to account for delivering efficient and effective policing in Sussex that is responsive to the needs of the public. The PCC has continued to use her monthly webcast Performance & Accountability Meetings (PAMs) to provide oversight and to challenge the Chief Constable about the Sussex Police response to mental health on behalf of members of the public.

7.2 Policing and mental health was raised most recently as a theme at the PAM on 20 January 2023. This area of policing was also raised at the PAMs on 24 January 2020 [HMICFRS – Policing and Mental Health – Revisited] and 14 December 2018 [HMICFRS – Policing and Mental Health]. These sessions are archived and can be viewed on the PCC's website through the following link: www.sussex-pcc.gov.uk/get-involved/webcasting/

7.3 The PCC also chairs the local Sussex Criminal Justice Board where the impact of managing mental ill-health across the criminal justice system is considered and addressed by partner agencies.

7.4 Further oversight and scrutiny around the policing response delivered by Sussex Police in this area is also provided through the Strategic Independent Advisory Group, Ethics Committee and Gypsy and Traveller Advisory Group, with many of these discussions focused on the Section 136 Pathway.

7.5 The Office of the Sussex Police & Crime Commissioner directly funds several community-based mental health services in the county through the Safer in Sussex Community Fund (SiSCF). The SiSCF provides financial support [grant awards up to £5,000] to a diverse range of local organisations and community projects that aim to reduce crime and improve community safety. The PCC allocated £29,980 from the SiSCF to support the provision of eight mental health services in Sussex during 2021/22. A list of each of the successful applications to the SiSCF can be viewed through the following link: https://www.sussex-pcc.gov.uk/get-involved/apply-for-funding/

Recommended – That the Police & Crime Panel note the report.

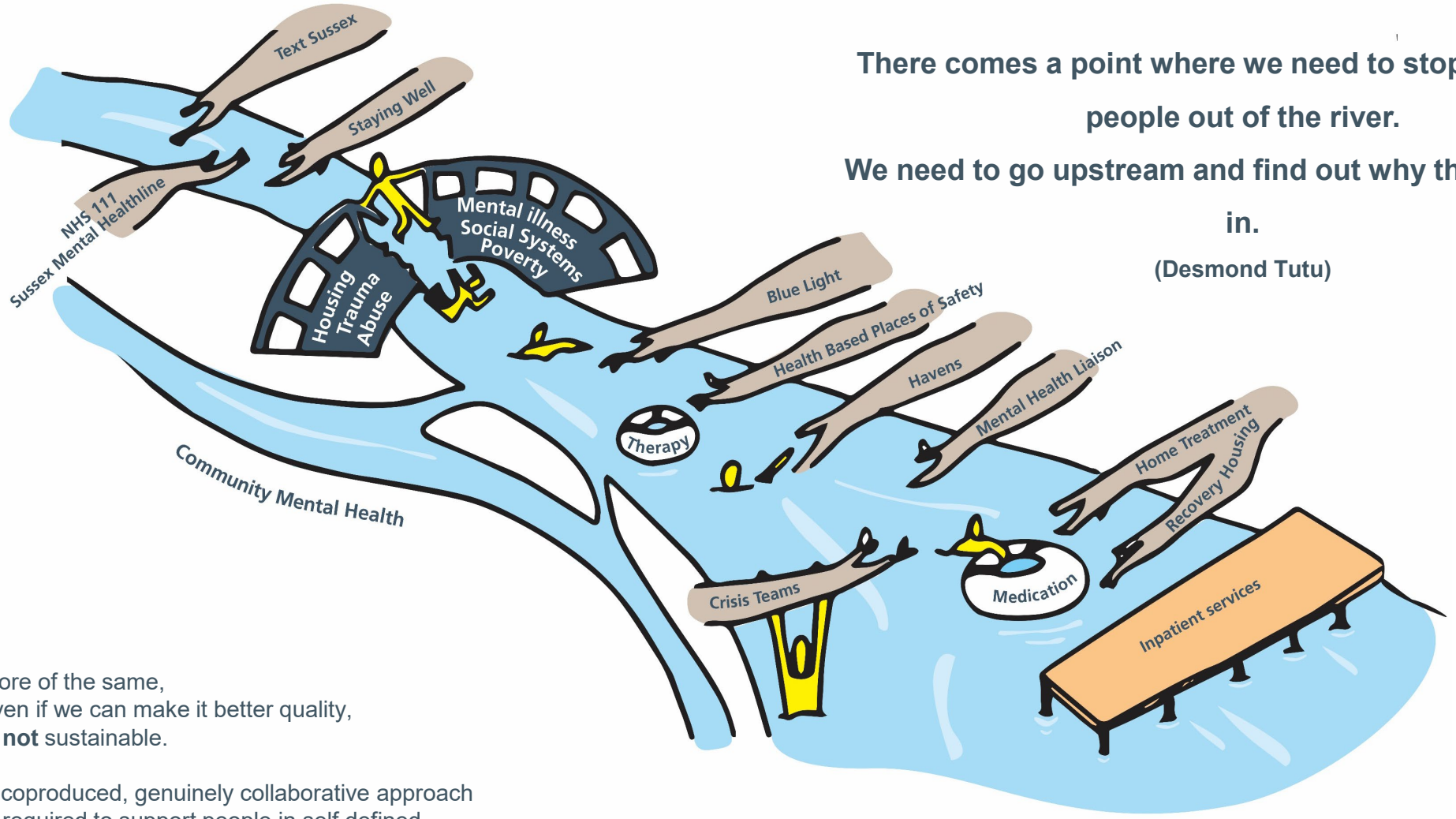
Mark Streater
Chief Executive & Monitoring Officer
Office of the Sussex Police & Crime Commissioner

