

## **Health and Adult Social Care Scrutiny Committee**

27 November 2019 – At a meeting of the Health and Adult Social Care Scrutiny Committee held at 10.30 am at County Hall, Chichester.

Present: Mr Turner (Chairman)

|               |                   |                                   |
|---------------|-------------------|-----------------------------------|
| Dr Walsh      | Mrs Bridges       | Ms Sudan                          |
| Mrs Arculus   | Mrs Jones         | Cllr Bangert                      |
| Lt Cdr Atkins | Mr Markwell       | Cllr McGregor                     |
| Mr Boram      | Mr Wickremaratchi | Cllr Peacock, arrived at<br>11.25 |

Apologies were received from Ms Flynn, Dr O'Kelly, Miss Russell, Cllr Bennett, Cllr Bickers, Cllr McAleney and Cllr Tricia Youtan

Also in attendance: Mrs Jupp

### **25. Declarations of Interest**

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

- Mr Atkins in respect of item 4, Responses to Recommendations, as a debt coach in Worthing
- Mr Turner in respect of item 6, West Sussex Winter Plan and item 7, South East Coast Ambulance Service Update, as a locum pharmacist who uses the NHS 111 referral system
- Mr Boram in respect of item 8, Housing Related Support, as a member of Adur District Council
- Mrs Bridges in respect of item 8, Housing Related Support, as a member of Adur District Council
- Ms Sudan in respect of item 8, Housing Related Support, as a member of Crawley Borough Council
- Dr Walsh in respect of item 8, Housing Related Support and item 9, Local Assistance Network Task & Finish Group, as leader of Arun District Council
- Cllr McGregor in respect of item 8, Housing Related Support, as a member of Adur District Council

### **26. Minutes of the last meeting of the Committee**

26.1 Resolved – that the minutes of the meeting held on 26 September 2019 be approved as a correct record and that they be signed by the Chairman.

### **27. Responses to Recommendations**

27.1 Resolved – that the Committee notes the responses.

## **28. Forward Plan of Key Decisions**

28.1 A query regarding the effectiveness of peer mentoring and support in relation to the proposed decision 'Contract for Provision of Children, Young People and Adults, who use Alcohol and / or Drugs, their Families and Carers extension' to be taken up by the Chairman.

28.2 In the proposed decision 'Commissioning of Care and Support at Home' the difference between those eligible for social care in general and those eligible for social care provided by the Council would be made clear.

28.3 Resolved – that the Committee notes the Forward Plan of Key Decisions.

## **29. West Sussex Winter Plan**

29.1 The Committee considered a report by the West Sussex clinical commissioning groups (CCGs) which was introduced by Pennie Ford, interim Executive Managing Director representing the West Sussex CCGs who highlighted the following points: -

- The objective of the winter plan was to keep patients and staff safe during times of extra pressure, using a partnership approach across the health and social care systems and to meet demand, including surges of activity
- All the local accident & emergency (A&E) delivery boards had been involved in developing the plan which had then been approved by internal scrutiny, governing bodies, providers and the Health & Wellbeing Board and had gained the assurance of NHS England and NHS Improvement
- The plan was constantly monitored and reviewed
- The key points were lessons from previous years, main service changes, actions for winter and focussing on caring for people at home
- Key initiatives were operating the 'Home First' model, co-locating urgent treatment centres with A&E departments, encouraging flu vaccinations and a refreshed communications campaign that included encouraging people to get their prescriptions in good time
- Risks and challenges were national and local pressures on the system - West Sussex acute hospitals were performing well compared to others around the country
- Access to GPs had been improved to cope with large numbers of expected patients that present themselves to A&E
- Ambulance conveyance patterns had been reviewed
- NHS England was assisting to find best practice solutions to the problem of people staying in hospitals longer than necessary

29.2 Summary of responses to the Committee's questions and comments: -

- There were cold weather business continuity plans that included using four wheeled drive vehicles to transport patients and staff
- Sussex Community NHS Foundation Trust encouraged its staff to go to the nearest Trust location if they couldn't get to their usual place of work

