

Health and Adult Social Care Scrutiny Committee

23 November 2022 – At a meeting of the Health and Adult Social Care Scrutiny Committee held at 10.30 am at County Hall, Chichester, PO19 1RQ.

Present: Cllr Wall (Chairman)

Cllr Cooper	Cllr Patel	Cllr Bevis
Cllr Ali	Cllr Pudaloff	Cllr Glynn-Davies
Cllr Forbes	Cllr Walsh, Left before	Cllr Irvine
Cllr McKnight	the post lunch session	Cllr Loader
Cllr O'Kelly	Cllr Baldwin	Cllr Pendleton, Arrived at
	Cllr Burgess	10.47

Apologies were received from Cllr Atkins, Cllr Dunn, Cllr Nagel, Katrina Broadhill, Cllr Bangert and Cllr Peacock

Also in attendance: Cllr A Jupp and Cllr Lanzer

31. Declarations of Interest

31.1 In accordance with the code of conduct, the following interests were declared: -

- Cllr Cooper declared a personal interest in respect of item 5, NHS Winter Preparedness, as a Governor of University Hospitals Sussex NHS Foundation Trust
- Cllr Baldwin declared a personal interest in respect of item 5, NHS Winter Preparedness, as a Governor of Sussex Community NHS Foundation Trust
- Cllr McKnight declared a personal interest in respect of item 5, NHS Winter Preparedness, as an employee of University Hospitals Sussex NHS Foundation Trust
- Cllr Pudaloff declared a personal interest in respect of item 5, NHS Winter Preparedness, as member of the Royal Society for Public Health, item 6, Access to NHS Primary Care and item 7 South East Coast Ambulance Service Update as a member of Q community at the Health Foundation, on a steering group committee and also at the Health Foundation related to patient and public involvement and quality improvement

32. Minutes of the last meeting of the Committee

32.1 Resolved – that the minutes of the meeting held on 30 September 2022 are approved as a correct record and are signed by the Chairman.

33. Responses to Recommendations

- 33.1 It was requested that the action relating to the principles the Council works to when engaging with people who are having financial difficulties be added to the recommendations section of the tracker.
- 33.2 Resolved – that the Committee notes the responses to recommendations made at its last meeting.

34. NHS Winter Preparedness

- 34.1 The Committee considered a report by NHS Sussex (copy appended to the signed minutes).
- 34.2 Summary of responses to committee members' questions and comments:
- The Committee felt that the Government should be lobbied over the low rate of hospital beds in the county per 100,000 people
 - There were national pressures around delayed discharges and staff shortages
 - South East Coast Ambulance Service NHS Foundation Trust was managing handover delays better than some other ambulance trusts
 - The NHS works as effectively as possible with partner organisations to make best use of resources
 - The Systems Operations Centre analyses data and helps coordination of services feeding into executive level meetings
 - There was concern over vaccination rates - **Action:** Claudia Griffith to look into why communications around vaccinations appear not to be working as well as during the pandemic
 - Across Sussex there are about 800 people medically fit to leave hospital a day – trends are improving at St Richard's hospital, Chichester and Princess Royal Hospital (PRH), Haywards Heath
 - The NHS is working closely with social care to decrease delayed discharges
 - Of patients currently awaiting discharge across St Richards and Worthing 55 are waiting for domiciliary care packages, 106 are waiting for a community or rehabilitation bed, and 18 are waiting for residential care
 - To mitigate this, University Hospitals Sussex NHS Foundation Trust (UHSFT) has increased capacity by 106 beds to support flow and is supporting care homes with early interventions to try to avoid admittance to hospital
 - Optimum bed occupancy is 88%, but we are typically running at close to 97%
 - Adult Social Care (ASC) also tries to avoid people being delayed in hospital by increasing assessment capacity.
 - The discharge funding received by ASC was welcome and slightly more than expected
 - A more sustainable/ambitious model of supporting discharges should be possible in the future

- Voluntary sector organisations such as Age UK and the British Red Cross help with discharge, admission avoidance and signposting to appropriate services instead of A&E
- All organisations must have safeguarding frameworks in place before they can be involved
- Urgent Treatment Centres (UTCs) are a core part of NHS infrastructure and have to comply to national standards
- There are UTCs collocated at Worthing Hospital, St Richard's Hospital and PRH and a UTC in Crawley run by Sussex Community NHS Foundation Trust supported by primary care and A&E staff when necessary
- Work is going on with Surrey & Sussex Healthcare NHS Trust to increase the number of appropriate patients using the Crawley UTC service instead of A&E at East Surrey Hospital, Redhill
- Medically Ready for Discharge wards help people to be mobile by providing Occupational Therapy and Physiotherapy assessments
- Making efficiencies is challenging as hospitals are near full capacity and nearly back to pre-covid levels of activity, but it may be possible to utilise theatres better for planned care and Trusts are looking at how they can move more towards seven day working
- New technology can also help with efficiencies by reducing amount of time staff spend on administrative functions and enabling people to be discharged earlier with at home monitoring.
- Virtual wards have been trialled in some areas of the country for those that don't need acute inpatient care. This worked well during the pandemic with equipment and advice given to patients so they could care for themselves at home, but is reliant on people having the necessary technology and robust clinical governance
- Additional capacity has been brought online this winter to support patients in mental health crisis, including Haven's in Worthing and Crawley and a new Mental Health Clinical decision unit in Worthing - **Action:** Claudia Griffith to provide information on the development of the Crawley Mental Health Haven
- There is also significant investment in supporting mental health in crisis services and the ambulance service so that people get the right support as early as possible
- The number of out of area placements for mental health patients has reduced to one
- There needs to be sufficient capacity to support individuals in the community with a focus on children and young people's mental health
- Significant work is taking place to ensure services will continue to be delivered safely in the event of any industrial action in the NHS in Sussex