Sussex Health&Care

Mental Health Urgent and Emergency Care Improvement Plan

Improving Lives Together

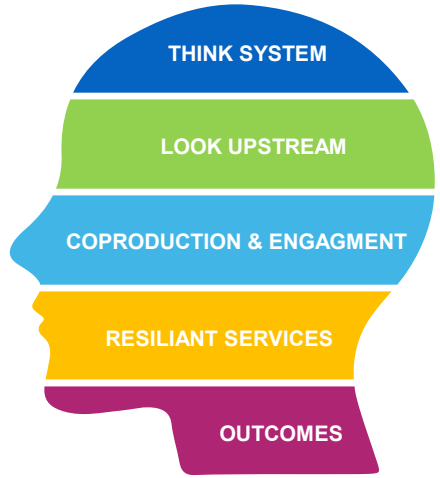
Mental Health Urgent and Emergency Care



There comes a point where we need to stop just pulling people out of the river.

We need to go upstream and find out why they are falling in.

(Desmond Tutu)



More of the same,
even if we can make it better quality,
is **not** sustainable.

A coproduced, genuinely collaborative approach is required to support people in self defined crisis in the most accessible, lightest and least restrictive services possible.

Improving Lives Together

Progress on Initiatives Delivered to Date (1)

These initiatives are at varying stages of implementation, with some requiring additional investment for full value and benefits to be realised.
The work already done to date provides a solid foundation on which to build future improvement work.

Core-24 services	2017/18 and 2018/19 funding from NHSE for crisis transformation to move each mental health liaison team (MHLT) to Core-24 specification. Workforce limited progress until delivery in 2020/21. Also included additional resource into crisis resolution and home treatment teams (CRHT), Street triage, and developed the workforce to support the Haven service.
Brighton Haven	Established 2018/19 for admission avoidance. COVID in March 2020 accelerated other Havens and CDU as alternatives to ED for MH presentations – at a time of unprecedented reduction in ED footfall and MH admissions. Capital funding has supported the refurbishment of Havens and flexibility in their use to operate as alternatives to HBPoS.
D2A & Recovery Houses	Investment in D2A model in Brighton and West Sussex to reduce LoS and MRFDs in 2020. Development of two interim crisis beds in Shore House in 2022. East Sussex has a well-established model.
MDIST	Development of multi-disciplinary intensive support team (MDIST) in 2021 responsible for supporting patients being treated out of area (OOA) and facilitating discharges/repatriation ensuring minimum time spend in bed out of country.
Dementia Crisis	Expansion of West Sussex Dementia crisis team to SOAMHS functional patients (2022). A move from Dementia crisis teams into Intensive Dementia Support Teams in Chichester & Bognor ensured integration with MH community teams and the expansion of offer through working with older people in MH crisis.
North West Sussex Blue Light Triage	Supports paramedics with 'advice and guidance' as well 'hear and treat'. Ability to attend on scene for assessment. Achieved a 20% reduction in conveyance to ED and significant better engagement. Positive feedback from partners and patients.

