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Tony Kershaw

Director of Law and Assurance

If calling please ask for:

Rob Castle on 033 022 22546

Email: rob.castle@westsussex.gov.uk

www.westsussex.gov.uk

County Hall
Chichester
West Sussex
PO19 1RQ
Switchboard
Tel no (01243) 777100



22 February 2021

Health and Adult Social Care Scrutiny Committee

Members are hereby notified that the Chairman of the Health and Adult Social Care Scrutiny Committee has agreed that the following supplementary item(s) be added to the agenda for the virtual meeting to be held at **10.30 am** on **Wednesday, 24 February 2021**.

Note: In accordance with regulations in response to the current public health emergency, this meeting will be held virtually with members in remote attendance. Public access is via webcasting.

The meeting will be available to watch live via the Internet at this address:

<http://www.westsussex.public-i.tv/core/portal/home>

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Director of Law and Assurance

Supplementary Agenda

3(a) Outstanding Responses to Recommendations (Pages 3 - 10)

The Committee is asked to consider the responses by the West Sussex Clinical Commissioning Group to recommendations made at the 11 November 2020 meeting and by the Covid-19 Task and Finish Group.

The Committee is also asked to consider the response by the Chairman of the West Sussex Health and Wellbeing Board and Cabinet Member for Adults and Health to the recommendations of the Covid-19 Task and Finish Group.

To all members of the Health and Adult Social Care Scrutiny Committee

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Bryan Turner

West Sussex County Council

By email

West Sussex CCG
Wicker House
Worthing
BN11 1DJ

www.westsussexccg.nhs.uk

18 February 2020

Dear Bryan

**Recommendations from Health & Adult Social Care Scrutiny Committee 11
November 2020 and the Covid-19 Preparedness and Restoration, Recovery Planning
in West Sussex Task and Finish Group**

Thank you for sharing the recommendations from both the HASC meeting in November 2020 and the Task and Finish Group, which were then agreed at the November HASC meeting. We are very sorry for the delay in responding to these and would like to thank all members for the additional time that has been provided to allow for our response. Our response to the recommendations is as follows:

Restoration and Recovery

Recommendation 1: Those who are vulnerable at home are prioritised and are supported by community services

We can assure the committee that all those who are vulnerable remain a priority for the NHS, including those who are housebound. Throughout the COVID-19 response, there has been a specific focus on how support and care could continue for those who are housebound, and this has been a priority for both general practice and community services. This continues to be the case, and most recently with the COVID-19 vaccination programme, one of the first priority groups has been those who are housebound and roving teams have been making home visits to those who are not able to access a vaccination site.

Recommendation 2: Primary Care restoration is not impacted by the potential mass vaccination programme relating to Covid-19, requesting a system response across the Sussex Health and Care Partnership

The COVID-19 Vaccination Programme has been a priority for all health and care partners across Sussex, including general practice. Teams from GP practices across Sussex have worked together since the start of December to mobilise vaccination services, set up services in non NHS buildings in some cases, and ensure the effective roll out of the vaccination to their most vulnerable patients. At the same time, GP practices have continued to work to support the day to day needs of their patients, and keep their surgeries open.

The establishment of local vaccination services has been an incredible effort from GP practice teams across Sussex, and it is testament to their commitment that everyone in the first four priority groups has now been offered the vaccination, and 90% of those aged 70 and older have received

their first vaccination.

The Sussex system has worked with general practice to support them at this time so that the vaccination programme can be resourced and managed effectively, and this has meant that some parts of their restoration have been paused to ensure clinical support for the programme. However, we can provide assurance that all GP practices have continued to provide urgent and routine care for their patients; appointments through a range of means such as phone, online and face to face have continued; and longer term such as health checks for those with Learning Disabilities and serious mental illness are continuing.

Recommendation 3: Continuous monitoring of the communications campaign, especially relating to flu and routine vaccinations

The CCG recognises and supports this recommendation. Continual monitoring of the effectiveness of a campaign is a key part of our communication planning, and each campaign maps out the milestones and the markers to reflect on progress, delivery against objectives, and the appropriateness of the next steps.

For example, with seasonal flu a communication and engagement advisory group was established as part of the programme to provide insight on the planning, co design the approach and messaging, and once the campaign was underway to ensure the effectiveness of activity. This group met regularly and fed into the programme board. As we approach the end of the flu vaccination programme for the season, we are current evaluating the communications and engagement approach for the programme. This is taking into account the process to setup and monitor the campaign along with engagement with communities, feedback from patients, media and social media engagement, stakeholder engagement. It will establish what worked well and recommendations for the future. This evaluation will help to inform the current COVID-19 vaccination programme and this year's flu campaign later this year.

