

Health and Adult Social Care Scrutiny Committee

11 November 2020 – At a virtual meeting of the Committee.

Present:

Cllr Turner (Chairman), Cllr Walsh, Cllr Arculus, Cllr Atkins, Cllr Boram, Cllr Bridges, Cllr A Jones, Cllr M Jones, Cllr Markwell, Cllr O'Kelly, Cllr Pendleton, Katrina Broadhill, Cllr Bangert, Cllr Bennett, Cllr Bob Burgess, Cllr Karen Harman, Cllr Peacock and Cllr Loader

Apologies were received from Cllr Wickremaratchi and Cllr McDonald

Also in attendance: Cllr A Jupp

12. Declarations of Interest

12.1 In accordance with the code of conduct, the following personal interest was declared: -

12.2 Cllr Turner in respect of item 5, Primary Care Restoration and Future Planning in West Sussex as a pharmacist.

13. Urgent Matters

13.1 The Chairman reported that since the publication of the agenda there had been three new appointments to the Committee.

13.2 Resolved – that the Committee notes the appointments of Cllr Joss Loader (representing Adur District Council) and Cllr Bob Burgess (representing Crawley Borough Council) to the Committee and the appointment of Cllr Sean McDonald to fill the Conservative substitute vacancy.

14. Minutes of the last meeting of the Committee

14.1 Resolved – that the minutes of the meeting held on 9 September 2020 are approved as a correct record and are signed by the Chairman.

15. Responses to Recommendations

15.1 Resolved – that the Committee notes the responses to recommendations made at its 9 September 2020 meeting.

16. Primary Care Restoration and Future Planning in West Sussex

16.1 The Committee considered a presentation and reports by West Sussex Clinical Commissioning Group and reports by Healthwatch West Sussex (copies appended to the signed minutes). The presentation was introduced in four parts – Restoration and Recovery, Digital Access, Workforce and Estates.

16.2 Sarah Henley – Director of Primary Care introduced the section on Restoration and Recovery highlighting the following: -

- No West Sussex GP practices were in special measures despite the pressures of the pandemic
- The Clinical Commissioning Group (CCG) was supporting GP practices to return to normal and keeping them resilient whilst responding to the second wave of the pandemic
- The reinstatement of non-essential services that had stopped during the first few months of the pandemic, had begun in August
- 30 workstreams with five key objectives were outlined in the presentation
- The most vulnerable people in the county had been identified for prioritisation during the pandemic

16.3 Hugo Luck – Deputy Director of Primary Care added the following: -

- The CCG's winter plan would focus on resilience and those most at risk
- It would also focus on getting patients to the right care at the right time, freeing up A&E as much as possible backed up by a system-wide communications campaign

16.4 Laura Robertson – Associate Director of Communications and Engagement told the Committee that the system-wide communications campaign is being carried out in conjunction with partners across the whole of Sussex and work was taking place with community groups to help spread the word, especially to those without computer access.

16.1 Summary of responses to committee members' questions and comments: -

- The target for flu vaccinations was 75%, so far 72% of over 65s had been vaccinated and 30% to 40% of other groups (43% of 2 to 3 year olds) with more vaccination supplies for the under 65s coming soon
- The aim was to vaccinate as many people as possible against flu as soon as possible, to lessen potential delays in Covid vaccinations if people couldn't have both close together
- It was suggested that information on Covid could be handed out to people receiving vaccinations
- Venues for Covid vaccinations would be chosen which did not disrupt other primary care services
- Elderly people living alone may be on the highly vulnerable list – GPs would decide if they needed home visits
- The elderly was a priority group with appropriate care plans in place where needed
- GPs were to get funding for a frailty service for care homes that would start on 1 December
- Enhanced help for care homes had begun in October
- There was a query on the number of patients waiting to catch-up on services – **ACTION:** Pennie Ford to supply the figures
- The effectiveness of the communications campaign would be measured by digital access, a baseline survey and regular meetings

with Healthwatch and voluntary groups to understand feedback from the public on key messages and approach

- The immunisation programme for children had continued during the pandemic and was up to date
- Screening for cervical cancer was deferred at the beginning of the pandemic, but was now up to date
- There had been access problems to some cancer services during the first phase of the pandemic – Queen Victoria Hospital, East Grinstead, had acted as a regional cancer centre and work was going on to increase capacity but the need for increased cleaning was slowing some services
- Health checks for those with learning disabilities and mental health issues were at normal levels for the time of year

16.2 Resolved – That the Committee welcomes the work of the West Sussex Clinical Commissioning Group and GPs in West Sussex to restore primary care services but asks that:

- i. Those who are vulnerable at home are prioritised and are supported by community services
- ii. 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
- iii. There is continuous monitoring of the communications campaign, especially relating to flu and routine vaccinations

16.3 Hugo Luck – Deputy Director of Primary Care introduced the section on Digital Access highlighting the following: -

- The pandemic has changed the way primary care sees patients although face to face appointments still took place where appropriate
- What has worked well will be continued
- Alternatives and additional assistance will be given to those without digital access
- Locally commissioned services are largely paper based, so people have been employed to convert records to digital which should improve the offer to patients

16.4 Summary of responses to committee members' questions and comments: -

- The new ways of interacting with GP surgeries get people to the right person quicker – for many they have been popular and supported people to access help more easily, however it is recognised there are challenges for some less digitally abled
- There was helpful information on surgery websites about new ways of working which should be as digitally inclusive as possible
- There was a move towards fixed appointment times, but keeping to time depended on the length of phone calls, which were taking longer than face to face consultations

- Patients were asked for times when they could be contacted, but 20% of the time they were not available when they said

16.5 Resolved - That the Committee wholeheartedly supports the recommendations contained in the joint report from Healthwatch West Sussex and the West Sussex Clinical Commissioning Group.