Progress on Initiatives Delivered to Date (2)

Text SUSSEX

Initiative with national VCSE provider to support people in self defined crisis. People can now Text Sussex to 85258 and receive text based support. Currently only organic advertising. 805 conversations (10/6/22 - 9/7/23).131 people have used the service more than once.79% of texters say the conversation was helpful
National data suggests it reduces demand on other MH services by 20%.

NHS 111 Press for MH

Following national and local consultation and as part of the national drive for integration between MH and IUCS, Sussex went live with the integration of the NHS 111 press for MH service into SMHL in November 2022 ahead of national requirement. Diverts approx. 2000 calls/month from NHS 111.

Blue Light Line

As part of preparations for winter the service went live pan Sussex Dec 2022. It provides a dedicated line for police to support police in decision making pre s136 as part of the police's statutory obligation to consult with a MH Professional. In addition it provides the coordination point for ambulance and police around availability of HBPoS and or ADPoS/Havens and the availability of the S.136 support service. 1,311 calls to date have been taken.

SMHL Optimisation

Expansion of Sussex MH Line to 0800 number for free access (2020). 2022 integrated NHS 111 press for MH.
In 2023 - New clinical model coproduced, business case developed. No funding available to support clinical model. Service optimised within envelope although demand outstrips capacity by a considerable margin.

S.136 Support Service Trial

Pilot went live at pace in April 2023 currently supports one person for up to 24hrs in ED or a Haven instead of Police officers. Currently being evaluated due to short term non recurrent funding and pilot status. Has saved circa 2000 hours of Police time.

Compassionate calls

Short term reinstatement and integration with SMHL. Pilot from Dec 2020-Nov 2022 to provide compassionate, timely follow up within 72hrs of presenting at ED. 2592 people referred within pilot, feed back and external evaluation showed the service was well liked and provided recovery, clinical and service benefits.

Direct measurable impacts to date

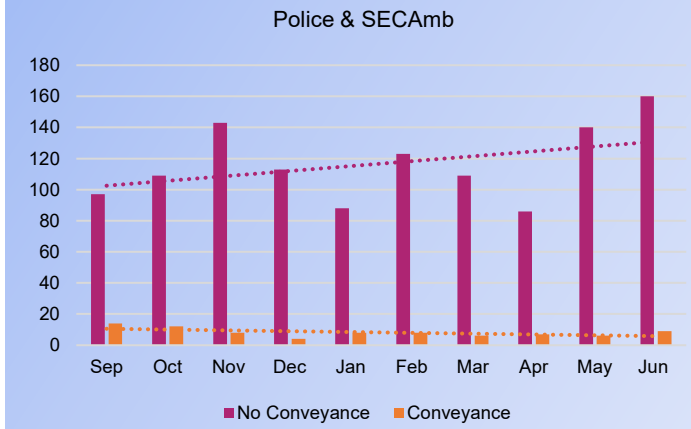
BLUE LIGHT TRIAGE – NW Sussex

An initiative with SECAmb and latterly the police to provide advice, guidance, hear and treat and convergence on scene.

Hear & Treat Jun 22-Jun 23 205 (71% of referrals)
See & Treat Jun 22-Jun 23 82 (27% of referrals)
Advice & Guidance Jun 22-Jun 23 5 (2% of referrals)

In the period Jun 22-Dec 22 8% of all referrals were conveyed to an ED department **(See & Convey)**

Reduced Conveyance



TEXT SUSSEX

Initiative with national VCSE provider to support people in self defined crisis. People can now Text Sussex to 85258 and receive text based support.