34.3 Resolved – that: -

- i. The Committee has received an assurance on the capacity and capability to deliver winter planning, and the focus of the plan

- ii. The Committee to lobby government via West Sussex MPs for extra capacity in hospital beds and increases in workforce
- iii. The NHS to revisit vaccination messaging to ensure it is reaching the whole community
- iv. The Committee receives a future update on virtual wards

35. Access to NHS Primary Care

35.1 The Committee considered a report by NHS Sussex (copy appended to the signed minutes).

35.2 Summary of responses to committee members' questions and comments:

- Practice level appointment data is being published in December, but the actual data will vary from GP practice to GP practice due to the way practices record information - conversations are being held with practices about them holding better, more detailed databases - **Action:** Amy Galea to provide further data, including trends
- West Sussex GPs are some of the most productive in the country
- The number of GPs per 1,000 is higher in West Sussex than in East Sussex
- The figure for face-to-face appointments does not include vaccinations
- Satisfaction scores have reduced partly due to the move to digital services during the pandemic and changes to GPs practice's ways of working
- Planned improvements include management of phone calls through cloud telephony and better practice websites
- The new cloud telephony system should help identify how many people don't get appointments
- Non-attendance rates are lower in West Sussex than the national average
- There are concerns over the community pharmacy consultation service as it incurs a cost for people
- Winter planning has identified primary care funding for areas of deprivation where things might need to be done differently
- All initiatives in the Winter Plan are based on learning from last year and have milestones to be measured against till the end of March 23 and will be fully evaluated
- Teams will be created that can link patients to the right healthcare professional early to improve outcomes
- There are some concerns over the 'Patient Knows Best' website and the ability of individuals to use technology
- Adjustments for people who suffer from sensory overload were made at practices during the pandemic and learning from this is being shared and may be done through joint practice work
- Change will take time as there are 158 different practices
- The Sussex Health and Care Assembly will be developing a strategy for the whole system involving partner organisations across Sussex that will set out each organisation's responsibilities to deliver the plan

- NHS Sussex will be developing a delivery plan alongside this that will be clear on what it wants to achieve and when over the next three to five years
- Concerns were raised over splitting GPs between acute and long-term care management
- Registered patient lists are reviewed bi-annually to remove those that have moved away – **Action:** Amy Galea to check the discrepancy between registered patients and population

35.3 Resolved –

- An assurance was received that measures to increase and optimise capacity are being addressed
- That the committee receives data relating to face-to-face appointments broken down into category of care
- The Committee requests further GP data broken down geographically including trends over time and patient levels per GP compared nationally
- A review of the discrepancy in population data compared to GP registration to take place and fed back to the Committee

36. South East Coast Ambulance Service Update

36.1 The Committee considered a report by South-East Coast Ambulance Service NHS Foundation Trust (SECAmb) (copy appended to the signed minutes).

36.2 Summary of responses to committee members questions and comments:

- Handover delays are a whole system flow issue that needs investment in social care and community services to help reduce them
- 51% of ambulance callouts result in conveyance to A&E
- Patients that have to wait more than one hour for handover experience some level of harm, 53% low, 23% moderate and 9% severe
- The proportion of delays over one hour has increased from 1% in 2018 to 18% for October 2022
- The average handover time, against the 15 minute target, was 30 minutes in October 2021 and has increased to 42 minutes in October 2022. The 90th percentile, for average handover time was 35 minutes in 2020 and as at October 2022, is 1 hour 21 minutes
- Nationally an estimated 44,000 people suffered some level of harm due to delays in the last month with 5,000 suffering severe harm when 23% of ambulance capacity was lost to handover delays compared to 7% in October 2019
- In West Sussex handover delays in the last year have risen from 0.17 hours (10 minutes) to 0.19 hours (11.5 minutes)
- The agreed handover process framework is being reviewed with Worthing Hospital, St Richard's Hospital (Chichester), Royal Sussex County Hospital (Brighton) and East Surrey Hospital (Redhill) to help reduce handover delays