- The Council was aware of care providers' winter plans and had its own detailed plans for social care teams
- The flu vaccination take-up rate for staff at Western Sussex Hospitals NHS Foundation Trust was currently 52% against a target of 80% - social media was used to encourage staff to be vaccinated and there were weekend and evening opportunities to make this easier
- Under NHS contracts it was not compulsory for staff to be vaccinated against flu
- Flu vaccination rates for the over 65s and vulnerable groups in West Sussex was above average – in the Coastal West Sussex area the rate had improved from 44% last year to 62.7% at present
- There were local and international recruitment campaigns with temporary staff being used when needed
- The vacancy rate for nursing staff was 10% - **ACTION: Pennie Ford** to provide the Committee with the vacancy rates for ancillary and medical staff across the Trusts treating West Sussex residents
- Additional nurses would support the extra adult patient beds to be introduced for winter
- Acute hospitals had mental health liaison teams to help with an increase over winter of admissions of patients with mental health problems
- Primary care capacity (including out of hours and pharmacies) was part of the winter plan
- NHS 111 would be able to book people into primary care as part of the new arrangements with urgent treatment centres
- The £3.3m from the Council towards NHS winter planning was ring-fenced – **ACTION: Kim Curry** to provide the Committee with a breakdown of how the £3.3m Council funding for NHS winter planning is spent
- Specific communication was aimed at groups most likely to use A&E over winter
- Key performance indicators and statistics to be included in future winter plan reports
- The local NHS would consider the consequences of GPs not making home visits when this policy was implemented
- A sense of the percentage uplift in blocks of care and support at home that would be provided over winter was requested. **ACTION: Chris Clark** to provide this information to the Committee
- Home First would help meet the 40% reduction target in long hospital stays, there would also be emphasis on ambulatory care and reablement
- To reduce the number of people presenting at A&E departments the communications strategy would encourage people to seek advice from NHS 111 – there would also be more GP provision in A&E departments
- Parts of the Clinical Assessment Service were already in place with the full model being operational from April 2020

29.2 Resolved – that the Committee: -

- i. Is partially assured that the winter plan across the health and social care system is comprehensive and regularly monitored and that there are sufficient continuity plans in place for individual partner organisations if there are adverse weather conditions

- ii. Is concerned at the current level of take-up of the flu vaccine for frontline staff and that work continues to increase the take-up
- iii. Recognises the plans to increase bed capacity, but is concerned about the need for a consistent workforce to support this
- iv. Requests that future reports on winter plans include statistics so that the committee can understand any particular trends over the winter period

### **30. South East Coast Ambulance Service Update**

30.1 The Committee considered a report by South East Coast Ambulance Service NHS Foundation Trust (SECAMB) that was introduced by Joe Garcia, Executive Director of Operations SECAMB who told the Committee:

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- As well as a Care Quality Commission (CQC) rate of 'Good' overall, SECAMB had been judged as 'Outstanding' for being well-led in caring and the control room
- There had been changes to the leadership and senior management to aid improvement
- Whilst there were a lot of measures in place to improve performance, rural areas were still a challenge
- SECAMB wanted to strengthen the role of community first responders
- Staff numbers had increased by nearly 200 meaning that there were 6,000 more operational hours per week versus the same time last year
- The longest hospital handover delays were at St Richard's hospital, Chichester based on lost hours per incident > 30 minutes turnaround
- From 25th November staff have access to an app that would help them find treatment pathways for patients whilst with them
- Onecall helped enhance patient outcomes
- There was focus on more local urgent care hubs
- Response times for lower category incidents were challenging as the focus was on meeting the highest life-threatening category calls
- An unmarked street triage car had been introduced in Crawley to help with mental health patients emergency response.
- The Tangmere 'Make Ready' centre was being developed and would help with quicker response times and more efficient operation

30.2 Summary of responses to the Committee's comments and questions: -

- Paramedics still went through a three year degree course – 140 new paramedics had been employed since August
- Morale seemed high in stations with good feedback received on wellbeing procedures - this and the outstanding judgement for well-led indicated that the bullying problem was being addressed
- There has been a 7% increase in service demand due to an increase in access routes, groups of GP surgeries closing at the same time, increased older population, increased incidents of chest pain and respiratory problems in young adults
- The 'Demand and Capacity Review' set a target for whole time staff predicated on anticipated growth, not actual growth