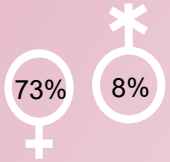
805

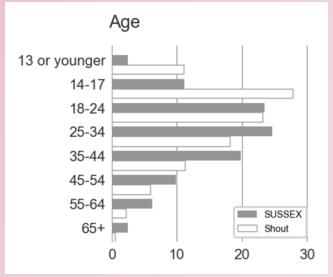
805 conversations (10/6/22 - 9/7/23)
131 people have used the service more than once
79% of texters say the conversation was helpful
46% LGBTQI+ - significantly above the level for the national service

Significant Crisis Alternative

Sussex benchmarks;
+ very highly for >35
+ significantly higher for both >55 & >65

Therefore reaching a group of people who struggle to access services





S.136 SUPPORT SERVICE

A service provided by a private provider to 'sit' with people detained under section 136 in EDs or Havens and release police time.

57 patients (April 23 – June 23)
947 hrs of patient care time
2841 hrs of patient care time and transport provided

Police Resource Relief

2000 hrs

Police time saved

SECURECARE UK
SECURE PATIENT TRANSPORT SPECIALISTS

Improving Lives Together

Partnering with the VCSE

There has been a long history of partnership working with the VCSE across Sussex both from a commissioning and operational perspective as strategic partners, delivery partners and sector representation. A key element of the mental health programme has focused on strengthening strategic and operational relationships between Sussex ICB, SPFT and VCSE partners as part of maturing the collaboration within the context of the integrated care system and increased innovation.

This has included:

Developing **MH Strategic VCSE Leads** in each of the three Places who are members of both the Placed Based Mental Health Oversight Boards and the Sussex MHLDA Board (Southdown, West Sussex Mind, BWC/Grassroots).

Creating 3 FTE **VCSE MH Transformation Lead roles** to ensure strong VCSE engagement in the community transformation programme.

Children and Young People's (CYP) MH Strategic Reps identified (Stonepillow, Amaze, Downslink YMCA)

SPFT and VCSE Strategic Leaders agreeing a **'Working Together Agreement'** (Compact) to reset and strengthen partner relationships and support integrated models of service delivery).

Supported the establishment of a **Sussex Mental Health VCSE Strategic Leadership Group** and three Placed based **MH VCSE Networks**.

Invested in VCSE partners to deliver a range of community services including VCSE workers in community MH services aligned to PCNs.

Continuing to strengthen the VCSE elements of the community transformation programme will be important in increasing community capacity to prevent people going into crisis as well as afterwards. In addition, as part of the MH-UEC programme we are working with VCSE to continue to look at opportunities for more joint working including redesigned the Staying Well Crisis Cafes to become open access.

What are we trying to achieve?

A high number of people with non-physical health attending ED due to issues with access, awareness and suitability of alternative options	1. We will **reduce mental health ED attendances** by 20% by March 2025. This equates to diverting 327 attendances away from EDs each month
A higher number S.136 detentions being conveyed to ED due to issues with access and awareness of alternatives	2. We will **reduce number of detentions under S.136 by 19% and** reduce the number of s.136s conveyed to ED by 30% by Sept 2024. This equates to a reduction of 70 S.136s each month, of which we will avoid 20 being conveyed to ED.
People are waiting too long in ED because of problems accessing a mental health bed or support in the community	3. We will eliminate all over 72 hour waits in ED for a MH concern by November 2023. **By November 2023 no one will wait in ED for more than 72 hours**.
People are spending too long in a mental health bed	4. By September 2024, we will **reduce the average length of stay** in a MH bed from 57 days to 46 days, representing a 21.5% improvement.
People are waiting too long for a MH bed either in ED or in the community	5. By March 2025 we will **reduce the average time waited for a MH bed** from nearly seven days to five and a half days, representing a 20% improvement.

Achieving these objectives will mean the population of Sussex will have their mental health needs cared for in the right place at the right time; improving patient experience.

Through achieving this step-change, people accessing wider physical healthcare and emergency services will have improved experience and outcomes as accessibility is improved.

System / Partner Support

ACUTE HOSPITAL

Strengthen policies and procedures around MH patients in ED and where admitted to wards supported by the new ED and acute hospital wards discharge plans.