- SECAmb is working with commissioners to standardise appropriate pathways across all hospitals in the West Sussex and East Surrey place footprint
- The Same Day Emergency Care conveyance pathway is critical to supporting non-Emergency Department presentations
- More overtime is not the answer to reducing response delays
- Crews have one to one meetings with managers, review rest and meal breaks and a wellbeing hub
- The Trust provides a variety of services for all staff to support mental and physical health
- There is a trauma risk management response (TRiM), which includes trauma risk assessments and support from associated TRiM practitioners and external counsellors where required
- Rollout of the Make Ready Centres programme is continuing
- SECAmb has a recruitment plan in place, which employs people from the UK and is exploring international opportunities, specifically from Ireland and Australia
- Workforce numbers are reviewed monthly – the Trust is on track meet its workforce planning forecast, however attrition rates are currently higher than planned and present a risk to the Trust's workforce projection
- Currently 6% of the Trust's frontline operational hours is sourced from private ambulance providers
- The Care Quality Commission (CQC) report focussed on the response to covid when difficult decisions had to be made i.e. suspending core training. This period has put a strain on frontline clinicians
- The Trust is looking at improvement by focussing on people and quality of service
- The improvement journey focusses on the four warning notices and the four improvement pillars established to address this are Quality Improvement, People & Culture, Responsive Care and Sustainability & Partnerships
- Although the warnings have since expired, the Trust needs to adhere to compliance regulations
- Improvement will be measured by follow-up visits by the CQC
- Alternative pathways other than A&E include Urgent Treatment Centres and community services e.g. two hour community response, but they need be appropriate for the patient needs at the time of call
- The Trust is working within NHS guidelines to further improve its response to people in mental health crisis and already provides 24/7 access to mental health practitioners via the emergency operations centre for 111 and 999 calls, which supports an immediate response to patients as well as crews on scene
- SECAmb is also trialling a revised response model, liaising with the Blue Light Triage team within Sussex Partnership NHS Foundation Trust, to fully utilise specialist Mental Health Practitioners and their local patient knowledge to support a higher incidence of treatment on scene and reduce A&E conveyance
- The Trust is working closely with all Community Services providers to provide an enhanced frailty response via the

standardised Urgent Community Response services - this is provided by OneCall in West Sussex

- This work includes the development of systemwide single point of access to support joint clinical decision-making and when relevant, provide support to patients via the provision of a virtual ward bed, of which frailty is the number one priority provision for this winter

36.3 Resolved – that

- i. An assurance was received that areas identified by the Care Quality Commission and concerns raised previously by the committee are being addressed
- ii. The committee receives more information on “make ready centres” at an appropriate time
- iii. The committee receives further information that evidence transfer times and waiting times are reducing
- iv. An update to be provided to the committee on the improvement journey at an appropriate time

37. End of September 2022 (Quarter 2) Quarterly Performance and Resources Report

37.1 The Committee considered a report by the Chief Executive and Interim Director of Finance and Support Services (copy appended to the signed minutes).

37.2 Summary of responses to committee members’ questions and comments:

- The results of the ‘Stoptober’ non-smoking campaign are being analysed, but there has been an increase in website hits in this area
- Three areas where Public Health would like to undertake more work are anti-smoking, sexual health and the Healthy Child Programme (with help from the Sussex Community NHS Foundation Trust) which is due to be re-commissioned in April 2024 and that feeds into Children & Adolescent Mental Health Services
- Bereavement counselling for young people will be done in a more sustainable way
- Work is taking place with district/borough councils and communities to increase vaccination take-up – it may be necessary to repeat the mobile service used during the pandemic
- Although the Public Health Grant increased slightly last year it required additional work done, such as prep medication
- Public Health services are either provided through activity-based contracts or block contracts – additional needs will be looked at when contracts are reviewed
- Detail around the additional money promised for social care in the Autumn Statement was not yet known
- The Council has a responsibility to make sure people pay for their care packages as it is part of the Council’s budget,

therefore backdated charges are applied where necessary taking into account people's personal circumstances

- People with complex needs are prioritised for care assessments which slows the process
- The rolling year average of 71% in the narrative of Key Performance Indicator 36 is inaccurate – **Action:** Alan Sinclair to ensure this data is presented differently in future
- The percentage of adults with learning difficulties in paid employment could be higher than reported as not all may be known to social services
- Social care is working with individuals now that Aspire (a charitable social enterprise which provided adult education in West Sussex) has closed until a new offer is in place
- With regards to savings targets, half will be met this year and half next year

37.3 Resolved – that the Committee supports the change to the Key Performance Indicator 'Outcomes of safeguarding risk'

38. Forward Plan of Key Decisions

38.1 There was a query as to whether the Avila House Extra Care Housing Scheme was on schedule – **Action:** Alan Sinclair to confirm

38.2 Resolved – that the Committee notes the Forward Plan of Key Decisions

39. Work Programme

39.1 Resolved – that the update on the West Sussex Stroke Programme may need to shift timeframes which may not fit in the Committee's scheduled of meetings. In this case a Task & Finish Group would likely be established to scrutinise the update.

40. Date of Next Meeting

40.1 The next meeting of the Committee will be held on 11 January 2023 at 10.30 am at County Hall, Chichester.

The meeting ended at 2.54 pm

Chairman