16.6 Howard Duff – Primary Care Workforce Lead, introduced the section on Workforce highlighting the following: -

- Staffing levels in Sussex were good compared to the figure for England overall
- A large majority of staff were female and many staff were aged between 50 and 59 meaning a large number of staff would retire around the same time
- GPs needed more support staff for patient care
- Staff in new roles that were created through the Additional Roles Reimbursement Scheme would require training
- Mental Health practitioners and paramedics could not be recruited under the scheme until April 2021

16.7 Summary of responses to committee members' questions and comments: -

- Committee members would be interested to know the breakdown of role by age – **ACTION:** Howard Duff to provide these figures
- The few physician associates could carry out GP work except some diagnostics and prescribing medicines
- The CCG was waiting on NHS England to clarify the role of mental health practitioners, when this was known the Primary Care Networks would decide where they should be located
- Healthcare jobs were promoted in schools and colleges
- Recruitment to permanent posts had improved, but was still challenging
- The primary care network looked at population growth in October and the CCG had plans to expand services in areas where housing was increasing, but it was difficult to predict what the future populations of these areas would be

16.8 Resolved – That the Committee supports planning in relation to workforce and asks:

- i. 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
- ii. For assurance that the development of a robust plan, in relation to recruitment of mental health practitioners, is in place
- iii. That the importance of connecting with schools/colleges in relation to careers in healthcare to allow students to make the relevant subject choices

16.13 Simon Clavell-Bate – Head of Estates West Sussex, introduced the section on Estates highlighting the following: -

- The CCG meets with district and borough councils on a regular basis and works with them on their infrastructure delivery plans to assess the impact on the NHS in terms of services and premises
- The CCG also works with Primary Care Networks on where services are needed
- Complications can arise when land has multiple owners
- The CCG was working well with councils that decided how to spend section 106 and the Community Infrastructure Levy money

16.14 Summary of responses to committee members' questions and comments: -

- Meetings were taking place about new developments in Bognor Regis, Pagham and Bersted, but there were challenges around the sites identified in Littlehampton and Shoreham due to multiple landowners
- Communication about access to primary care in relation to new developments could be improved
- Primary Care Networks would decide if frailty hubs should be virtual or physical – there was a preference for physical

16.15 Resolved - That the Committee: -

- i. 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
- ii. Stresses the importance of, where possible, co-location of services in hubs within Primary Care Networks

17. Covid-19 Preparedness and Restoration, Recovery Planning in West Sussex Task and Finish Group Report

17.1 Before considering the Task and Finish Group's report the Chairman invited Dr Tony Hill, Interim Director of Public Health, to give an update on the Covid-19 situation in West Sussex: -

- The average number of cases in West Sussex was 100 per 100,000, lower than both the average for South East England (130.5 per 100,000) and the whole of England (243.3 per 100,000)
- Figures ranged from 73.1 per 100,000 in Adur to 129 per 100,000 in Crawley
- Around 20% of people with Covid were over 60, around another 20% were between 18 and 25
- Positive test results ranged from 2.9% in Worthing and 5.9% in Crawley – in some parts of the country the rate was 10%
- The rate of increase was doubling every 21 days in West Sussex
- Local test and trace should begin on 26 November and run in conjunction with the national system

- The local system would contact people that the national system could not reach after 48 hours – these people would then be contacted by the national system
- West Sussex was not included in the first tranche of mass testing as it was not one of the worst affected areas
- Vaccinating the UK population would take time – as not enough doses were available so people would be prioritised based on need
- University students would be offered tests before returning home for Christmas

17.2 Amanda Jupp, Cabinet Member for Adults & Health, told the Committee that: -

- Wide ranging communication about the vaccination was being planned
- The Council was working closely with care homes about plans for vaccinations and visits

17.3 The Committee considered a report by the Chairman of the Task & Finish Group on Covid-19 Preparedness and Restoration, Recovery Planning in West Sussex.

17.4 Resolved – That the Committee agrees that the recommendations of the Task & Finish Group be shared with the Cabinet Member for Adults and Health (Chairman of West Sussex Health and Wellbeing Board) and the West Sussex Clinical Commissioning Group Executive Managing Director.

18. Forward Plan of Key Decisions

18.1 Resolved – That the Committee agrees that a briefing on the proposed decision on extension of contracts for the provision of Specialist Health Services for people with learning disabilities and autism in West Sussex, should come to the next meeting of the Business Planning Group.

19. Work Programme Planning and Possible Items for Future Scrutiny

19.1 Resolved – That the Committee notes its draft work programme.

20. Date of Next Meeting

20.1 The next meeting of the Committee will take place on 13 January 2021.