Workforce

Recommendation 1: That there is positive communication with the public setting out the wider group of staff who can provide primary care services, rather than just GPs and highlights the importance of forward planning with the voluntary sector in its support to primary care

The CCG recognises and supports this recommendation. To date there has been some positive activity to communicate the range of roles in general practice, including GPs, nurses, paramedic practitioners, nurse practitioners, pharmacists and social prescribers. It is recognised that this can be further developed and shared more widely, and as part of the CCG's next stage of restoration and recovery communication planning, we will ensure coordinated communication activity showcases the wider staff group that all support general practice. Operationally the range of staff providing patient care from GP practices is expanding as new roles such as care coordinators are introduced to existing teams, and we will ensure communications supports this effectively across our communities.

Recommendation 2: For assurance that the development of a robust plan, in relation to recruitment of mental health practitioners, is in place

From April 2021, mental health practitioners will be recruited into general practice in Sussex by means of the Primary Care Network Direct Enhanced Service. The CCG can assure the committee that this is being done in conjunction with Sussex Partnership NHS Foundation Trust, and SPFT and the CCG are working closely with general practice and the GP Federations so that this process can be implemented effectively. Robust plans for the recruitment of these posts are being finalised

and can be shared for information with the committee.

Recommendation 3: That the importance of connecting with schools/colleges in relation to careers in healthcare to allow students to make the relevant subject choices

We recognise the importance of connecting with schools and colleges to provide information about careers in healthcare. Currently individual organisations have local links, for example hospital trusts with local schools and some Primary Care Networks with local educational leaders. As a CCG we have also done presentations at local colleges about the range of careers within healthcare, and we understand that our partners do similar. A more systematic approach to this partnership link with schools and colleges would strengthen this approach and we will take this to the ICS Communication and Engagement Leader's Group to discuss further.

Estates

Recommendation 1: Asks for a clear communication strategy, working with partners to ensure that West Sussex residents understand primary care planning, in relation to housing developments and demographic changes

The CCG recognises and supports this recommendation; it is a clear point of learning from recent developments to ensure there is coordinated and targeted communications and engagement planned when considering future service provision within our place based plans going forward.

The CCG will work with local authority partners on clear messaging and ensure we are reaching and actively engage with our communities. In order to do this the CCG will also take into consideration feedback that the CCG and partners have captured about how they best to engage and how best we can reach our diverse communities, for example key insight from the Healthwatch and CCG report into digital access and preferences.

Recommendation 2: Stresses the importance of, where possible, co-location of services in hubs within Primary Care Networks

The CCG welcomes this recommendation from the committee. The Primary Care Estates Strategy states that the preference, where possible, is for the co-location of services and we will continue to work with all health and care partners to ensure that future service provision meets this ambition.

The Task and Finish Group

Recommendation 1: Raises concerns at the rate of appointment non-attendance at hospitals throughout the county and the potential knock on impact this will have on the wider system, in terms of waiting lists. It urges NHS colleagues to focus communications on those attending routine appointments, to better understand behaviours and to try and prevent the rate of non-attendance increasing further. The TFG suggests the development of 'virtual walk rounds' so that patients know what to expect when attending their appointments.

The CCG can assure the committee and the task and finish group that this is a focus for system wide communications at the current time. Through both planned care and cancer communication and engagement, a key aim is currently to provide reassurance around the safety of services and the importance of attending secondary care for any booked appointments. Coordinated system wide communications has included videos as suggested to provide virtual walk throughs of areas where people may be attending and what they can expect (examples -

<https://www.westernsussexhospitals.nhs.uk/services/infection-control/coronavirus-covid-19-latest->

[information-and-advice/](#)), paid advertorials in the local newspapers, proactive media with BBC South Today and BBC Radio Sussex, and clear messaging with community and voluntary partners. Further activity for 2021 is planned, including further reassurance on how health and care partners are working and in particular where patients may have appointments transferred to another hospital and the use of the independent sector. Activity is expected in March 2021.

Recommendation 2: Emphasises the importance of community mental health services, especially approaching a second wave and that this should be prioritised by all health and social care partners. It agreed that this should be part of the focus for scrutiny the HASC inquiry day planned for February 2021 and that NHS colleagues be asked to present further information to the Committee at that session.

The CCG fully recognises and welcomes the recommendation in relation to the importance of community mental health. We can assure the committee that we take our commitment to the importance of mental health alongside physical health extremely seriously and the COVID-19 pandemic has highlighted just how integral it is to people's wellbeing.

Further to community mental health services provided by Sussex Partnership NHS Foundation Trust, in the coming months mental health practitioners will be directly recruited into general practice in West Sussex. This is supported by the Primary Care Network Direct Enhanced Service and is being implemented in conjunction with Sussex Partnership NHS Foundation Trust.

We welcome the agenda for the February HASC meeting and look forward to the discussion along with system partners at that session.

Recommendation 3: Confirms support to the proposed winter plans as presented by the CCG.

The CCG thanks the committee for its support of its winter plans, and for its support for the health and care system as it worked over the winter period to continue to provide safe, effective services for patients amidst high levels of COVID-19 in the community.

I trust that this response is helpful to the recommendations but please let me know if anything further would be useful at this stage.