- Staffing levels are 245 below target but 41 whole time equivalents (at time of report) ahead of trajectory – shortfalls are made up by using staff overtime and private providers
- All sub-contractors went through a rigorous selection process and had to have passed CQC inspection with staff vetted and identified as working for SECAMB
- No further Make Ready centres were planned for West Sussex in addition to those at Worthing and Tangmere. Ambulance Community Response Posts were used to station ambulance crews awaiting an incident, including one in the north of the county near the border with Surrey to take advantage of the Guildford centre
- SECAMB uses community first responders to support reaching people in rural areas as quickly as possible
- There was a pilot scheme in the Horsham and Mid Sussex area whereby paramedics rotated working in GP surgeries and the ambulance service.
- Staff at the wellbeing hub in Crawley worked across the Southeast Coast region
- A 'Front Door' audit had been carried out at St Richard's hospital, Chichester over several shifts to identify causes for handover delays and how these could be addressed – the report was due out soon, in the meantime front door triaging had been introduced
- Handover delays were shorter at Worthing hospital, partly due to the new layout at A&E where there is now no room for ambulances to queue
- Ways to reduce handover delays, includes seating patients that were fit enough instead of keeping them on trolleys and developing better communication and understanding of needs between acute hospitals and the ambulance service
- In addition to a whistleblower system, SECAMB had introduced a 'Freedom to Speak-up Guardian' who listens to complaints in private – this might avoid issues going straight to the formal grievance stage
- The guidance SECAMB provided to nursing homes would in future contain information on handling injury and non-injury falls, but care home staff would still need the right training and equipment to be able to deal with falls instead of calling for an ambulance
- Training had continued despite the Clinical Education Centre being closed and SECAMB would re-introduce its apprentice scheme in conjunction with further education colleges

### 30.3 Resolved – that the Committee: -

- i. Congratulates South East Coast Ambulance Service NHS Foundation Trust on its most recent Care Quality Commission inspection rating and the improvements that have been made
- ii. Is encouraged by the work that is being done to improve staff morale and therefore improve the culture of the organisation
- iii. Asks to receive a written update on the work being done at St Richard's hospital, Chichester to improve handover delays when available

## 31. Housing Related Support

31.1 The Committee considered a report by the Executive Director Adults and Health which was introduced by Amanda Jupp, Cabinet Member for Adults and Health and Mark Dow, Head of Strategic Housing.

31.2 Amanda Jupp told the Committee that: -

- A lot of hard work had been done with the coalition of providers and district and borough councils through a task & finish group (TFG) to improve things for the homeless
- After the decision to reduce funding for housing related support, Crawley Open House had attracted funding from Homes England to move its resource and day centre to a separate building from the hostel which would be residential only
- The County Council had attracted funding from the Department of Communities and Local Government and from Public Health England specifically for Turning Tides, Worthing
- Special thanks go to Mark Dow for his hard work in this area

31.3 Mark Dow highlighted the following: -

- The County Council was decommissioning red contracts (providers such as social landlords were now supplying these services) and recommissioning green contracts whilst three amber contracts had secured funding from the district/borough councils for co-commissioning and procuring with the County Council – **ACTION: Mark Dow** to provide the Committee with a list of organisations that still received housing related support
- Procurement of new contracts would begin in January reflecting local needs with soft market testing establishing that the £750k available per year would be sufficient

31.4 Summary of responses to the Committee's comments and questions: -

- The coalition of providers and district/borough councils were aware this update report was being produced but did not ask to contribute to it
- The Vice Chairman in his capacity of Leader of Arun District Council reported that Arun District Council had made an extra £1m available for helping the homeless as a result of the County Council's reduction in funding for housing related support, including purchasing accommodation, and that Turning Tides had opened an extra winter shelter in Littlehampton
- The TFG would continue to meet to monitor the situation and look at other areas of homelessness such as the increasing need for temporary accommodation
- Pressures on housing authorities came from duties as a result of the Homelessness Reduction Act and the affordability of public and private rents
- Public Health England had granted Western Sussex Hospitals NHS Foundation Trust £387k for homeless people presenting at A&E
- Sussex Partnership NHS Foundation Trust had appointed clinical discharge co-ordinators to work with district/borough councils' housing

officers to establish the best pathways for mental health patients being discharged from hospital – housing providers and social care teams also needed to be involved to help those with complex needs find the right type of accommodation

- A housing strategy was needed for all vulnerable groups
- The County Council helped young homeless people through 'Move On' accommodation

31.5 Resolved – that the Committee asks that: -

- i. Its business planning group considers how this issue should be monitored by the Committee going forward
- ii. That an update from the task & finish group including evidence from the district/borough councils and coalition of providers is circulated to the Committee

### **32. Local Assistance Network Task & Finish Group**

32.1 The Cabinet Member for Adults & Health reported that she was reflecting on the recommendations made by the Local Assistance Network Task & Finish Group and that the decision on the Local Assistance Network would be taken soon.

32.2 Resolved – that the Committee notes the letter from the Local Assistance Network Task & Finish Group outlining its thoughts and recommendations to the Cabinet Member for Adults & Health.

### **33. Date of Next Meeting**

33.1 The next meeting of the Committee is scheduled for 10.30 on 15 January at County Hall, Chichester.

The meeting ended at 1.21 pm

Chairman