Deliver PSC review recommendations that relate to acute hospitals.

POLICE

100% of people being considered for S.136 should have had specialist MH advise sought prior to undertaking unless consultation was not practicable in the circumstances - stepped plan to seek professional MH advice from MH colleagues.

As part of that advice seeking should seek to reduce the use of S.136 in line with neighbouring systems such as Hampshire and Kent per 100k of population supported by advice seeking and the utilisation of alternatives such as Staying Well services and Havens.

LOCAL AUTHORITY

Support robust housing and brokerage arrangement to facilitate reduced LoS and MRFD's where housing is an issue.

Review use of Sec 117 and support packages of care.

Review and where possible optimise the availability of AMHP's and MHA assessments to within the national standard of 3 hours.

Building awareness and support obligations under the Homelessness Reduction Act.

VCSE

Mobilise open access Staying Well Services with SPFT.

Look at additional support opportunities within ED and where there are opportunities to support people open to community services post ED or wider contact with the MH UEC pathway.

SECAmb

Support police with conveyances following the perfect month work in September ensuring that S.136 conveyance is responded to as cat 2 and as a minimum the new metric of 30 min response time is adhered to.

Planned Initiatives (1)

1. STAYING WELL SERVICES	Staying Well Services becoming open access and co delivered.	Phase 1 – Oct 2023 Phase 2 – July 2024
2. POLICE & AMBULANCE	Perfect month initiative with Sussex police and SECAmb to support increased Police use of advice and support prior to detention under S.136 and increased conveyance by SECAmb (as per national guidance and contracting arrangements.	Sept 2023
3. TEXT SUSSEX	Increased advertising and visibility for TEXT Sussex to 85258 following its extension of contract for a further year – including targeted campaigns for exam results weeks and university freshers.	Dec 2023
4. BLUE LIGHT SERVICES	Reimagining of the offer to police, other partners (and the public) in light of RCRP. Coproducing a new model based on the positive impact of the BLT service in NWS to support rapid advice and guidance and hear/see and treat (including community based mental health assessments undertaken 24/7).	Phase 1 March 2024 Phase 2 Oct 2024
5. MH VEHICLES	Phased procurement and roll out of the nationally funded mental health response vehicles (MHRV). The vehicles will be staffed by SPFT Blue Light Services Staff (qualified staff and support worker with additional physical health training) and provide 24/7 assessment and triage in the community.	Phase 1 - March 2024 Go live Phase 2- Sept 2024-March 2025
6. SMHL/ NHS 111 PRESS 2 FOR MH	Continued review of the SMHL NHS111 press for mental health service to optimise as far as possible including development of a SPoA within the current contracted envelope. Potential to include Compassionate calls within this initiative and combine existing resources providing telephone based clinical advice and guidance.	March 2024
7. CRHTT	Working with the CRHTTs to establish a new clinical model across Sussex, supporting rapid assessment, facilitated discharges and therapeutic home treatment, reducing unwarranted variation and the potential for access inequity.	Phased steps to be defined. Full implementation planned for Sept 2024

Planned Initiatives (2)

8. OPTIMISING USE OF HAVENS	Optimize the work of Havens to support flow and alternatives to inpatients.	Sept 2023
9. WORK TO REDUCE LoS	PSC supported work to reduce LoS: to deliver a sustainable reduction in average LoS across three different projects. Other work relating to housing initiatives such as discharge to assess and housing discharge pathway.	Sept 2024
10. REVIEW OF HEALTH BASED PLACES OF SAFETY	This work will review the use of HBPoS to maximise ability to receive S136s. There has been a reduction in the numbers of S136s taken to the HBPoS of -52%. (Jul 21–Jun 22 vs Jul 22-Jun 23). This trend is exacerbated by fixed capacity in HBPoS being used by patients are waiting for a bed or long term placement. At times the HBPoS are also unavailable due to remedial works required after incidents.	March 2024
11. REDUCE TIME SPENT IN ED AND ASSESSMENT WARDS	This short term initiative to reduce the length of time people are waiting in ED and associated assessment wards for a bed will see wait time reduced to under 72hrs by November 2023.	Nov 2023
12. REDUCTION IN NON SPFT CONTRACTED BEDS	Commissioning & Contracting: Ongoing quality and contractual reviews to deliver a phased reduction in total non-SPFT beds to an average of 35 by January 2024. ii) To sustain zero inappropriate out of area placements (OAPs).	Jan 2024
13. RECOVERY HOUSING	Delivery of the West Sussex Recovery (crisis) beds. Increasing recovery capacity – should reduce time people are waiting for a MH bed.	Phase 1 Sept 2023 Phase 2 March 2024
14. INSIGHTS	This work is being underpinned and supported by Insights work including in August an ICB led insights forum focused on MH UEC.	Aug 2023