Yours sincerely,



pp. Pennie Ford

Executive Managing Director

West Sussex CCG

On behalf of Sussex NHS Commissioners

Amanda Jupp
Cabinet Member for Adults and Health

Tel: 033022 22874 (Direct)
amanda.jupp@westsussex.gov.uk
www.westsussex.gov.uk

Cabinet Office
West Wing
County Hall
Chichester
PO19 1RQ



Councillor Bryan Turner
Health and Adult Social Care Scrutiny
Chairman
Via Email

9 February 2021

Dear Bryan

Recommendations from the Covid-19 Preparedness and Restoration, Recovery Planning in West Sussex Task and Finish Group

Thank you for your letter setting out the recommendations of the Covid-19 Preparedness and Restoration, Recovery Planning in West Sussex Task and Finish Group. As requested, I am responding as Chair of the West Sussex Health and Wellbeing Board and Cabinet Member for Adults and Health. For ease of reference, I have commented in turn to each of recommendations.

a) Recommends that the model of 'Trusted Voices' (community leader, a leader in a workplace or voluntary setting, or a representative of a given community) be replicated in West Sussex to assist with public health messaging regarding the pandemic. The TFG emphasises the importance of avoiding 'generic messaging' approaching a second wave of the virus.

I fully support the recommendation and the County Council has been using community leaders and contacts in all of our work across Public Health, Communities, Adults and Health and Communications. In addition, we have funded the District and Borough Councils from Covid-19 monies to support their community engagement on the pandemic response. They have varied approaches, sensitive to local circumstances, but all of them link with community leaders in this, including faith leader networks to reinforce to target communications.

b) Recognises that the Local Outbreak Plan is a live document, responding to the pandemic as it develops. The TFG welcomed sight of a lessons learned document relating to a local outbreak of the virus in Crawley and recommends that these be taken forward by the Local Outbreak Engagement Board. It particularly wants the Board to support District and Borough Licensing Teams, to ensure that licensed premises have understood and are following the guidance in relation to 'Track and Trace'.

I agree with the recommendation about the Outbreak Control Plan and the document has been reviewed regularly and has recently been significantly revised. This has been informed by developing Government guidance and national best practice, alongside our local regular reviews of outbreaks and learn lessons from them. The Plan is considered by the Health Protection Board and the Local Outbreak Engagement Board, so these Boards see the outcome of the reviews. Local regulatory teams, Environmental Health and Licencing are part of the working groups on Covid-19 and have been supported with Covid-19 funding from the County Council to increase their capacity to undertake this work. They follow up all outbreaks in commercial premises and report the findings back into the Public Health Functional Group daily meetings on the pandemic.

c) Asks the West Sussex Health and Wellbeing Board, in its role of supporting the overall health and wellbeing of West Sussex residents, to discuss the issue of appointment non-attendance at hospitals and develop further communications to reassure patients, especially approaching the winter period.

The significant increase in the challenges of managing the pandemic in West Sussex has meant there has been a need to prioritise the work of the NHS, Public Health and Adults and Health, which has impacted on non-urgent services and communications to patients during the winter period. I do however support the recommendation as this will be an important element of the work to restore NHS services as we move past the recent surge in cases of Covid-19.

d) Concludes that the community response has been outstanding throughout the pandemic and commends the partnership working between the County Council and District and Borough Councils, in supporting those residents who had or still were shielding. It recommends that the 'keeping in touch' element of the Community Hubs should not be lost and that connections be continued with residents the County Council has not had knowledge of previously, as this is integral to its health and social care long term prevention agenda.

I recognise that the proactive contact approaches developed during the pandemic have been incredibly well received by residents, their friends and families as well as our partner organisations and support the recommendation. The County Council has continued to develop our approaches and continue to evolve this work based on feedback and emerging challenges faced by residents. The Keeping in Touch programme from the first lockdown has been refined and currently delivered as Local Resident Support Calls which have been focused on some of our most vulnerable residents living independently, or with some support across our communities. The Communities Directorate is keen to embed this work, and that more widely of the Community Hub, into the future service delivery models but acknowledges that this activity does require significant resource and organisational infrastructure. As we emerge from the pandemic and take stock of the learning from the past year, we will explore how this activity can be accommodated for the longer term to strengthen the support for residents to underpin improved health and social care outcomes.

e) Requests that officers work collaboratively with all local members to support their communities throughout the pandemic and beyond.

I support the recommendation and officers have worked collaboratively to ensure all Members are kept fully updated, including any local developments or challenges within their communities. Whole council and local briefings have been provided to Members and officers have been responsive to any individual, community or services issues that have been raised by Members. This work will continue to be critically important as we address the longer term impact and challenges of the pandemic on local communities.

I hope my response is helpful,

Yours sincerely,

A handwritten signature in black ink that reads "Amanda". The signature is written in a cursive style with a long, thin vertical stroke extending downwards from the end of the name.

Cabinet Member for Adults and Health

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