Commissioning and Investment Considerations

NHS England publish spending on mental health services per person. Figures are adjusted for need and populations are weighted to account for issues such as population characteristics, service usage and household composition. **In Sussex, the actual spending per person on this measure for 2021/22 is £201.40, compared to £210.86 across England overall (4.5% lower).**

There are historical geographical differences in the levels of investment across Sussex for both children and adults services that do not necessarily align with prevalence and demand and capacity. Investment in the MH-UEC pathway needs to be considered within the context of the total investment profile as part of our longer-term strategic approach.

Our strategic approach to investment in this pathway in recent years has focused on evidence of best practice in line with the Long-Term Plan to deliver a range of services to support alternatives to admission. This has including strengthening liaison services into acute hospitals and developing the Blue Light Triage model in North West Sussex.

It is recognised that there still remains unwarranted variation in consistency of offer across the MH-UEC pathway. Of particular note are the following variations:

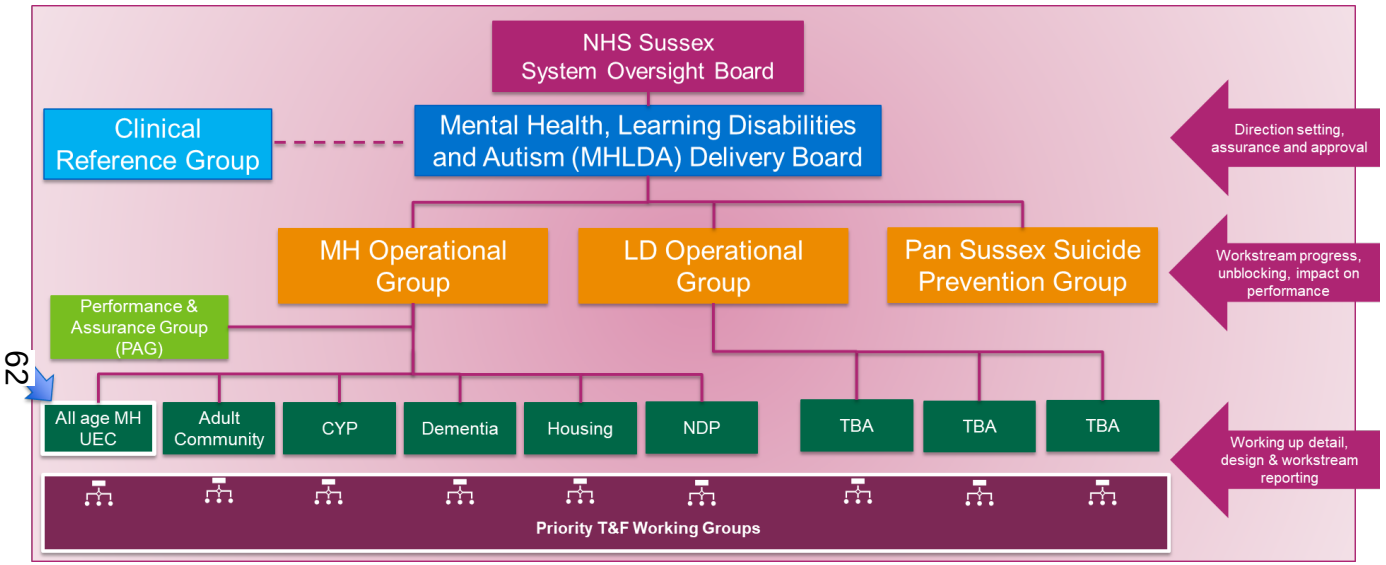
- **Crisis cafes** are not open access across all five sites (Brighton and Eastbourne are intended to be open access by winter 2023) and lack of rural access to crisis alternative services.
- **Crisis house** provision is available in East Sussex and being mobilised in West Sussex for winter 2023 but there remains a gap in provision in Brighton and Hove.
- **Discharge to Assess**: Brighton and Hove has an established service, Coastal West Sussex is being mobilised Autumn 2023, funding is available but no site has been found yet for North West Sussex.
- **Discharge to Assess care hours** (key element of service) in West Sussex have been commissioned by SPFT non-recurrently beginning August 2023. East Sussex does not have a service.
- **NHS111 press for MH / SMHL**: capacity has not been significantly increased since the inception of the service and demand is significantly outstripping capacity currently.
- **Section 136 pilot** has been mobilised for 6 months only with a view to continue for the remainder of 2023/24.

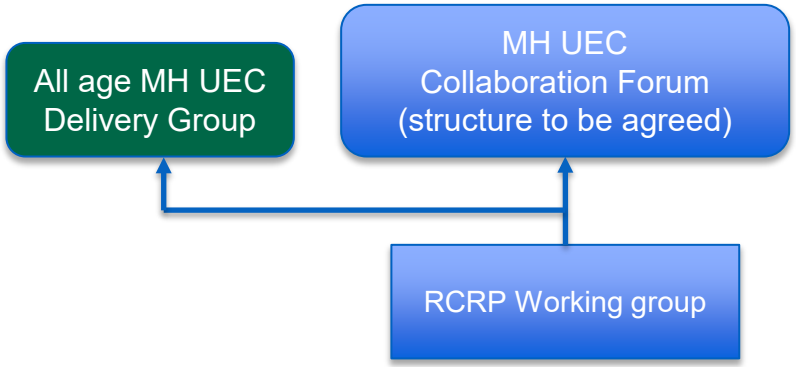
The resources required to address these variations along with the expected additional impact on the MH-UEC pathway is currently being scoped and will be completed by the end of August 2023.

Further Steps

Demand and capacity modelling is underway across the whole pathway in order to map this to the current investment profile and outcomes delivered. This needs to be considered within the wider system investment across the ICB, Local Authorities and SPFT in order to optimise the total available resource and enable evidence based prioritisation decisions that may require decommissioning of less impactful interventions. Flexibilities to support short term impact in year through rapid redesign based on modelled outcomes will be considered.

System Governance for Delivery





Oversight and delivery of the MH-UEC improvement plan is led by Jane Padmore, Chief Executive, SPFT who chairs the system Mental Health, Learning Disabilities and Autism Board which reports monthly to the System Oversight Board.

All system partners are represented on the delivery board, which includes the NHS providers, all three LA DAS and DCS, ICB, SECAmb, police, VCSE and HealthWatch.

Reporting to the MHLDA Board is the MH Operational Group which is responsible for the delivery of the six key programmes of work across the mental health system.

One of these programmes of work is MH-UEC and the delivery group is currently being reconstituted with Executive level leadership and representation from all relevant organisations.

RCRP Governance

It is proposed that to oversee the roll out of Right Care Right Person (RCRP) a MH-UEC Collaboration Forum be established between senior leaders supported by a working group to implement the totality of the recommendations.

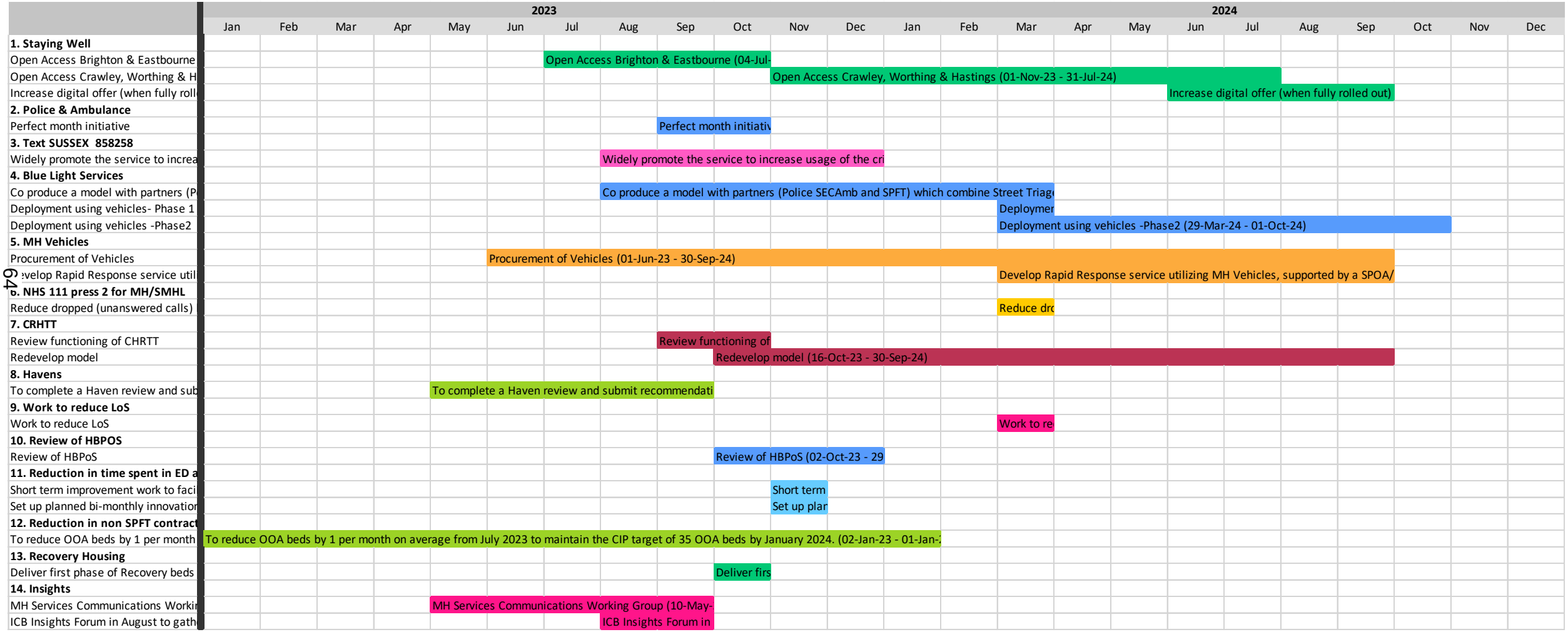
The working group will also feed into the MH-UEC delivery group as much of the work will need to be aligned and integrated.

Overarching Risks and Mitigations

There are four key risks that may impact on the delivery of this plan, potentially resulting in the targets and outcomes contained within not being met. These are noted below, along with mitigations and current risk score.

ID	Risks	Original risk score	Mitigations	Risk score with mitigations
1	**Insufficient workforce** to staff existing and additional services. Insufficient capacity in current workforce to support increased community support at all levels and accelerated discharge.	16	Recruitment and retention initiatives for recruitment into UEC pathway roles Development of rotational posts. Development of new roles – ensuring senior supervision available. Expanding from traditional workforce model to including 3rd sector and peer working.	9
2	**Insufficient investment** to support right sizing and expansion of MH-UEC services resulting in inequity of provision and under resourcing	16	Demand and capacity modelling to be undertaken to understand current provision and gaps . Development of a co-produced strategic clinical model, recycling of current envelope to support developments. Utilisation of efficiencies to support transformation within with current finances as much as possible. Collaborating with other providers to support economies of scale and best use of public purse. Staging investment and service delivery. i.e. rebasing services either financially or in delivery terms to provide what is funded only	9
3	**Lack of engagement** from system partners	12	Utilise current forums and governance arrangements to support engagement at all levels. Agree plans with partners to ensure engagement from the outset. Co-produce new models.	9
4	**Significant increase in demand** that has not been included in modelling (e.g. pandemic)	8	Early warning of demand increases by continuous demand and capacity modelling and monitoring of performance metrics, enabling iterations of plan to be produced.	8

Gantt chart



Improving Lives Together